Cuyahoga County Board of Control Agenda
Monday, August 31, 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 – 8/24/2026

III. – PUBLIC COMMENT

IV. – CONTRACTS AND AWARDS

A. – Tabled Items

B. – New Items for Review

BC2026-441

Department of Public Works, submitting an amendment to Contract No. 5823 with RAM Construction Services of Cleveland, LLC for maintenance and repairs at the Huntington Park Garage, including concrete work, associated plumbing repairs, and markings for safety, parking space and directional indicators, to expand the scope of services as outlined in Exhibit A and for additional funds in the amount not-to-exceed $320,986.02, effective upon signatures of all parties through project completion.

Funding Source: Parking Services Fund

BC2026-442

Department of Public Works, submitting an amendment to Contract No. 5928 with C.A. Agresta Construction
Company for the Rehabilitation of Warrensville Center Road from Fairmount Boulevard to Mayfield Road in the Cities of University Heights and South Euclid, Ohio, for additional funds in the amount not-to-exceed $296,500.00, effective upon signatures of all parties through project completion.

Funding Source: 80% Federal Funding and 20% Ohio Public Works Commission

BC2026-443

Fiscal Office,

a) Submitting an RFP exemption, which will result in an award recommendation Online Solutions, LLC d.b.a. Citizenserve in the amount not-to-exceed $88,300.00 for the purchase of (11) Citizenserve user software subscriptions, including installation, set-up, training and maintenance services effective upon signatures of all parties for a period of 3 years for the Building Standards Division.

b) Recommending an award and enter into Contract No. 6388 with Online Solutions, LLC d.b.a. Citizenserve in the amount not-to-exceed $88,300.00 for the purchase of (11) Citizenserve user software subscriptions, including installation, set-up, training and maintenance services effective upon signatures of all parties for a period of 3 years for the Building Standards Division.

Funding Source: Real Estate Assessment Fund

BC2026-444

Department of Information Technology, recommending an award on Purchase Order No. 26002674 to MNJ Technologies Direct, Inc. in the amount not-to-exceed $148,764.00 for a joint cooperative purchase for the renewal of (1127) Nitro Pro Business licenses for the period 11/13/2026 - 11/12/2027.

Funding Source: General Fund

BC2026-445

Department of Information Technology,

a) Submitting an RFP exemption, which will result in an award recommendation to Sectigo Limited in the amount not-to-exceed $79,568.40 for the purchase of various certificates, SSL and Private Key and OV/EV Flex, additional domain flex options and enhanced support for secure transmission of data on Cuyahoga County Web Servers for the period 10/16/2026 - 10/15/2027.

b) Recommending an award on Purchase Order No. 26002925 to Sectigo Limited in the amount not-to-exceed $79,568.40 for the purchase of various certificates, SSL and Private Key and OV/EV Flex, additional domain flex options and enhanced support for secure transmission of data on Cuyahoga County Web Servers for the period 10/16/2026 - 10/15/2027.

Funding Source: General Fund

BC2026-446

Department of Information Technology,

a) Submitting an RFP exemption, which will result in an award recommendation to Integrated Precision Systems, Inc. in the amount not-to-exceed $77,562.13 for the purchase, installation and programming of (14) Axis cameras each to include licensing and support services for a period of 1 year for the Harvard garage.

b) Recommending an award on Purchase Order No. 26002926 to Integrated Precision Systems, Inc. in the amount not-to-exceed $77,562.13 for the purchase, installation and programming of (14) Axis cameras each to include licensing and support services for a period of 1 year for the Harvard garage.

Funding Source: Capital Project - General Funds

BC2026-447

Department of Information Technology,

a) Submitting an RFP exemption, which will result in an award recommendation to Integrated Precision Systems, Inc. in the amount not-to-exceed $37,839.55 for relocation of the Great Northern Auto Title Division surveillance equipment to the new location, and purchase, installation and programming of additional video surveillance equipment, including licensing and 1 year of support services.

b) Recommending an award on Purchase Order No. 26002927 to Integrated Precision Systems, Inc. in the amount not-to-exceed $37,839.55 for relocation of the Great Northern Auto Title Division surveillance equipment to the new location, and purchase, installation and programming of additional video surveillance equipment, including licensing and 1 year of support services.

Funding Source: General Fund

BC2026-448

Department of Information Technology,

a) Submitting an RFP exemption, which will result in an award recommendation to Fiber AssetCo LLC dba Zayo in the amount not-to-exceed $11,796.00 for the renewal of dedicated internet access subscription services for the period 1/1/2027 - 12/31/2027.

b) Recommending an award on Purchase Order No. 26003031 to Fiber AssetCo LLC dba Zayo in the amount not-to-exceed $11,796.00 for the renewal of dedicated internet access subscription services for the period 1/1/2027 - 12/31/2027.

Funding Source: General Fund

BC2026-449

Court of Common Pleas/Juvenile Court Division, submitting an amendment to Contract No. 5644 (fka Contract No. 5076) with Mental Health Services for Homeless Persons, Inc. dba Frontline Service for the Youth Acceptance Project - Family Preservation and Reunification services for Court referred youth ages 11 – 20 at risk for recidivism for the period 7/1/2024 - 6/30/2026 to extend the time period to 6/30/2027, to replace the insurance requirements and for additional funds in the amount not-to-exceed $20,000.00, effective 7/1/2026.

Funding Source: RECLAIM Grant

BC2026-450

Court of Common Pleas/Juvenile Court Division, recommending awards and enter into agreements with various municipalities in the total amount not-to-exceed $15,000.00 for Community Diversion Program services for the period 1/1/2027 – 12/31/2028.

a) Agreement No. 6360 with City of Lakewood in the amount not-to-exceed $3,000.00.

b) Agreement No. 6367 with City of South Euclid in the amount not-to-exceed $12,000.00.

Funding Source: Health and Human Services Levy

BC2026-451

Department of Public Safety and Justice Services,

a) Submitting an RFP exemption, which will result in an award recommendation in the form of a Purchase Order to Chagrin Valley Dispatch Council in the amount not-to-exceed $49,374.00 to allocate funds for the sublease of space and equipment in connection with the relocation of the Cuyahoga Emergency Communications System Dispatch Center to the Chagrin Valley Dispatch Center, located at 88 Center Street, Bedford, (formerly Contract Nos. 4054, 678 and AG1500155) for a period of 3 months through 9/30/2026.

b) Recommending an award on Purchase Order No. 26002761 to Chagrin Valley Dispatch Council in the amount not-to-exceed $49,374.00 to allocate funds for the sublease of space and equipment in connection with the relocation of the Cuyahoga Emergency Communications System Dispatch Center to the Chagrin Valley Dispatch Center, located at 88 Center Street, Bedford, for a period of 3 through 9/30/2026.

Funding Source: Wireless 911 Government Assistance Fund

BC2026-452

Department of Health and Human Services/Cuyahoga Job and Family Services, submitting a Revenue Generating Agreement (via Contract No. 6345) with Neighborhood Health Care Incorporated dba Neighborhood Family Practice 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 Neighborhood Family Practice patients for the period 8/1/2026 – 7/31/2027.

Funding Source: Revenue Generating

BC2026-453

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

a) Submitting an RFP exemption which will result in award recommendations to various providers in the total amount not-to-exceed $547,255.00 for Rapid Rehousing services for the period 6/1/2026 - 5/31/2027:

1) Contract No. 6334 Family Promise of Greater Cleveland in the amount not-to-exceed $55,643.00.
2) Contract No. 6335 Journey Center for Safety and Healing in the amount not-to-exceed $203,130.00.
3) Contract No. 6389 The Salvation Army in the amount not-to-exceed $227,898.00.
4) Contract No. 6370 West Side Catholic Center in the amount not-to-exceed $60,584.00.

b) Submitting a Master Contract with various providers (as listed above) in the total amount not-to-exceed $547,255.00 for Rapid Rehousing services for the period 6/1/2026 - 5/31/2027.

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

C. – Exemptions

BC2026-454

Department of Health and Human Services/Division of Senior and Adult Services, requesting an alternative procurement process to solicit additional proposals from various providers in connection with Request for Proposals issued on RQ16403 and RQ16427 for Options for Independent Living services for the period 4/1/2027 – 3/31/2029.

Funding Source: Health and Human Services Levy Fund

D. – Consent Agenda

BC2026-455

Department of Public Works, submitting an amendment to Contract No. 4637 with Independence Excavating Inc. for the construction of 2.66 miles of shared use path along North Marginal Road Connector from East 9th Street to East 55th Street in the City of Cleveland for a decrease in the amount of ($36,315.57), effective upon signatures of all parties through project completion.

Funding Source: 52.6% Federal Fund; 43.4% Cleveland Metroparks, 2.8% County Motor Vehicle $7.50 License Tax Fund and 1.2% City of Cleveland

BC2026-456

Department of Housing and Community Development, recommending to amend Board of Control Approval No. BC2025-577, dated 9/15/2025 which approved a HOME funded grant to North Coast CHDO Homes in the amount not-to-exceed $500,000.00 for acquisition and rehabilitation of (3) single family homes for developmentally disabled adults to add the grant term of 1/1/2025 – 12/31/2026.

Funding Source: Federal HOME Investment Partnership Act Funds

BC2026-457

Department of Information Technology, on behalf of Board of Elections, 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 August 2026 in accordance with EO2012-0001.

Funding Source: Revenue Generating

BC2026-458

Fiscal Department, presenting proposed travel/membership requests for the week of 8/31/2026:

Sheriff's Department, recommending to amend Board of Control Approval No. BC2026-358 dated 7/31/2026 for the National Internal Affairs Training and Certification event in Las Vegas from $14,579.30 to $16,079.30 as indicated below:

Dept:	Sheriff's Department
Event:	National Internal Affairs Training and Certification
Source:	Legal and Liability Risk Management Institute
Location:	Las Vegas, NV

Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Jamie Bonnette	11/29/2026-12/4/2026	$595.00	$360.00	$691.55	$0.00	~~$650.00~~ $900.00	$2,546.55	Continuing Professional Training Fund
Donald Hill	11/29/2026-12/4/2026	$595.00	$360.00	$691.55	$0.00	~~$650.00~~ $900.00	$2,546.55	General Funds
Yashila Ray	11/29/2026-12/4/2026	$595.00	$360.00	$691.55	$0.00	~~$650.00~~ $900.00	$2,546.55	Continuing Professional Training Fund
Brian Williams	11/29/2026-12/4/2026	$595.00	$360.00	$691.55	$0.00	~~$650.00~~ $900.00	$2,546.55	General Funds
Ralph Capistrano	11/29/2026-12/4/2026	$595.00	$360.00	$691.55	$0.00	~~$650.00~~ $900.00	$2,546.55	Continuing Professional Training Fund

Steven Bartczak	11/29/2026-12/4/2026	$595.00	$360.00	$691.55	$800.00	~~$650.00~~ $900.00	$3,346.55	Continuing Professional Training Fund

*Paid to host
**Staff reimbursement
*** Airfare will be covered by a contract with the County's Travel Vendor

Purpose:
This seminar provides comprehensive training and professional certification for those engaged in Internal Affairs, Professional Standards, and Administrative Investigations. It's designed for IA investigators and supervisors, risk management, and human resources professionals in public safety. The program establishes professional credibility through certification, ensuring participants meet the highest academic, professional, and ethical standards.

Dept:	Sheriff's Department
Event:	Women in Law Enforcement 3-Day Performance Summit Winter 2026
Source:	Tac Mobility
Location:	Tempe, AZ

Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Courtney Sheehy	12/8/2026-12/12/2026	$599.00	$253.00	$800.00	$435.00	$375.00	$2,462.00	Continuing Professional Training Fund

*Paid to host
**Staff reimbursement
*** Airfare will be covered by a contract with the County's Travel Vendor

Purpose:
Attendance at the three-day women in public safety performance summit will provide specialized training that directly supports officer safety leadership development resilience wellness and operational readiness. The summit addresses challenges that women in law enforcement may encounter but that are not always covered through traditional department training. Its focus on leadership defensive tactics stress management, physical preparedness and decision making under pressure will strengthen my effectiveness in my current role and improv my ability to communicate and perform in demanding situations. The value of this training will extend beyond my individual attendance. I will bring back relevant lessons resources and practical strategies that can support department wellness initiatives mentoring leadership and development in future training. Sending me to the summit is an investment in a stronger healthier and more prepared workforce while also supporting employee retention professional growth and improved service to the community.

