



**Cuyahoga County Board of Control Agenda
Monday, September 28, 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 – 9/21/2026

III. – PUBLIC COMMENT

IV. – CONTRACTS AND AWARDS

A. – Tabled Items

BC2026-465

Sheriff's Department,

- a) Submitting an RFP exemption, which will result in an award recommendation to Excel K9 Services, Inc. in the total amount not-to-exceed \$63,200.00 for the purchase of (4) canine trained in narcotic detection for the Correction Officer's K-9 unit.
- b) Recommending an award on Purchase Order No. 26003009 to Excel K9 Services, Inc. in the total amount not-to-exceed \$63,200.00 for the purchase of (4) canine trained in narcotic detection for the Correction Officer's K-9 unit.

Funding Source: Commissary Fund

B. – New Items for Review

BC2026-502

Department of Public Works,

- a) Submitting an RFP exemption, which will result in a payment to Oriana House, Inc. in an amount not-to-exceed \$49,200.95, as reimbursement for the payment made to V.I.P. Electric Company for maintenance on lighting control system at the McDonnell Community Based Correctional Facility, located at 3540 Croton Avenue, Cleveland.

- b) Recommending a payment on Purchase Order No. 26003273 to Oriana House, Inc. in an amount not-to-exceed \$49,200.95, as reimbursement for the payment made to V.I.P. Electric Company for maintenance on the lighting control system at the McDonnell Community Based Correctional Facility, located at 3540 Croton Avenue, Cleveland.

Funding Source: Capital Project – General Fund subject to 100% reimbursement by State of Ohio Capital Funds

BC2026-503

Department of Public Works, submitting an amendment to Contract No. 5269 (fka Contract No. 2353) with Advanced Engineering Consultants, Inc. for general mechanical-electrical-plumbing, architectural and engineering services for the period 5/12/2022 – 9/30/2026 to extend the time period to 3/31/2028, and for additional funds in the amount not-to-exceed \$78,500.00, effective upon signatures of all parties.

Funding Source: General Fund

BC2026-504

Department of Public Works/Division of Public Utilities,

- a) Submitting an RFP exemption, which will result in an award recommendation to CEP Renewables OH, LLC in the amount not-to-exceed \$57,256.61 as payment for environmental services rendered by various contractors in connection with the Harvard Landfill Solar project.
- b) Recommending an award on Purchase Order No. 26003431 to CEP Renewables OH, LLC in the amount not-to-exceed \$57,256.61 as payment for environmental services rendered by various contractors in connection with the Harvard Landfill Solar project.

Funding Source: U.S. EPA Climate Pollution Reduction Grant

BC2026-505

Department of Communications, recommending an award on Purchase Order No. 26003267 to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$16,070.00 for a joint cooperative purchase for the renewal of Sprout Social Professional Plan subscription services, unlimited social profiles for 6 users for the period 10/16/2026 – 10/15/2027 for use by various County agencies.

Funding Source: 69.08% General Fund and 30.92% Health & Human Services Levy Fund

BC2026-506

Department of Purchasing, submitting an amendment to Contract No. 5819 (fka Contract No. 4332) with Garda CL Great Lakes, Inc. for armed guard and armored truck services for various County Departments for the period 7/1/2024 – 1/1/2027, to amend terms, including rate and service schedules as outlined in Schedule A, and for additional funds in the amount not-to-exceed \$44,508.84, effective 1/1/2026.

Funding Source: 88% General Fund and 12% Cuyahoga Support Enforcement Fund

BC2026-507

Department of Information Technology,

- a) Submitting an RFP exemption, which will result in an award recommendation to Amazon Web Services, Inc. in the amount not-to-exceed \$288,000.00 for Cloud Hosting Services, disaster recovery backup and secure application access for external employees for the Enterprise Resource Planning System for the period 1/1/2027 - 12/31/2027.
- b) Recommending an award on Purchase Order No. 26003253 to Amazon Web Services, Inc. in the amount not-to-exceed \$288,000.00 for Cloud Hosting Services, disaster recovery backup and secure application access for external employees for the Enterprise Resource Planning System for the period 1/1/2027 - 12/31/2027.

Funding Source: General Fund

BC2026-508

Department of Information Technology, recommending an award on Purchase Order No. 26003291 in the amount not-to-exceed \$67,537.77 for a joint cooperative cybersecurity purchase pursuant to