Dept:	Medical Examiner's Office
Event:	National Association of Medical Examiners Annual Meeting

Source:	National Association of Medical Examiners							
Location:	Kansas City, MO							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Christopher Harris	10/16/2026-10/20/2026	$880.00	$181.00	$1,880.00	$360.00	$500.00	$3,801.00	Coroner Lab Fund

*Paid to host
**Staff reimbursement
*** Airfare will be covered by a contract with the County's Travel Vendor

Purpose:
I will be presenting at the National Association of Medical Examiners Annual Meeting this October in Kansas City, Missouri. The presentation is titled "Innovations in Community Outreach: The Cuyahoga County Medical Examiner's Citizens Academy, Where Forensics meets Community." I will be presenting on October 17, 2026, at 1:30 PM.

Dept:	Medical Examiner's Office							
Event:	33rd Annual Sudden Infant Death & Pediatric Sleep Conference							
Source:	American Association of SIDS prevention physicians							
Location:	Naples, FL							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Kaitlin Weaver	9/14/2026-9/18/2026	$0.00	$240.00	$729.27	$172.00	$0.00	$1,141.27	2025 Coverdell Grant

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

Purpose:
To attend the Sudden Infant Death & Pediatric Sleep Conference (16 CME credits).

Dept:	Medical Examiner's Office							
Event:	NAME 2026 Annual Meeting							
Source:	National Association of Medical Examiners							
Location:	Kansas City, MO							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage	Air ***	Total	Funding Source

					**			
Malavika Sengupta	10/16/2026-10/18/2026	$0.00	$150.00	$650.00	$240.00	$600.00	$1,640.00	2025 Coverdell Grant
Lo Tamburro	10/16/2026-10/20/2026	$0.00	$200.00	$ 842.00	$290.00	$540.00	$1,872.00	2025 Coverdell Grant

*Paid to host
**Staff reimbursement
*** Airfare will be covered by a contract with the County's Travel Vendor

Purpose:
Educational conference hosted by National Association of Medical Examiners, to include didactic lecture series on forensic topics and review of research project posters and platform presentations and networking events.

Dept:	Department of Public Safety and Justice Services
Event:	Annual National Offices of Prevention Network
Source:	National Institute for Criminal Justice Prevention
Location:	Houston, TX

Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Myesha Watkins	9/7/2026-9/10/2026	$250.00	$172.00	$894.00	$158.00	$526.00	$2,000.00	Cleveland Foundation Grant

*Paid to host
**Staff reimbursement
*** Airfare will be covered by a contract with the County's Travel Vendor

Purpose:
This network conference offers a dynamic 2.5 days of connection, learning and collective action. Participants will explore the interconnected systems that link people, practice and policy building alignment and strengthen the impact of Offices of Violence Prevention nationwide. This year's theme is Strengths in Systems: Uniting Policy, Practice & People.

BC2026-459

Department of Purchasing, presenting proposed purchases for the week of 8/31/2026:

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
26002971	(3) 2027 Chevy Equinox LT AWD	Fiscal Office	Dave Hallman Chevrolet, Inc.	$92,730.00	Real Estate Assessment Fund

V- OTHER BUSINESS

Item of Note (non-voted)

ION2026-100

Department of Public Works, submitting a Right-of-Way Permit with The Ohio Bell Telephone Company dba AT&T to construct, maintain and operate existing copper and fiber wires, new PVC conduits to relocate various poles crossing Bagley road near the property located at 27085 including all underground installations, attachments and appurtenances, within the public right-of-way in Olmsted Township.

Funding Source: n/a

ION2026-101

Court of Common Pleas/Juvenile Court Division, recommending to amend Board of Control Item of Note No. ION2026-82, dated 7/20/2026, which approved an amendment to a Grant Agreement and Funding Application (Attachment A) with the State of Ohio, Department of Youth Services for various programs in connection with the SFY2026 RECLAIM Ohio Grant for the period 7/1/2025 – 6/30/2027 to change the 2026 budget amount from $7,036,483.47 to $6,762,583.47.

Funding Source: Ohio Department of Youth Services

ION2026-102

Department of Health and Human Services/Office of the Director, submitting a grant agreement with Ohio Department of Health in the amount not-to-exceed $77,048.84 for the reimbursement of public health activities associated with the Tuberculosis Control Program for the period 9/1/2026 - 12/31/2026.

Funding Source: Center for Disease Control and Prevention (CDC) – Tuberculosis Elimination and Laboratory Cooperative Agreement

ION2026-103

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
13617	5914 (fka 4875)	Breaking Chains, Inc	for financial counseling, foreclosure prevention and real property tax and services for Cuyahoga County residents **to update insurance requirements, effective upon signatures of all parties.**	$0.00	Department of Housing and Community Development	10/1/2024-9/30/2026 **to extend the time period to 9/30/2027**	78.3% Community Development Block Grant Fund and 21.7% Delinquent Tax Assessment and Collection Fund	(Executive) 8/25/2026 (Law) 8/24/2026
n/a	4095	Cuyahoga County Board of Health	for the Cuyahoga County Overdose Fatality Review Counteractive Initiative project in connection with the FY2023 Comprehensive Opioid, Stimulant, and Substance Use Site-based Grant Program	($12,146.91)	Department of Public Safety and Justice Services, on behalf of the Medical Examiner's Office,	10/1/2023-9/30/2026; **to make budget line item revisions**	(Original) U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance Fund	(Executive) 8/25/2026 (Law) 8/24/2026

VI – PUBLIC COMMENT

VII – ADJOURNMENT

Minutes
Cuyahoga County Board of Control
Monday, August 24, 2026 - 11:00 A.M.
County Headquarters
2079 East Ninth Street
Committee Room B

I – CALL TO ORDER

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

Attending:
Erik Janas, Chief of Staff (Alternate for Chris Ronayne, County Executive)
Michael Chambers, Fiscal Officer, serving as Chairman
Mellany Seay, Finance and Operations Administrator, Department of Public Works
(Alternate for Michael Dever)
Paul Porter, Director, Department of Purchasing
Councilmember Meredith Turner
Cynthia Mason, County Council (Alternate for Councilmember Michael Houser)
Councilmember Robert Schleper

II. – REVIEW MINUTES – 8/17/2026

Michael Chambers motioned to approve the minutes from the August 17, 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

BC2026-436

Department of Public Works, recommending an award on RQ16351 and enter into Contract No. 6381 with CliftonLarsonAllen LLP (12-4) in the amount not-to-exceed $350,000.00 for professional tax accountant services to support the County's Investment Tax Credit claims and to provide tax planning advice for renewable energy project development, effective 8/3/2026 through project completion.

Funding Source: United States Environmental Protection Agency - Climate Pollution Reduction Grant

Matthew Hrubey, Department of Public Works, presented. There were no questions. Michael Chambers motioned to approve the item; Paul Porter seconded. Item BC2026-436 was approved by unanimous vote.

BC2026-437

Department of Information Technology,

a) Submitting an RFP exemption, which will result in an award recommendation to TEC Communications, Inc. in the amount not-to-exceed $614,148.00 for the purchase and renewal of various Cisco licenses for a period of 1 year with various effective dates between 10/31/2026 and 2/28/2027 for various departments.

b) Recommending an award on Purchase Order No. 26002768 to TEC Communications, Inc. in the amount not-to-exceed $614,148.00 for the purchase and renewal of various Cisco licenses for a period of 1 year with various effective dates between 10/31/2026 and 2/28/2027 for various departments.

Funding Source: 93.45% General Fund and 6.55% Health and Human Services Levy Fund

Brianna Witt, Department of Information Technology, presented. There were no questions. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2026-437 was approved by unanimous vote.

BC2026-438

Medical Examiner's Office,

a) Submitting an RFP exemption, which will result in an award recommendation to Phenomenex, Inc. in the amount not-to-exceed $22,027.20 for the purchase of tubes of varying types, holders, cartridges and (4) columns for analytical research and development applications for the Toxicology Lab.

b) Recommending an award on Purchase Order No. 26002889 to Phenomenex, Inc. in the amount not-to-exceed $22,027.20 for the purchase of tubes of varying types, holders, cartridges and (4) columns for analytical research and development applications for the Toxicology Lab.

Funding Source: General Fund

Hugh Shannon, Medical Examiner's Office, presented. There were no questions. Michael Chambers motioned to approve the item; Erik Janas seconded. Item BC2026-438 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. BC2026-439 through BC2026-440; Cynthia Mason seconded. The Consent Agenda Items were approved by unanimous vote.

BC2026-439

Fiscal Department, presenting proposed travel/membership requests for the week of 8/24/2026:

Dept:	Medical Examiner's Office
Event:	SOFT-TIAFT Annual Meeting
Source:	SOFT-TIAFT
Location:	Chicago, IL

Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Jocelyn Abonamah	9/19/2026-9/25/2026	$1,084.00	$208.00	$1,919.04	$114.96	$0.00	$3,326.00	Coroner Lab Fund
Eric Lavins	9/18/2026-9/24/2026	$1,084.00	$212.00	$1,919.04	$286.86	$440.50	$3,942.40	FY2025 Coverdell Grant

*Paid to host
**Staff reimbursement
*** Airfare will be covered by a contract with the County's Travel Vendor

Purpose:
Attend the SOFT–TIAFT Annual Meeting to represent the Cuyahoga County Medical Examiner's Office. Responsibilities include chairing one workshop, presenting at one workshop, presenting one abstract, and attending additional workshops, symposiums, and scientific sessions. A workshop focused on workflow optimization and efficiency using robotic liquid handlers has been requested.

Dept:	Medical Examiner's Office
Event:	ABMDI Board of Directors and Advisory Council Meeting
Source:	American Board of Medicolegal Death Investigators
Location:	Kansas City, MO

Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Justin Wilson	10/20/2026 10/23/2026	$0.00	$191.00	$780.00	$200.00	$432.39	$1,603.39	FY2025 Coverdell Grant

*Paid to host
**Staff reimbursement
*** Airfare will be covered by a contract with the County's Travel Vendor

Purpose:
Travel required for the ABMDI Board of Directors and Advisory Council Meeting with current Officer Status on the Board.

BC2026-440

Department of Purchasing, presenting proposed purchases for the week of 8/24/2026:

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
26002881	(44) HP Z2 Mini Desktop Workstations, (27) each HP Zbook Firefly Mobile Workstations and docking stations; (65) monitors	Court of Common Pleas/Juvenile Court Division	Brown Enterprise Solutions LLC	$144,571.00	General Fund

Items/Services Received and Invoiced but not Paid:

Purchase Order Number	Description	Department	Vendor Name	Total	Funding Source
26002855	Out-of-home care placement services for the period 4/1/2026 – 7/31/2026*	Division of Children and Family Services	Noble Vision Behavior Health LLC	$85,400.00	65% Health and Human Services Levy/35% Title IV-E Reimbursement Fund
26002868	Out-of-home care placement services for the period 12/2/2025-12/31/2025, 1/1/2026 - 1/31/2026 and 1/28/2026 - 1/31/2026*	Division of Children and Family Services	Safely Home, Inc.	$34,466.25	65% Health and Human Services Levy Fund and 35% Title IV-E Reimbursement Fund
26002908	Out-of-home care placement services for the period 4/24/2026 – 6/8/2026*	Division of Children and Family Services	Noble Vision Behavior Health LLC	$27,600.00	65% Health and Human Services Levy/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)

ION2026-98

Department of Public Safety and Justice Services, submitting a Subrecipient Grant Agreement from Ohio Emergency Management Agency in the amount not-to-exceed $4,094,253.00 for the FY2025 Urban Area Security Initiative Grant Program for the period 9/1/2025 – 12/31/2027.

Funding Source: Ohio Emergency Management Agency

ION2026-99

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
2667	4761 ~~(fka Contract Nos. 1164, and 3348~~	Applewood Centers, Inc.	Master contract with various for residential treatment services; **to update the unit rates, effective 7/1/2026**	$0.00	Court of Common Pleas/Juvenile Court Division	1/1/2024 – 12/31/2026	(Original) Health and Human Services Levy Fund	(Executive) 8/19/2026

VI – PUBLIC COMMENT

There was no public comment.

VII – ADJOURNMENT

Michael Chambers motioned to adjourn; Erik Janas seconded. The motion to adjourn was unanimously approved at 11:06 a.m.

Item Details as Submitted by Requesting Departments

IV. Contracts and Awards

A. – Tabled Items

B. – New Items for Review

BC2026-441

Title	CUYAHOGA COUNTY HUNTINGTON PARK GARAGE INTERIM STRUCTURAL REPAIRS
Department or Agency Name	
Requested Action	☐ Contract ☐ Agreement ☐ Lease ☒ Amendment ☐ Revenue Generating ☐ Purchase Order ☐ 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	CM 5823	RAM Construction Services of Cleveland LLC.	1/26/2026 to Completion	$382,916.70	2/2/2026	BC2026-31
Amendment #1	Cm 5823	RAM Construction Services of Cleveland LLC.	1/26/2026 to Completion	$320,986.02	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 Expanded scope of services is for unforeseen repairs to existing structure and equipment to complete the Parking Garage

a. Remove and replace expansion joint system at designated locations.
b. Partial depth precast or cast-in-place beam repairs at designated locations.
c. Partial depth precast double tee stem repairs at designated locations.
d. Full depth precast double tee flange repairs at designated locations.
e. Partial depth concrete corbel repairs at designated wall and column locations.
f. Partial depth concrete column repairs at designated locations.

g. Epoxy injection of cracks in the precast double tee stems at designated locations. h. Install new split slab floor drain and associated plumbing line to be tied into the existing floor drain plumbing and perform associated repairs to concrete and drainage assembly at designated location. i. Perform concrete knockdown to remove loose concrete from existing concrete that has started to spall but has not separated from the substrate at locations generally designated.
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):

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):
RAM Construction Services of Cleveland LLC. 100 Corporation Drive-Building #4 Broadview Heights, Ohio 44147	Kyle Ressler-Ohio-Director
Vendor Council District:	Project Council District:
District 6	District 7
If applicable provide the full address or list the municipality(ies) impacted by the project.	Cleveland

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ ☐ RFB ☐ RFP ☐ RFQ ☐ Informal ☐ Formal Closing Date:	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation:	☐ Exemption
Number of Solicitations (sent/received) /	☐ State Contract, list STS number and expiration date ☐ 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? ☐ Yes	☐ Sole Source ☐ Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ( ).

☐ No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	
Recommended Vendor was low bidder: ☐ Yes ☐ No, please explain:	☐ Government Purchase
	☐ Alternative Procurement Process
How did pricing compare among bids received?	☒ Contract Amendment - (list original procurement) Request for Bids RQ16283 IN 2025
	☐ Other Procurement Method, please describe:

Is Purchase/Services technology related ☐ No ☐ Yes If yes, list date of TAC approval and answer the questions below.	
List date of TAC approval	Date:
☐ Check if item on IT Standard List of approved purchase and provide date of TAC approval. ☐ Check if item is ERP related? ☐ No ☐ Yes.	
Are the purchases compatible with the new ERP system? ☐ Yes ☐ No, please explain.	

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. PARKING 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.
Payment Schedule: ☐ Invoiced ☐ Monthly ☐ Quarterly ☐ One-time ☒ Other (please explain):

Provide status of project. Moving along as anticipated	
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

BC2026-442

Title	Warrensville Center Road Rehabilitate Existing Roadway from Fairmount Boulevard to Mayfield Road in the Cities of University Heights and South Euclid, Ohio AMD #1
Department or Agency Name	Public Works
Requested Action	☐ Contract ☐ Agreement ☐ Lease ☒ Amendment ☐ Revenue Generating ☐ Purchase Order ☐ 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	5928	C.A. Agresta Construction Company	n/a	$6,224,147.00	March 27, 2026	R2026-0075
A-1	5928	C.A. Agresta Construction Company	n/a	$296,500.00	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.

Rehabilitation of approximately 2.3 miles of Warrensville Center Road (CR-4) from Fairmount Boulevard to Mayfield Road in the City of University Heights and the City of South Euclid. Work tasks include the installation of new asphalt intermediate and surface courses (NB only from Bayard to Mayfield), full and partial depth pavement repairs, curb repairs (as required), sidewalk, and drive apron repairs (as required), utility adjustments, ADA upgrades, installation of two pedestrian hybrid beacons (at Hilbrook and Traymore), road diet & bike lanes from Fairmount to Silsby and new pavement markings for the length of the corridor.

Amendment #1 – This amendment is for various increases, decreases, and new plan items based on field conditions.

After removal of the wearing course, the existing base pavement was inspected and found to have significant deterioration that was not visible prior to construction. Several areas require joint and trench cavity repairs

resulting from recent CWD lead line replacement work completed before this project began. These repairs were not installed in accordance with County or ODOT standards, and the resulting pavement condition now requires additional corrective work to restore structural integrity. The following items are being adjusted due to this condition: pavement planing, full depth pavement removal and rigid replacement, Type 1, Class QCMS, APP, full depth pavement sawcutting. Partial depth repairs are being decreased to offset part of the cost of the additional full depth repairs.
Indicate whether: ☐ New service/purchase ☒ Existing service/purchase ☐ Replacement for an existing service/purchase (provide details in Service/Item Description section above)
For purchases of furniture, computers, vehicles: ☐ Additional ☐ Replacement Age of items being replaced: How will replaced items be disposed of
Project Goals, Outcomes or Purpose (list 3): See Above Service Description

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify). If there are multiple vendors copy this table and complete for each vendor.	
Vendor Name and address:	Owner, executive director, other (specify):
C.A. Agresta Construction Company 4186 Greenvale Road South Euclid, Ohio 44121	John Agresta - President
Vendor Council District:	Project Council District:
District 11	District 10 and 11
If applicable provide the full address or list the municipality(ies) impacted by the project.	University Heights and South Euclid

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ ☐ RFB ☐ RFP ☐ RFQ ☐ Informal ☐ Formal Closing Date:	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation:	☐ Exemption
Number of Solicitations (sent/received)	☐ State Contract, list STS number and expiration date ☐ 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? ☐ Yes ☐ No, please explain.	☐ Sole Source ☐ 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: ☒ Yes ☐ No, please explain:	☐ Government Purchase
	☐ Alternative Procurement Process
How did pricing compare among bids received?	☒ Contract Amendment - (list original procurement) Request for Bids RQ16311 in 2025
	☐ Other Procurement Method, please describe:

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

List date of TAC approval	Date:

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

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

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

80.00% Federal Funding
20.00% Ohio Public Works Commission

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

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

PW605100

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

Provide status of project.
Roughly 30% complete

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

BC2026-443

Title	Fiscal Office; Online Solutions, LLC DBA Citizenserve; New Contract; CitizenServe user Subscriptions and Setup, Installation, & Training; 3-Year contract
Department or Agency Name	Fiscal Office
Requested Action	☒ Contract ☐ Agreement ☐ Lease ☐ Amendment ☐ Revenue Generating ☐ Purchase Order ☐ 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	6388	Online Solutions LLC dba Citizenserve	3 years effective upon signature	$88,300.00	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 is requesting approval of a new 3-year contract for the software access for 11 CitizenServe user subscriptions as well as the Setup, Installation, and Training for that software. This also includes Single Sign-on capabilities. This will be used in the "Building Standards Division" of the Fiscal Office in the amount of $88,300.00 funded by the REA. The scope will include: building permits, plan review, contractor registration, and building inspections.
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):

Software access for 11 users to CitizenServe To be utilized in the Building Standards Division of Fiscal Office Scope includes building permits and inspections, plan review, and contract registration

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):
Online Solutions LLC 1101 East Warner, Suite 160 Tempe, Arizona 85284	Daniel Burt Director of Implementation & Support
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# _____ ☐ RFB ☐ RFP ☐ RFQ ☐ Informal ☐ Formal Closing Date:	Provide a short summary for not using competitive bid process. Originally a Joint cooperative agreement – we are going straight to the vendor rather than the reseller. *See Justification for additional information.
The total value of the solicitation:	☒ Exemption
Number of Solicitations (sent/received) /	☐ State Contract, list STS number and expiration date ☐ 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? ☐ Yes ☐ No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	☐ Sole Source ☐ Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ( ).
Recommended Vendor was low bidder: ☐ Yes ☐ No, please explain:	☐ Government Purchase
	☐ Alternative Procurement Process

How did pricing compare among bids received?	☐ Contract Amendment - (list original procurement)
	☐ 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: 07/16/2026 ☐ 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% Real Estate Assessment 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. FS290135
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):

BC2026-444

Title	Nitro PDF Software
Department or Agency Name	Department of Information Technology
Requested Action	☐ Contract ☐ Agreement ☐ Lease ☐ Amendment ☐ Revenue Generating ☒ Purchase Order ☐ Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
	26002674 JCOP	MNJ Technologies Direct, Inc.	11/13/2026 - 11/12/2027	$148,764.00	PENDING	PENDING

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

The Department of Information Technology plans to contract with MNJ Technologies Direct, Inc. for Nitro PDF Software in the amount of $148,764.00.

Subscription period: November 13, 2026 – November 12, 2027.

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

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

Project Goals, Outcomes or Purpose (list 3):

Nitro PDF Pro is a PDF editing software package that allows you to make changes to documents, annotate them, and perform numerous alterations on them. It also comes with OCR and conversion tools.

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. 1086 Busch Parkway Buffalo Grove, Illinois	Jimmy Lochner Account Representative

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

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ ☐ RFB ☐ RFP ☐ RFQ ☐ Informal ☐ Formal Closing Date:	Provide a short summary for not using competitive bid process. MNJ Technologies Direct is able to provide Cuyahoga County with Contract Pricing based off NCPA Contract #01-148 pricing which is considered lowest and best negotiated pricing for this purchase. *See Justification for additional information.
The total value of the solicitation:	☐ Exemption
Number of Solicitations (sent/received) /	☐ State Contract, list STS number and expiration date ☒ Government Coop (Joint Purchasing Program/GSA), list number and expiration date Contract #01-148 expires on November 30, 2030.
Participation/Goals (%): ( ) DBE ( ) SBE ( ) MBE ( ) WBE. Were goals met by awarded vendor per DEI tab sheet review? ☐ Yes ☐ No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	☐ Sole Source ☐ Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ( ).
Recommended Vendor was low bidder: ☐ Yes ☐ No, please explain:	☐ Government Purchase
	☐ Alternative Procurement Process
How did pricing compare among bids received?	☐ Contract Amendment - (list original procurement)
	☐ 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: 07/22/2026
☒ 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. IT100150
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.
	25003803 JCOP	MNJ Technologies Direct, Inc.	11/13/2025-11/12/2026	$148,764.00	10/06/2025	BC2025-625

BC2026-445

Title	PO26002925EXMT-2026- Procurement of SSL and CLM Certificates from Sectigo Limited

Department or Agency Name	The Department of Information Technology
Requested Action	☐ Contract ☐ Agreement ☐ Lease ☐ Amendment ☐ Revenue Generating ☒ Purchase Order ☐ Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
	PO26002925 EXMT	Sectigo Limited	10/16/2026-10/15/2027	$79,568.40	PENDING	PENDING

Service/Item Description (include quantity if applicable). When submitting an amendment, address any changes to the time period of the agreement, reduction or addition of funds, changes to the existing scope of services, changes to service rates/costs, and retroactive applicability of the changes, if any. The Department of Information Technology plans to contract with Sectigo Limited for procurement of Enterprise Certificate Management (CLM) and SSL Certificates in the amount of $79,568.40.
Indicate whether: ☐ New service/purchase ☒ Existing service/purchase ☐ Replacement for an existing service/purchase (provide details in Service/Item Description section above)
For purchases of furniture, computers, vehicles: ☐ Additional ☐ Replacement Age of items being replaced: How will replaced items be disposed of
Project Goals, Outcomes or Purpose (list 3): Cuyahoga County Department of Information Technology is requesting to renew its Enterprise Certificate Management (CLM) services. This service helps the County manage the digital certificates needed to keep its systems, applications, and websites secure. The renewal includes various certificate licenses, additional domain options, and enhanced support. The agreement will provide continued certificate management and security support for County systems for a 12-month period.

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):
Sectigo Limited Unit 7, Campus Road, Listerhills Science ParkBradford, BD7 1HR, United Kingdom	Kevin McColl Enterprise Renewals 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# _____ ☐ RFB ☐ RFP ☐ RFQ ☐ Informal ☐ Formal Closing Date:	Provide a short summary for not using competitive bid process. This purchase qualifies as an exemption, as the certificates are part of the County's established IT standards and this procurement represents an annual renewal. All of the County's certificates are currently issued through Sectigo (fka EnTrust). Renewing them ensures continuity of service, avoids compatibility issues, and maintains compliance with the County's cybersecurity policies. As a continuation of an existing, mission-critical solution, no alternative vendor can offer the same level of integration or support. *See Justification for additional information.
The total value of the solicitation:	☒ Exemption
Number of Solicitations (sent/received) /	☐ State Contract, list STS number and expiration date ☐ 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? ☐ Yes ☐ No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	☐ Sole Source ☐ Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ( ).
Recommended Vendor was low bidder: ☐ Yes ☐ No, please explain:	☐ Government Purchase
	☐ Alternative Procurement Process
How did pricing compare among bids received?	☐ Contract Amendment - (list original procurement)
	☐ 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:8.10.2026

☒ Check if item on IT Standard List of approved purchase and provide date of TAC approval. ☐ Check if item is ERP related? ☐ No ☐ Yes.
Are the purchases compatible with the new ERP system? ☐ Yes ☐ No, please explain.

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% General Fund
Is funding for this included in the approved budget? ☒ Yes ☐ No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. IT100140
Payment Schedule: ☒ Invoiced ☐ Monthly ☐ Quarterly ☐ One-time ☐ Other (please explain):

Provide status of project.	
Is contract/purchase late ☒ 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.
	PO25004033 EXMT	Sectigo Limited	1-year period beginning	$57,751.22	BC2025-655	10/20/2025

			10/1/2025 & 10/27/2025.			

BC2026-446

Title	PO26002926EXMT-2026- Procurement of Surveillance systems for Harvard Maintenance Yard.
Department or Agency Name	The Department of Information Technology
Requested Action	☐ Contract ☐ Agreement ☐ Lease ☐ Amendment ☐ Revenue Generating ☒ Purchase Order ☐ Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
	PO26002926 EXMT	Integrated Precision Systems	2026	$77,562.13	PENDING	PENDING

Service/Item Description (include quantity if applicable). When submitting an amendment, address any changes to the time period of the agreement, reduction or addition of funds, changes to the existing scope of services, changes to service rates/costs, and retroactive applicability of the changes, if any. The Department of information technology plans to contract with Integrated Precision Systems for procurement, installation, and programming of surveillance cameras aimed at Harvard Maintenance Yard, in the amount of $77,562.13.
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 additional surveillance cameras to be purchased, installed, programmed, and positioned at the Harvard Maintenance Yard. The additional cameras will expand the existing security system and help protect the vehicles and equipment located at the facility, which represent a significant investment for the County.

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify). If there are multiple vendors copy this table and complete for each vendor.	
Vendor Name and address:	Owner, executive director, other (specify):
Integrated Precision Systems, LLC 8555 Swet Valley Drive, Suite B Cleveland, Ohio 44125	Rob Jackson 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# _____ ☐ RFB ☐ RFP ☐ RFQ ☐ Informal ☐ Formal Closing Date:	Provide a short summary for not using competitive bid process. This purchase is an extension of the existing physical security system. Although a State Term Schedule (STS) is no longer available for this type of equipment, the pricing reflects the vendor's previous STS pricing and terms, which were in effect through December 31, 2025. IPS provides the approved IT standard security equipment. This purchase will be an extension of the existing physical security system that IPS provided previously. *See Justification for additional information.
The total value of the solicitation:	☒ Exemption
Number of Solicitations (sent/received) /	☐ State Contract, list STS number and expiration date ☐ 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? ☐ Yes ☐ No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	☐ Sole Source ☐ Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ( ).
Recommended Vendor was low bidder: ☐ Yes ☐ No, please explain:	☐ Government Purchase
	☐ Alternative Procurement Process
How did pricing compare among bids received?	☐ Contract Amendment - (list original procurement)
	☐ 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:8.10.2026 ☒ 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? ☐ No ☐ Yes (if yes, please explain)	
Have payments been made? ☐ No ☐ Yes (if yes, please explain)	

HISTORY (see instructions):

BC2026-447

Title	PO26002927EXMT-2026-Procurement of surveillance cameras, and intrusion system for the North Olmsted Auto Title Office
Department or Agency Name	The Department of Information Technology
Requested Action	☐ Contract ☐ Agreement ☐ Lease ☐ Amendment ☐ Revenue Generating ☒ Purchase Order ☐ Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
	PO26002927 EXMT	Integrated Precision Systems	2026	$37,839.55	PENDING	PENDING

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

The Department of information technology plans to contract with Integrated Precision Systems for procurement, programming, and final head connections for access control, surveillance cameras, and intrusion system to be installed at the new location for the North Olmsted Auto Title Office, in the amount of $37,839.55.

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, programming, and final connections for the access control, surveillance cameras, and intrusion systems to be installed at the new North Olmsted Auto Title Office location.
The request also includes the labor required to install and reconnect the cameras being repurposed from the previous location. This purchase is an extension of the County's existing physical security systems.

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, LLC 8555 Swet Valley Drive, Suite B Cleveland, Ohio 44125	Rob Jackson 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# _____ ☐ RFB ☐ RFP ☐ RFQ ☐ Informal ☐ Formal Closing Date:	Provide a short summary for not using competitive bid process. This purchase is an extension of the existing physical security system. Although a State Term Schedule (STS) is no longer available for this type of equipment, the pricing reflects the vendor's previous STS pricing and terms, which were in effect through December 31, 2025. IPS provides the approved IT standard security equipment. This purchase will be an extension of the existing physical security system that IPS provided previously. *See Justification for additional information.
The total value of the solicitation:	☒ Exemption
Number of Solicitations (sent/received) /	☐ State Contract, list STS number and expiration date ☐ 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? ☐ Yes ☐ No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	☐ Sole Source ☐ Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ( ).
Recommended Vendor was low bidder: ☐ Yes ☐ No, please explain:	☐ Government Purchase
	☐ Alternative Procurement Process
How did pricing compare among bids received?	☐ Contract Amendment - (list original procurement)
	☐ 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:8.5.2026

☒ 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.

FS100150

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):

BC2026-448

Title	PO26003031EXMT-2026- Procurement of Dedicated Internet Access 1Gbps
Department or Agency Name	The Department of Information Technology
Requested Action	☐ Contract ☐ Agreement ☐ Lease ☐ Amendment ☐ Revenue Generating ☒ Purchase Order ☐ Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
	PO26003031 EXMT	Fiber AssetCo LLC D/B/A Zayo	01/01/2027-12/31/2027	$11,796.00	PENDING	PENDING

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

The Department of Information Technology plans to contract with Fiber AssetCo LLC D/B/A Zayo, for Dedicated Internet Access 1Gbps S129430 in the amount of $11,796.00. Subscription renewal time period 01/01/2027 – 12/31/2027.

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

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

Project Goals, Outcomes or Purpose (list 3):
Fiber AssetCo LLC D/B/A Zayo formerly known as Crown Castle Fiber Dedicated Internet Access is a high-performance, private internet service that delivers symmetrical, guaranteed bandwidth over Crown Castle's secure fiber network, it is designed for organizations that require fast, secure, and dependable connectivity.

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):
Crown Castle Fiber LLC 350 North Orleans Street, Suite 620 Chicago, IL 60654	Alexis Severino Client Services 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# _____ ☐ RFB ☐ RFP ☐ RFQ ☐ Informal ☐ Formal Closing Date:	Provide a short summary for not using competitive bid process. This purchase qualifies as an exemption because the vendor changed their name to Fiber AssetCo LLC D/B/A Zayo, while the GSA contract still lists the vendor under its previous name, Crown Castle. The pricing has not changed despite the vendor's name change. GSA contract pricing, resulting in additional savings of $517.00 per month. Fiber AssetCo LLC D/B/A Zayo is the current provider of internet access for the County's Public Wireless Internet Offering. *See Justification for additional information.
The total value of the solicitation:	☒ Exemption
Number of Solicitations (sent/received) /	☐ State Contract, list STS number and expiration date ☐ 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? ☐ Yes ☐ No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	☐ Sole Source ☐ Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ( ).
Recommended Vendor was low bidder: ☐ Yes ☐ No, please explain:	☐ Government Purchase
	☐ Alternative Procurement Process
How did pricing compare among bids received?	☐ Contract Amendment - (list original procurement)
	☐ 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:8.13.2026 ☐ 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. IT100165
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	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.

Amendments (A-#)						
	PO25003176 JCOP	Crown Castle Fiber LLC	1/1/2026-12/31/2026	$11,796.00	9.2.2025	BC2025-554

BC2026-449

Title	FIRST CONTRACT AMENDMENT FOR MENTAL HEALTH SERVICES FOR HOMELESS PERSONS, INC. DBA FRONTLINE SERVICES (FAMILY PRESERVATION AND REUNIFICATION SERVICES)
Department or Agency Name	CUYAHOGA COUNTY COURT OF COMMON PLEAS, JUVENILE COURT DIVISION
Requested Action	☐ Contract ☐ Agreement ☐ Lease ☒ Amendment ☐ Revenue Generating ☐ Purchase Order ☐ 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)	5076	Mental Health Services for Homeless Persons, Inc., dba Frontline Service	7/1/2024-6/30/2026	$100,000.00	01/13/2025	BC2025-24
Amendment (A- 1)	5644 fka 5076	Mental Health Services for Homeless Persons, Inc., dba Frontline Service	7/1/2024-6/30/2027	$20,000.00	Pending	Pending

Service/Item Description (include quantity if applicable). When submitting an amendment, address any changes to the time period of the agreement, reduction or addition of funds, changes to the existing scope of services, changes to service rates/costs, and retroactive applicability of the changes, if any.
This is an amendment to extend the term of the contract through June 30, 2027, add funds in the amount of $20,000., and replace applicable language as set forth in Exhibit 1 for this amendment period for Family Preservation and Reunification Services.

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): Frontline Services trained clinicians will use a trauma-informed, psycho-educational model to address the misinformation, resistance, fear, and grief with which families often struggle. The goal ultimately is to move families to a place of acceptance of their child.

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: Mental Health Services for Homeless Persons, Inc. DBA Frontline Services. 1744 Payne Ave. Cleveland, Ohio 44114	Owner, executive director, other (specify): Corrie Taylor, Chief Executive Officer
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# _____ ☐ RFB ☐ RFP ☐ RFQ ☐ Informal ☐ Formal Closing Date:	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation:	☐ Exemption
Number of Solicitations (sent/received) /	☐ State Contract, list STS number and expiration date ☐ 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? ☐ Yes ☐ No, please explain.	☐ Sole Source ☐ 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: ☐ Yes ☐ No, please explain:	☐ Government Purchase
	☐ Alternative Procurement Process
How did pricing compare among bids received?	☒ Contract Amendment - (list original procurement)
	☐ Other Procurement Method, please describe:

Is Purchase/Services technology related ☒ No ☐ Yes If yes, list date of TAC approval and answer the questions below.
List date of TAC approval | Date: ☐ Check if item on IT Standard List of approved purchase and provide date of TAC approval. ☐ Check if item is ERP related? ☒ No ☐ Yes.
Are the purchases compatible with the new ERP system? ☐ Yes ☐ No, please explain.

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% 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: late submission of compliance documents	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	2/27/26
Date documents were requested from vendor:	5/7/26
Date of insurance approval from risk manager:	3/26/26
Date Department of Law approved Contract:	5/1/26

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

BC2026-450 a)

Title	Community Diversion Program contract with the City of Lakewood
Department or Agency Name	CUYAHOGA COUNTY COURT OF COMMON PLEAS, JUVENILE DIVISION
Requested Action	☒ Contract ☐ Agreement ☐ Lease ☐ Amendment ☐ Revenue Generating ☐ Purchase Order ☐ 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)	6360	City of Lakewood	01/01/2027-12/31/2028	$ 3,000.00	Pending	Pending

Service/Item Description (include quantity if applicable). When submitting an amendment, address any changes to the time period of the agreement, reduction or addition of funds, changes to the existing scope of services, changes to service rates/costs, and retroactive applicability of the changes, if any. Requesting approval of a contract as indicated in the chart above. Implement effective diversion services with a focus on rehabilitation and accountability versus deterrence-based sanctions.
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): 80% of YOUTH served during the AGREEMENT period will successfully complete the program without referral to the COURT for official COURT processing. 80% of YOUTH referred will be engaged in and complete services with no new charges.

90% of YOUTH engaged in services will complete services within a targeted timeframe of ninety (90) calendar days.

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: City of Lakewood 12650 Detroit Ave Lakewood, OH 44107	Owner, executive director, other (specify): Ofc. Angela Ortiz – Programmatic Contact
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	City of Lakewood

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ ☐ RFB ☐ RFP ☐ RFQ ☐ Informal ☐ Formal Closing Date:	Provide a short summary for not using competitive bid process. Government Purchase *See Justification for additional information.
The total value of the solicitation:	☐ Exemption
Number of Solicitations (sent/received) /	☐ State Contract, list STS number and expiration date ☐ 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? ☐ Yes ☐ No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	☐ Sole Source ☐ Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ( ).
Recommended Vendor was low bidder: ☐ Yes ☐ No, please explain:	☒ Government Purchase
	☐ Alternative Procurement Process
How did pricing compare among bids received?	☐ Contract Amendment - (list original procurement)

	☐ Other Procurement Method, please describe:

Is Purchase/Services technology related ☒ No ☐ Yes If yes, list date of TAC approval and answer the questions below.
List date of TAC approval | Date: ☐ Check if item on IT Standard List of approved purchase and provide date of TAC approval. ☐ Check if item is ERP related? ☐ No ☐ Yes.
Are the purchases compatible with the new ERP system? ☐ Yes ☐ No, please explain.

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% Health and Human Services Levy
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. JC280105-55130
Payment Schedule: ☐ Invoiced ☒ Monthly ☐ Quarterly ☐ One-time ☐ Other (please explain):

Provide status of project. Recurring Service	
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):	07/29/2026
Date documents were requested from vendor:	07/30/2026
Date of insurance approval from risk manager:	04/06/2026
Date Department of Law approved Contract:	07/29/2026
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? ☐ No ☐ Yes (if yes, please explain)	
Have payments been made? ☐ No ☐ Yes (if yes, please explain)	

HISTORY (see instructions):

Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	4469	CITY OF LAKEWOOD	01/01/2024-12/31/2024	$16,800.00	05/13/2024	BC2024-362
A-1	4469	CITY OF LAKEWOOD	0/01/2025-12/31/2026	$16,800.00	11/25/2024	BC2024-868

BC2026-450 b)

Title	Community Diversion Program contract with the City of South Euclid
Department or Agency Name	CUYAHOGA COUNTY COURT OF COMMON PLEAS, JUVENILE DIVISION
Requested Action	☒ Contract ☐ Agreement ☐ Lease ☐ Amendment ☐ Revenue Generating ☐ Purchase Order ☐ 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)	6367	City of South Euclid	01/01/2027-12/31/2028	$ 12,000.00	Pending	Pending

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

Requesting approval of a contract as indicated in the chart above.
Implement effective diversion services with a focus on rehabilitation and accountability versus deterrence-based sanctions.

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):

80% of YOUTH served during the AGREEMENT period will successfully complete the program without referral to the COURT for official COURT processing.

80% of YOUTH referred will be engaged in and complete services with no new charges.

90% of YOUTH engaged in services will complete services within a targeted timeframe of ninety (90) calendar days.

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: City of South Euclid 1349 South Green Rd South Euclid, OH 44121	Owner, executive director, other (specify): Jennifer Crow Det. Christopher Cooper
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	City of South Euclid

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ ☐ RFB ☐ RFP ☐ RFQ ☐ Informal ☐ Formal Closing Date:	Provide a short summary for not using competitive bid process. Government Purchase *See Justification for additional information.
The total value of the solicitation:	☐ Exemption
Number of Solicitations (sent/received) /	☐ State Contract, list STS number and expiration date ☐ 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? ☐ Yes ☐ No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	☐ Sole Source ☐ Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ( ).
Recommended Vendor was low bidder: ☐ Yes ☐ No, please explain:	☒ Government Purchase
	☐ Alternative Procurement Process
How did pricing compare among bids received?	☐ Contract Amendment - (list original procurement)

	☐ Other Procurement Method, please describe:

Is Purchase/Services technology related ☒ No ☐ Yes If yes, list date of TAC approval and answer the questions below.
List date of TAC approval | Date: ☐ Check if item on IT Standard List of approved purchase and provide date of TAC approval. ☐ Check if item is ERP related? ☐ No ☐ Yes.
Are the purchases compatible with the new ERP system? ☐ Yes ☐ No, please explain.

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% Health and Human Services Levy
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. JC280105-55130
Payment Schedule: ☐ Invoiced ☒ Monthly ☐ Quarterly ☐ One-time ☐ Other (please explain):

Provide status of project. Recurring Service	
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):	07/29/2026
Date documents were requested from vendor:	07/30/2026
Date of insurance approval from risk manager:	04/06/2026
Date Department of Law approved Contract:	07/29/2026
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? ☒ No ☐ Yes (if yes, please explain)	
Have payments been made? ☒ No ☐ Yes (if yes, please explain)	

HISTORY (see instructions):

Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	4475	CITY OF SOUTH EUCLID	01/01/2024-12/31/2024	$4,800.00	05/13/2024	BC2024-362
A-1	4475	CITY OF SOUTH EUCLID	01/01/2025-12/31/2026	$9,000.00	01/21/2025	BC2025-38

BC2026-451

Title	2026 – Public Safety & Justice Services/Chagrin Valley Dispatch Council – 4th Amendment to Contract #678
Department or Agency Name	Public Safety & Justice Services
Requested Action	☐ Contract ☐ Agreement ☐ Lease ☐ Amendment ☐ Revenue Generating ☒ Purchase Order ☐ 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	AG1500155	Chagrin Valley Dispatch Center	1/1/2016-1/14/2026	$3,712,818.95	12/8/2015	R2015-0255
A-1	AG1500155	Chagrin Valley Dispatch Center	1/1/2016-1/14/2026	$172,628.92	11/9/2020	BC2020-601
A-2	678 (fka AG1500155)	Chagrin Valley Dispatch Center	1/1/2016-1/14/2026	-$70,749.00	5/8/2023	BC2023-291
A-3	4054 (fka 678 and AG1500155)	Chagrin Valley Dispatch Center	1/1/2016-1/14/2026	0.00	7/14/2025	BC2025-450
A-4	4054 (fka 678 and AG1500155)	Chagrin Valley Dispatch Center	1/1/2016-6/30/2026	$101,265.00	6/9/2026	R2026-0139
PO	26002761	Chagrin Valley Dispatch Center	7/1/2026-9/30/2026	$49,374.00	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 sub-lease was extended through 06/30/26, with a provision to go month-to-month after 06/30/26. This purchase order will allow for the payment of the month-to-month lease for 3 months while CECOMS prepares to move.
Indicate whether: ☐ New service/purchase ☒ Existing service/purchase ☐ Replacement for an existing service/purchase (provide details in Service/Item Description section above)
For purchases of furniture, computers, vehicles: ☐ Additional ☐ Replacement Age of items being replaced: How will replaced items be disposed of
Project Goals, Outcomes or Purpose (list 3): Continue space and equipment sub-lease agreement for Cuyahoga Emergency Communication Systems (CECOMS).

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):
Chagrin Valley Dispatch Council 88 Center Rd. Suite B 100 Bedford, OH 44146	Kristen Holzheimer, President
Vendor Council District:	Project Council District:
District 9	County Wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ ☐ RFB ☐ RFP ☐ RFQ ☐ Informal ☐ Formal Closing Date:	Provide a short summary for not using competitive bid process. Government Purchase *See Justification for additional information.
The total value of the solicitation:	☐ Exemption
Number of Solicitations (sent/received) /	☐ State Contract, list STS number and expiration date ☐ 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? ☐ Yes ☐ No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	☐ Sole Source ☐ Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ( ).
Recommended Vendor was low bidder: ☐ Yes ☐ No, please explain:	☐ Government Purchase
	☐ Alternative Procurement Process
How did pricing compare among bids received?	☒ Contract Amendment - (list original procurement) Government Purchase
	☐ Other Procurement Method, please describe:

Is Purchase/Services technology related ☒ No ☐ Yes If yes, list date of TAC approval and answer the questions below.
List date of TAC approval | Date: ☐ Check if item on IT Standard List of approved purchase and provide date of TAC approval. ☐ Check if item is ERP related? ☐ No ☐ Yes.
Are the purchases compatible with the new ERP system? ☐ Yes ☐ No, please explain.

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% Wireless 9-1-1 Government Assistance
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. PJ280105
Payment Schedule: ☐ Invoiced ☐ Monthly ☒ Quarterly ☐ One-time ☐ Other (please explain):

Provide status of project. Currently awaiting approval.
Is contract/purchase late ☐ No ☒ Yes, In the fields below provide reason for late and timeline of late submission

Reason: PSJS was waiting for County Council to approve the original amendment extending the lease through 06/30/26 and allowing for the month-to-month lease. The approved amendment was executed 06/16/26 after which time, PSJS had to learn the process for month-to-month payments.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	06/16/26
Date documents were requested from vendor:	NA
Date of insurance approval from risk manager:	NA
Date Department of Law approved Contract:	NA
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: N/A	
If late, have services begun? ☐ No ☒ Yes (if yes, please explain) The CECOMS Department is currently occupying the space.	
Have payments been made? ☒ No ☐ Yes (if yes, please explain)	

HISTORY (see instructions): see chart above

BC2026-452

Title	2026 Revenue Generating Agreement – Neighborhood Health Care Inc. dba Neighborhood Family Practice
Department or Agency Name	Cuyahoga County Job and Family Services
Requested Action	☐ Contract ☐ Agreement ☐ Lease ☐ Amendment ☒ Revenue Generating ☐ Purchase Order ☐ 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	6345	Neighborhood Health Care, Inc. dba Neighborhood Family Practice	8/1/2026-7/31/2027	$43,382.48	Pending	Pending

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

Provide and employ a CJFS trained workers will be assigned caseloads will consist of Neighborhood Family Practice patients applying for Medicaid or needing assistance with their Medicaid benefits.

Revenue Generating agreement will be $43,382.48 for year 1 of 2026/2027 cover the salaries and fringes for one staff member.
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 Neighborhood Health Care, Inc. dba Neighborhood Family Practice patients Medicaid eligibility shall also be determined by a caseworker for Neighborhood Health Care, Inc. dba Neighborhood Family Practice

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):
Neighborhood Health Care, Inc. dba Neighborhood Family Practice 4115 Bridge Ave Ste 300 Cleveland, OH 44113	Bridget Graber, MSW, LISW-S Vice President of Behavioral Health
Vendor Council District: 7	Project Council District: Countywide
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ ☐ RFB ☐ RFP ☐ RFQ ☐ Informal ☐ 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:	☐ Exemption

Number of Solicitations (sent/received) /	☐ State Contract, list STS number and expiration date ☐ 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? ☐ Yes ☐ No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	☐ Sole Source ☐ Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ( ).
Recommended Vendor was low bidder: ☐ Yes ☐ No, please explain:	☐ Government Purchase
	☐ Alternative Procurement Process
How did pricing compare among bids received?	☐ Contract Amendment - (list original procurement)
	☒ Other Procurement Method, please describe: Revenue Generating CM6345

Is Purchase/Services technology related ☒ No ☐ Yes If yes, list date of TAC approval and answer the questions below.
List date of TAC approval | Date: ☐ Check if item on IT Standard List of approved purchase and provide date of TAC approval. ☐ Check if item is ERP related? ☐ No ☐ Yes.
Are the purchases compatible with the new ERP system? ☐ Yes ☐ No, please explain.

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. The project is a revenue-generating agreement where Neighborhood Health Care Inc. dba Neighborhood Family Practice 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: The contract is late due to a series of steps prior to starting the contracting process. Discussions started March 2026 when NFP applied for a grant to do the pilot program. The grant was submitted 4/6/2026, grant was approved 6/3/2026, contract draft is done 6/9/2026 and had discussions around amounts and language. Multiple drafts were produced and the final one was agreed upon on 7/14/2026.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	CJFS started discussion 03/2026. DCAP received 7/16/2026
Date documents were requested from vendor:	7/16/2026
Date of insurance approval from risk manager:	n/a
Date Department of Law approved Contract:	7/30/2026
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? ☒ No ☐ Yes (if yes, please explain)	
Have payments been made? ☒ No ☐ Yes (if yes, please explain)	

HISTORY (see instructions):

BC2026-453

Title	OHS; 26-27 Master Contract with Various Vendors for Rapid Rehousing Services for Families
Department or Agency Name	The Department of Health and Human Services, Office of Homeless Services
Requested Action	☒ Contract ☐ Agreement ☐ Lease ☐ Amendment ☐ Revenue Generating ☐ Purchase Order ☐ 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		See Below	6/1/26-5/31/27	$547,255.00	Pending	Pending
	6334	Family Promise of Greater Cleveland		$55,643.00		
	6335	Journey Center for Safety & Healing		$203,130.00		
	6389	The Salvation Army		$227,898.00		
	6370	West Side Catholic Center		$60,584.00		

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

Requesting approval of a master contract as indicated in the chart above in the amount of $547,255.00 for the period of 6/1/26 – 5/31/27.

Homeless families in Cuyahoga County, if they cannot be diverted, are referred to immediate safe shelter and rapid exit to PH. The housing exit plan for families is developed within seven (7) consecutive days of entering shelter.

This contract will fund Case Management services offered by four (4) Rapid Rehousing service providers to develop the initial housing exit plan for homeless families. Family Promise offers case management focused on rapid exit into housing by expediting the housing process, including assistance with housing searches and placement. Journey Center offers Case Management services focused on persons experiencing Domestic Violence. The Salvation Army offers case management focused on rapid exit into housing by expediting the housing process, including assistance with housing searches and placement. West Side Catholic Center assists families facing literal homelessness with case management services focused on rapid exit into housing by expediting the housing process, including assistance with housing searches and placement. Per CoC standards, case management focuses on rapid exit into housing by expediting the housing process, including assistance with housing searches and placement. Additionally, RRH case managers continue to support families as they move into permanent housing, ensuring the transition is stable and sustainable. Regular meetings and coordination between CI staff and RRH providers help monitor and support client progress toward these goals.

The CoC Coordinated Entry and RRH provider agencies convene with Shelter Case managers weekly, to track client progress on meeting “milestones” for the families to move out of shelter quickly, but with the key elements of stability in place. RRH case managers will follow the families once they access RRH PH.

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

Separating CoC Services via HUD from Levy-funded services

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

Project Goals, Outcomes or Purpose (list 3):

- Providing wrap-around case management and resources designed for access to housing and support rapid exit from Homelessness.
- Assisting participants with housing search assistance with completion and submission of housing applications.
- Linking families with ongoing community supports to ensure housing stability.

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: Family Promise 3470 E. 152nd Street Cleveland, OH 44102	Owner, executive director, other (specify): Jacqueline Salter, Executive Director
Vendor Council District: 9	Project Council District: County-Wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	N/A
Vendor Name and address: Journey Center P.O. Box 5466 Cleveland, Ohio 44101	Owner, executive director, other (specify): Anne Face, Executive Director
Vendor Council District: N/A Confidential Location	Project Council District: County-Wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	N/A
Vendor Name and address: Salvation Army 440 West Nyack Rd West Nyack, NY 10994	Owner, executive director, other (specify): Ayana M Vasquez, Corporate Legal Secretary Beau Hill, Executive Director (Correspondence)
Vendor Council District: N/A Out of State Corporate Location	Project Council District: County-Wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	1710 Prospect Avenue Cleveland, OH 44115
Vendor Name and address: West Side Catholic Center 3135 Lorain Avenue Cleveland, Ohio 44113	Owner, executive director, other (specify): Michael Bernot, Executive Director
Vendor Council District: 9	Project Council District: County-Wide

If applicable provide the full address or list the municipality(ies) impacted by the project.	N/A

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ ☐ RFB ☐ RFP ☐ RFQ ☐ Informal ☐ Formal Closing Date:	Provide a short summary for not using competitive bid process. The Office of Homeless Services, as the lead agency for the Cuyahoga County Continuum of Care, applies annually to the US Department of Housing and Urban Development Continuum of Care Program Competition. OHS requested and was awarded Rapid Rehousing grant funding for Supportive Services for these four (4) providers in the CoC. *See Justification for additional information.
The total value of the solicitation:	☒ Exemption
Number of Solicitations (sent/received) /	☐ State Contract, list STS number and expiration date ☐ 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? ☐ Yes ☐ No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	☐ Sole Source ☐ Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ( ).
Recommended Vendor was low bidder: ☐ Yes ☐ No, please explain:	☐ Government Purchase
	☐ Alternative Procurement Process
How did pricing compare among bids received?	☐ Contract Amendment - (list original procurement)
	☐ Other Procurement Method, please describe:

Is Purchase/Services technology related ☐ No ☐ Yes If yes, list date of TAC approval and answer the questions below. N/A	
List date of TAC approval	Date: N/A
☐ 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% U.S. Department of Housing and Urban Development
Is funding for this included in the approved budget? ☒ Yes ☐ No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. HS220110
Payment Schedule: ☒ Invoiced ☒ Monthly ☐ Quarterly ☐ One-time ☐ Other (please explain):

Provide status of project. Existing Service currently performing	
Is contract/purchase late ☐ No ☒ Yes, In the fields below provide reason for late and timeline of late submission	
Reason: OHS received the grant and materials from HUD late as we cannot proceed with contracting and/or reaching out to vendors until reviewed and approved by the Law Dept.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	5/12/2026 (OHS); 7/7/2026(DCAP)
Date documents were requested from vendor:	6/16/2026; 8/7/2026
Date of insurance approval from risk manager:	8/5/2026
Date Department of Law approved Contract:	8/12/2026
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? ☐ No ☒ Yes (if yes, please explain) Ongoing services from prior contract pending new contract	
Have payments been made? ☒ No ☐ Yes (if yes, please explain)	

HISTORY (see instructions):

Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	4498	Family Promise of Greater Cleveland	6/1/2024 – 5/31/2025	$155,643.00	7/8/2024	BC2024-496
A-1	5838 (fka 4498)	Family Promise of	Ext. 5/31/2026	$155,643.00	6/2/2025	BC2025-355

		Greater Cleveland				
O	5150	Journey Center	6/1/2024 – 5/31/2025	$303,130.00	7/1/2024	BC2024-497
A-1	5939 (copy 5150)	Journey Center	Ext. 5/31/2026	$303,130.00	6/30/2025	BC2025-431
O	4500	The Salvation Army	6/1/2024-5/31/2025	$374,731.00	7/01/2024	BC2024-498
A-1	4500	The Salvation Army	6/1/2025-5/31/2026	$374,731.00	2/3/2026	BC2025-356/600016494
A-2	5937 fka 4500	The Salvation Army	6/1/2025-5/31/2026	$23,185.00	3/30/2026	BC2026-154
O	4501	West Side Catholic Center	6/1/2024-5/31/2025	$160,584.00	8/26/2024	BC2024-621
A-1	4501	West Side Catholic Center	6/1/2025-5/31/2026	$160,584.00	5/12/2025	BC2025-323

C. – Exemptions

BC2026-454

TITLE	Alternative Procurement for 2026 Options for Independent Living Services
DEPARTMENT OR AGENCY NAME	Department of Health and Human Services/ Division of Senior and Adult

REQUESTED ACTION	☒ Alternative Procurement ☐ Amendment to Alternative Procurement

LIST MOST RECENT/PRIOR ALTERNATIVE PROCUREMENT APPROVALS FOR THIS REQUEST; INCLUDING AMENDMENTS, AS APPLICABLE	DATE BOC APPROVED/COUNCIL'S JOURNAL DATE	APPROVAL NO.
DESCRIPTION/ EXPLANATION OF REQUEST:	The Cuyahoga County Division of Senior and Adult Services (DSAS) delivers 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 and/or personal care assistance; home delivered meals; and/or transportation for medical-related appointments. Providing in-home services to seniors and adults with disabilities will help these residents age-in-place, thereby avoiding costly hospitalizations or nursing facility placements. We are seeking an alternative procurement to combine the originally issued RFP 16403 and reissued RFP 16427 which allows for more vendors	

	to respond. Contract term is set for April 1, 2027 and will run through March 31, 2029 with funding total estimated is $10,200,000.00

FUNDING SOURCE:	Is funding for this included in the approved budget?
	☒ YES ☐ NO (if "no" please explain):
	Please provide the complete, proper name of the funding source (no acronyms). Include percentages of funding if using more than one source.
	100% Health and Human Services Levy

D. - Consent Agenda

BC2026-455

Title	North Marginal Road Connector Shared Use Path from East 9th Street to East 55th Street in the City of Cleveland AMD #3
Department or Agency Name	Public Works
Requested Action	☐ Contract ☐ Agreement ☐ Lease ☒ Amendment ☐ Revenue Generating ☐ Purchase Order ☐ 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	4637	Independence Excavating, Inc.	n/a	$10,812,068.09	July 16, 2024	R2024-0262
A-1	4637	Independence Excavating, Inc.	n/a	($0.01)	October 6, 2025	BOC Item of Note: Item No. 3
A-2	4637	Independence Excavating, Inc.	n/a	$178,488.65	March 30, 2026	BC2026-144
A-3	4637	Independence Excavating, Inc.	n/a	($36,315.57)	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.

Construction of 2.66 miles of shared-use path along North Marginal from East 9th Street to East 55th Street in the City of Cleveland in Cuyahoga County. Provides connectivity to existing paths operated by the Cleveland Metroparks. The project also includes resurfacing portions of North Marginal, full-depth reconstruction of North Marginal near the SR-2 ramps, retaining walls, lighting, landscaping, hydrant replacement, and traffic control.

Amendment #3 – This amendment is for various increases, decreases, and new plan items based on field conditions.

Decreased Items:

Ref. No. 237 - The City of Cleveland has significantly adjusted costs for their road and sidewalk permits. This new item counted as reimbursement from the County for Independence Excavating to pay for these increased permit costs. Separate letters/agreements have been conducted with the County and the City of Cleveland to get these costs reimbursed. The City of Cleveland has since reimbursed Independence Excavating for the permit costs, so now the County's cost of reimbursement can be deducted from the project.

Increased Items:

Ref. No. 150 - Due to additional unforeseen coordination with CPP and changes to the original project plans, 5 additional light poles needed to be removed for the trail to be completed.
Ref. No. 230 - Due to the issues encountered with the water main locations along the Burke property, and faulty existing valves along N Marginal; another additional gate valve was approved to be added by Cleveland Water Department and Cuyahoga County to perform the required planned water work for the project.

New Items:

Ref. No. 238 - Due to unforeseen utility coordination delays with CPP and Verizon; Independence Excavating would have been unable to reach substantial completion for the project by Labor Day 2026. Due to this, the County approved the use of an additional Acceleration Crew to be brought to the site from April-June 2026. The contractor has since provided a schedule showing that the use of the accelerated crew has now brought the project schedule back on schedule to reach substantial completion in time.
Ref. No. 239 - The existing water main along Burke Airport was discovered to be behind the airport fence in several areas that required hydrant work. The water department specifications called for our hydrant work to go back to the main itself in order to replace the hydrants, valves, tees, etc. Due to the Cleveland Water Department specifications, and existing layout of the water main near the Burke airport, the contractor had to remove portions of the airport fence to access the water main that was inside the Burke property. The airport requires security when there are gaps in the airport fence. Upon completion of the hydrant work, the fence needed to be restored to its original security strength. This new item accounts for this work that was needed in order for the hydrants in this area to be completed per our project plans and CWD specifications.
Ref. No. 240 - Project plans did not specify certain light pole foundation sizes for relocation work. Project Design initially provided incorrect light pole foundation information. This force account is for the down time and revised foundation material sourcing.
Ref. No. 241 - The Eastern-most driveway for the Burke Airport property was replaced, however this driveway needed to be shut down completely to allow the contractor adequate time and space to perform work. Vehicles that used this driveway needed to be rerouted to another Airport gate that is NOT motorized. This force account is for the security at the alternate gate while the driveway replacement work was completed.
Ref. No. 242 - Lakeside Yacht Club would not sign the County Project agreement until a resolution was reached regarding restoring adequate privacy along their fence line once work was completed in their area. After rejecting their proposal for doubling the amount of arborvitae trees planted, the County proposed adding an additional privacy wind screen which they accepted (which allowed them to sign the County Project Agreement). This force account covers the cost for the installation of this privacy screen on the newly installed fence by the contractor.

Indicate whether: ☐ New service/purchase ☒ Existing service/purchase ☐ Replacement for an existing service/purchase (provide details in Service/Item Description section above)
For purchases of furniture, computers, vehicles: ☐ Additional ☐ Replacement Age of items being replaced: How will replaced items be disposed of
Project Goals, Outcomes or Purpose (list 3): See Above Service Description

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify). If there are multiple vendors copy this table and complete for each vendor.	
Vendor Name and address:	Owner, executive director, other (specify):
Independence Excavating, Inc. 5720 Independence Drive, Suite 500 Brecksville, Ohio 44141	Rob DiGeronimo - President
Vendor Council District:	Project Council District:
District 6	District 7
If applicable provide the full address or list the municipality(ies) impacted by the project.	Cleveland

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ ☐ RFB ☐ RFP ☐ RFQ ☐ Informal ☐ Formal Closing Date:	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation:	☐ Exemption
Number of Solicitations (sent/received)	☐ State Contract, list STS number and expiration date ☐ Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): (7) DBE ( ) SBE ( ) MBE ( ) WBE. Were goals met by awarded vendor per DEI tab sheet review? ☐ Yes ☐ No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	☐ Sole Source ☐ Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ( ).
	☐ Government Purchase

Recommended Vendor was low bidder: ☒ Yes ☐ No, please explain:	☐ Alternative Procurement Process
How did pricing compare among bids received?	☒ Contract Amendment - (list original procurement) Request for Bids RQ14474 in 2024
	☐ Other Procurement Method, please describe:

Is Purchase/Services technology related ☒ No ☐ Yes If yes, list date of TAC approval and answer the questions below.
List date of TAC approval | Date: ☐ Check if item on IT Standard List of approved purchase and provide date of TAC approval. ☐ Check if item is ERP related? ☐ No ☐ Yes.
Are the purchases compatible with the new ERP system? ☐ Yes ☐ No, please explain.

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 52.6% Federal Funding 2.8% County Road and Bridge $7.50 Fund 1.2% City of Cleveland 43.4% Cleveland Metroparks
Is funding for this included in the approved budget? ☒ Yes ☐ No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. PW605100
Payment Schedule: ☒ Invoiced ☐ Monthly ☐ Quarterly ☐ One-time ☐ Other (please explain):

Provide status of project. Roughly 41% complete	
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

BC2026-456

TITLE	2025 North Coast CHDO Homes Home funded Grant
DEPARTMENT OR AGENCY NAME	Housing and Community Development

REQUESTED ACTION	☒ Amendment to Approval (BOC or Council) ☐ Other action; please describe

DESCRIPTION/ EXPLANATION OF REQUEST:	Recommending an amendment to Board of Control Approval No. BC2025-577 to establish the grant term as January 1, 2025 through December 31, 2026, consistent with the Time of Performance identified in the grant agreement. The original Board approval authorized a HOME-funded grant in an amount not to exceed $500,000 to North Coast CHDO Homes for the acquisition and rehabilitation of three (3) single-family homes for developmentally disabled adults. This amendment does not change the previously approved grant amount, funding source, scope, or purpose of the award.

CURRENT/HISTORICAL INFORMATION	DATE BOC APPROVED/ COUNCIL'S JOURNAL DATE	APPROVAL NO.
ORIGINAL (O)	09/16/2025	BC2025-577
AMENDMENT (A-1)	Pending	Pending

BC2026-457

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

Funding Source: Revenue Generating

Agency: Board of Elections

Sale of property to:
Info@Ret3.org
1814 E. 40th Street
Cleveland, Ohio 44103
Kenny Kovach-Director

Model	Serial Number	Asset Tag #		Model	Serial Number	Asset Tag #

HP Z220 SFF Workstation	2UA2501GZD	85996		HP Z220/230	2UA3431BLW	No Tag Present
Dell 1901FP	CN05Y2327161845PBAM0	41647		HP Z220/230	2UA3431BLZ	No Tag Present
Dell 1901FP	CN05Y2327161845PBALZ	41676		HP Z220/230	2UA3431BM1	No Tag Present
Dell 1901FP	CN05Y2327161845PB994	41702		HP Z220/230	2UA3431BM2	No Tag Present
Dell 1901FP	CN05Y2327161845CAHCY	41704		HP Z220/230	2UA4291VLL	No Tag Present
HP Model L1910	CNK020018T	44295		HP Z220/230	2UA4291VLM	No Tag Present
Samsung 912N	MJ19HMEY504675P	49833		HP Z220/230	2UA4291VLP	No Tag Present
HP Model L1910	CNC824NNY3	63636		HP Z220/230	2UA4291VLQ	No Tag Present
HP Model L1910	CNC824NNRK	63639		HP Z220/230	2UA4291VLR	No Tag Present
HP Model L1910	CNC824NNY7	63641		HP Z230 SFF Workstation	2UA4291VLS	No Tag Present
HP Model L1910	CNC824NNSC	63652		HP Z220/230	2UA4291VLV	No Tag Present
HP Model L1910	CNC824NNRJ	63659		HP Z220/230	2UA4291VLW	No Tag Present
HP Model L1910	CNC824NPTS	63660		HP Z220/230	2UA4291VM2	No Tag Present
HP Model L1910	CNC824NNS3	63661		HP Z230 SFF Workstation	2UA4291VM3	No Tag Present
HP Model L1910	CNC824NNXV	63662		HP Z220/230	2UA4291VM7	No Tag Present
HP Z220/230	2UA2501H1L	68677		HP Z220/230	2UA4291VM8	No Tag Present
HP LA2205wg	3CQ9353BV5	69611		HP Z220/230	2UA4291VMB	No Tag Present
HP Compaq	MXL02712QJ	71383		HP Z220/230	2UA4291VMC	No Tag Present
HP Compaq	MXL02712Q9	71386		HP Z220/230	2UA4291VMD	No Tag Present
HP Compaq	MXL02712Q1	71388		HP Z220/230	2UA4291VMF	No Tag Present
HP Compaq	MXL02712QH	71393		HP Z230 SFF Workstation	2UA4291VMG	No Tag Present
HP Model L1910	CNK020018V	71434		HP Z220/230	2UA4291VMK	No Tag Present
HP Model L1910	CNK020019G	71436		HP Z220/230	2UA4291VML	No Tag Present

HP 9100	3CR1120Q7H	72456		HP Z230 SFF Workstation	2UA51623ZV	No Tag Present
HP 9100	3CR1120Q78	74536		HP Z220/230	2UA516240H	No Tag Present
HP COMPAQ 6000	MXL13718CY	75865		HP Z230 SFF Workstation	2UA5331JG7	No Tag Present
HP TPCQ001	MXL13718CY	75865		HP Z220/230	2UA5331JG8	No Tag Present
HP Compaq	MXL1200NDZ	76342		HP Z220/230	2UA5331JGR	No Tag Present
HP Z220/230	2UA2501GZH	80665		HP Z230 SFF Workstation	2UA5331JGT	No Tag Present
HP Z220/230	2UA2501H2L	80666		HP Z220/230	2UA5331JGV	No Tag Present
HP Z220/230	2UA2501H3L	80670		HP Compaq LE202X	3CQ24614R1	No Tag Present
HP Z220/230	2UA2501H26	80671		HP Compaq LE202X	3CQ24614RJ	No Tag Present
HP Z220/230	2UA2501H29	80676		HP Compaq LE202X	3CQ24614RY	No Tag Present
HP Z220/230	2UA2501H19	80690		HP Compaq LE202X	3CQ24614S0	No Tag Present
HP Z220/230	2UA2501H20	80691		HP Compaq LE202X	3CQ24614S7	No Tag Present
HP Z220/230	2UA2501H16	80695		HP 9100	3CR1120Q5Z	No Tag Present
HP Z220/230	2UA2501H1H	80722		HP 9100	3CR1120Q6H	No Tag Present
HP Z220/230	2UA2501H21	80751		HP 9100	3CR1120Q6W	No Tag Present
HP Z220/230	2UA3431BLL	82060		HP 9100	3CR1120Q7D	No Tag Present
HP Z220/230	2UA3431BLY	82062		Dell 1901FP	CN05Y232716184 5PB989	No Tag Present
HP Z220/230	2UA3431BM4	82063		Dell 1901FP	CN05Y232716184 5PB995	No Tag Present
HP Z220/230	2UA3431BLM	82064		Dell 1901FP	CN05Y232716184 5PB997	No Tag Present
HP Z220/230	2UA3431BL7	82067		Dell 1901FP	CN05Y232716184 5PB998	No Tag Present
HP Z220/230	2UA3431BLK	82069		Dell 1901FP	CN05Y232716184 5PBA4S	No Tag Present
HP Z220/230	2UA3431BLB	82070		Dell 1901FP	CN05Y232716184 5PBA4T	No Tag Present
HP Z220/230	2UA2501H2D	82076		Dell 1901FP	CN05Y232716184 5PBA51	No Tag Present

HP Z220/230	2UA3431BL6	82079		Dell 1901FP	CN05Y232716184 5PBA53	No Tag Present
HP Z220/230	2UA3431BLH	82083		Dell 1901FP	CN05Y232716184 5PBAC0	No Tag Present
HP Z220 SFF Workstation	2UA3431BL2	82084		DELL 1901FP	CN05Y232716184 5PBAC4	No Tag Present
HP Z220/230	2UA3431BL4	82084		Dell 1901FP	CN05Y232716184 5PBAHN	No Tag Present
HP Z220/230	2UA3431BL5	82085		Dell 1901FP	CN05Y232716184 5PBART	No Tag Present
HP Z220/230	2UA3431BM0	82130		Dell 1901FP	CN05Y232716184 5PBARU	No Tag Present
HP Z220/230	2UA3431BLR	82133		Dell 1901FP	CN05Y232716184 5PBARW	No Tag Present
HP Z220/230	2UA3431BLN	82134		Dell 1901FP	CN05Y232716184 5PBAS2	No Tag Present
HP Z220/230	2UA3431BM3	82135		Dell 1901FP	CN05Y232716184 7SAA0V	No Tag Present
HP Z220/230	2UA51623ZY	83628		Dell 1901FP	CN05Y232716184 7SAA0X	No Tag Present
HP Z220/230	2UA3431BLD	85921		Dell 1901FP	CN05Y232716184 7SAA0Y	No Tag Present
HP Model L1910	CNK020018J	85923		Dell 1901FP	CN05Y232716184 7SAARB	No Tag Present
HP Z220/230	2UA2501H47	85935		Dell 1901FP	CN05Y232716184 7SAARE	No Tag Present
HP Z220/230	2UA2501H37	85937		Dell 1901FP	CN05Y232716184 7SAB0G	No Tag Present
HP Z220/230	2UA4291VLZ	85945		Dell 190St	CN-0CN084-74261-7B5-867A	No Tag Present
HP Z220/230	2UA4291VLT	85951		Dell 1078 FPb	CN0DC323716186 6MBNYE	No Tag Present
HP Compaq LE202X	3CQ4211THM	85953		Dell 1078 FPb	CN0DC323716186 6MBNYV	No Tag Present
HP Compaq LE202X	3CQ24614RD	85960		Dell 1078 FPb	CN0DC323716186 6MBPF9	No Tag Present
HP Compaq LE202X	3CQ24614QX	85965		Dell 1078 FPb	CN0FP182716187 92ADAD	No Tag Present
HP Z220/230	2UA3431BLJ	85966		Dell 1078 FPb	CN0FP182716187 92ADAD	No Tag Present
HP Z220 SFF Workstation	2UA3431BLC	85967		Dell 1078 FPb	CN0FP182716187 92ADAD	No Tag Present
HP Z220/230	2UA2501H1J	85975		Dell 1078 FPb	CN0FP182716187 92ADAM	No Tag Present
HP Z220/230	2UA2501H1V	85988		Dell 1078 FPb	CN0FP182716187 92ADAV	No Tag Present

HP Compaq LE202X	3CQ24614RP	85989		Dell 1078 FPb	CN0FP182716187A6RGQG	No Tag Present
HP Z220/230	2UA2501H1R	85994		Dell 1078 FPb	CN0FP8164663372Q395U	No Tag Present
HP Z220/230	2UA2501H25	85996		Dell 190St	CN-0G422H-72872-86R-5F1H-A00	No Tag Present
HP Z230 SFF Workstation	2UA4291VLK	85999		Dell 190St	CN-0G422H-72872-86R-5F1H-A00	No Tag Present
HP Z220/230	2UA4291VM4	86001		Dell 190St	CN-0G422H-72872-86R-5G3H-A00	No Tag Present
HP Compaq LE202X	3CQ24614RL	86004		Dell 190St	CN-0G422H-72872-86R-5G3H-A00	No Tag Present
HP Compaq LE202X	3CQ24614SD	86007		Dell 190St	CN-0G422H-72872-86R-5G3H-A00	No Tag Present
HP Compaq LE202X	3CQ4211RNW	86009		Dell 190St	CN-0G422H-72872-86R-5G3H-A00	No Tag Present
HP Z230 SFF Workstation	2UA4291VM6	86010		Dell 190St	CN-0G422H-72872-86R-5G3H-A00	No Tag Present
HP Compaq LE202X	3CQ24614RS	86029		Dell 190St	CN-0G422H-72872-86R-5G3H-A00	No Tag Present
HP Z230 SFF Workstation	2UA5331JG4	86705		Dell 190St	CN-0G422H-72872-86R-5G3H-A00	No Tag Present
HP Z220/230	2UA5331JG5	86706		Dell 190St	CN-0G422H-72872-86R-5G3H-A00	No Tag Present
HP Z230 SFF Workstation	2UA5331JG6	86707		Dell 190St	CN-0G422H-72872-86R-5G3H-A00	No Tag Present
HP Z220/230	2UA5331JGC	86711		Dell 190St	CN-0G422H-7782-86R-5FUH-A00	No Tag Present
HP Z220/230	2UA5331JGH	86713		Dell 190St	CN-0RNMH6-74445-994-A8PL	No Tag Present
HP Z220/230	2UA5331JGJ	86714		Dell 190St	CN-0RNMH6-74445-994-A8PL	No Tag Present
HP Z220/230	2UA5331JGK	86715		Dell 190St	CN-0RNMH6-74445-994-ABLL	No Tag Present
HP Z230 SFF Workstation	2UA5331JGL	86716		Dell 190St	CN-0RNMH6-74445-994-ABQL	No Tag Present

HP Z220/230	2UA5331JGM	86717		Dell 190St	CN-0WH318-72872-666-15JT	No Tag Present
HP Z220/230	2UA5331JGN	86718		Dell 190St	CN-0WH318-72872-674-2DNL	No Tag Present
HP Z220/230	2UA5331JGP	86719		HP Model L1910	CNC824NNY1	No Tag Present
HP Z230 SFF Workstation	2UA5331JGS	86721		HP Model L1910	CNC824NNY4	No Tag Present
HP Z220/230	2UA5331JGX	86725		HP Model L1910	CNC824NNYC	No Tag Present
HP Z220/230	2UA5331JGY	86726		HP Model L1910	CNC824NPN9	No Tag Present
HP Z230 SFF Workstation	2UA5331JH0	86728		HP Model L1910	CNK020018Y	No Tag Present
HP Z220/230	2UA5331JH1	86729		HP Model L1910	CNK020019Z	No Tag Present
HP Z220/230	2UA2501H27	95921		Dell 1901FP	CQ00013'716.4$7MAB0B	No Tag Present
HP Z220/230	2UA2501H17	No Tag Present		ACER H20.3H	ETLJ3QWQ060370121A432A	No Tag Present
HP Z220/230	2UA2501H1K	No Tag Present		Dell 1901FP	GCN05Y231Q94-&5PBAAQ	No Tag Present
HP Z220/230	2UA2501H1M	No Tag Present		HP Compaq	MXL02712Q0	No Tag Present
HP Z220/230	2UA2501H1P	No Tag Present		HP COMPAQ 6000	MXL137188C	No Tag Present
HP Z220/230	2UA2501H22	No Tag Present		HP COMPAQ 6000	MXL137388M	No Tag Present
HP Z220/230	2UA2501H2B	No Tag Present		HP Compaq	MXL2033SNQ	No Tag Present
HP Z220/230	2UA2501H2H	No Tag Present		HP Compaq	MXL2033SPM	No Tag Present
HP Z220/230	2UA2501H2P	No Tag Present		HP Compaq	MXL2033SPS	No Tag Present
HP Z220/230	2UA2501H32	No Tag Present		HP Compaq	MXL2033SPT	No Tag Present
HP Z220/230	2UA2501H3N	No Tag Present		HP Compaq	MXL2033SQ0	No Tag Present
HP Z220/230	2UA2501H4F	No Tag Present				
HP Z220/230	2UA3431BL3	No Tag Present		HP Compaq	MXL2033SQ3	No Tag Present
				HP Z2	MXL9235D7	No Tag Present
HP Z220/230	2UA3431BLT	No Tag Present		HP Z2	MXL9295F6M	No Tag Present

HP Z220/230	2UA3431BLV	No Tag Present		Delta Electronics DPSN 350BB	XL8T1109022794	No Tag Present

BC2026-458
(See related items for proposed travel/memberships for the week of 8/31/2026 in Section D above).

BC2026-459
(See related items for proposed purchases for the week of 8/31/2026 in Section D above).

V – OTHER BUSINESS

Item of Note (non-voted)

ION2026-100

TITLE	The Ohio Bell Telephone Company dba AT&T Ohio, Right of Way Permit on Bagley Road in Olmsted Township, Ohio
DEPARTMENT OR AGENCY NAME	Department of Public Works

REQUESTED ACTION	☐ Amendment to Approval (BOC or Council) ☒ Other action; please describe - Right of Way permit approval

DESCRIPTION/ EXPLANATION OF REQUEST:	The permit will allow the AT&T Ohio to construct, maintain and operate existing copper and fiber wires contained within new 4-inch PVC conduits from a proposed manhole to a utility pole plus the installation of a new pole and multiple pole relocations including all underground installations, attachments and appurtenances within the public right-of-way on Bagley Road in Olmsted Township. Note – Permit has been signed by Michael Dever, Director of Public Works

CURRENT/HISTORICAL INFORMATION	DATE BOC APPROVED/ COUNCIL'S JOURNAL DATE	APPROVAL NO.
ORIGINAL (O)		
AMENDMENT (A)		

ION2026-101

TITLE	Ohio RECLAIM – Grant Application and Attachment A for SFY2026 (SFY2027
DEPARTMENT OR AGENCY NAME	Cuyahoga County Court of Common Pleas, Juvenile Court Division

REQUESTED ACTION – PLEASE CHECK ALL THAT IS APPLICABLE	☐ Authority to Apply (for grants with Cash Match and/or Subrecipients). ☒ Grant Application (for grants with no Cash Match or Subrecipients).

*PLEASE INCLUDE SUPPORTING DOCUMENTS AS ATTACHMENTS TO THE SUBMISSION IN ONBASE.	➢ Is County Executive signature required ☐ Yes ☒ No ☐ Grant Agreement (when the signature of the County Executive is required). ☐ Grant Award (when the signature of the County Executive is not required). ☒ Grant Amendment ☐ Pre-Award Conditions Forms (when no signature is required by the County Executive)

GRANT CURRENT/ HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL	APPROVAL NO.
ORIGINAL (O)	SFY2026 RECLAIM	7/1/25 – 6/30/27	$6,535,175.85	6/23/2025	CON2025-60
REVISED ORIGINAL (O)	SFY2026 RECLAIM	7/1/25 – 6/30/27	$7,036,483.47	4/13/2026	ION2026-37
AMENDMENT (A-1)	SFY2026 RECLAIM	7/1/25 – 6/30/27	$6,762,583.47	7/10/2026	ION2026-81
AMENDMENT (A-2)	SFY2026 RECLAIM	7/1/25 – 6/30/27	$5,345,154.60	7/10/2026	ION2026-82
AMENDMENT (A-3)	SFY2026 RECLAIM	7/1/25 – 6/30/27	$6,762,583.47	PENDING	PENDING
DESCRIPTION/EXPLANATION OF THE GRANT:		PRIOR APPROVAL (ION2026-82) NEEDS DOLLAR AMOUNT TO BE CORRECTED: Submitting Amendment #2 to the SFY2026 RECLAIM Ohio grant funds provided through Oho Department of Youth Services for various programs for youth and their families navigating through the justice process for the grant application and Attachment A of the 2nd year (FY2027) funding in the amount stated above (A2) which causes the total to change from $6,762,583.47 to $12,107,738.07.			
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):		Provide the Court with the ability to develop/purchase a range of community-based options to meet the needs of each juvenile offender/youth at risk of offending.			
		Support various staffing salaries servicing youth and families in the Court process.			
		Support the cost of providing ongoing training and consultation to Court staff.			

GRANT SUBRECIPIENTS – ARE THERE ANY SUBRECIPIENTS THAT ARE WRITTEN INTO THE GRANT ☐ YES ☒ NO

FUNDING SOURCE:	Please provide the complete, proper name of the funding source (no acronyms) for receipt of this grant.
	RECLAIM (Reasoned and Equitable Community and Local Alternative to the Incarceration of Minors) Ohio Grant Fund
	Does this require a Cash Match by the County? ☐ YES ☒ 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.

ION2026-102

TITLE	HHS: Office of the Director 2026; OHIO DEPARTMENT OF HEALTH SUPPLEMENTAL TUBERCULOSIS CONTROL PROGRAM FUNDING
DEPARTMENT OR AGENCY NAME	Health and Human Services

REQUESTED ACTION – PLEASE CHECK ALL THAT IS APPLICABLE *PLEASE INCLUDE SUPPORTING DOCUMENTS AS ATTACHMENTS TO THE SUBMISSION IN ONBASE.	☐ Authority to Apply (for grants with Cash Match and/or Subrecipients). ☐ Grant Application (for grants with no Cash Match or Subrecipients). ➢ Is County Executive signature required ☒ Yes ☐ No ☒ Grant Agreement (when the signature of the County Executive is required). ☐ Grant Award (when the signature of the County Executive is not required). ☐ Grant Amendments ☐ Pre-Award Conditions Forms (when no signature is required by the County Executive)

GRANT CURRENT/ HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL (PLEASE PROVIDE BOC MEETING DATE)	APPROVAL NO.
ORIGINAL (O)	OHIO DEPARTMENT OF HEALTH SUPPLEMENTAL TUBERCULOSIS CONTROL PROGRAM FUNDING	9/1/2026 - 12/31/2026	$77,048.84	10/27/2024	CON2025-91
AMENDMENT (A-1)					
AMENDMENT (A-)					

DESCRIPTION/ EXPLANATION OF THE GRANT:	To support active tuberculosis (TB) case management, the Ohio Department of Health (ODH) Tuberculosis (TB) Program provides funds to eligible Ohio county-designated TB Control Units. Funds are intended to offset the time and expense associated with the prevention and control of TB through education, training, and case management of persons with TB disease caused by Mycobacterium tuberculosis.
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	a. The primary goal of this grant is to reduce morbidity and mortality caused by Tuberculosis. b. Provide reimbursement for the cost of public health activities associated with reporting, investigation, and case management of tuberculosis. c. Support public health activities.

GRANT SUBRECIPIENTS – ARE THERE ANY SUBRECIPIENTS THAT ARE WRITTEN INTO THE GRANT ☐ YES ☒ 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:	countywide
PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY GRANT/PROJECT, IF APPLICABLE.	

FUNDING SOURCE:	Please provide the complete, proper name of the funding source (no acronyms) for receipt of this grant.
	100% by the Ohio Department of Health
	Does this require a Cash Match by the County? ☐ YES ☒ 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.

ION2026-103

See related list of Contracts up to $10,000.00 processed and executed for the week of 8/31/2026 in Section V. above).

VI – PUBLIC COMMENT

VII – ADJOURNMENT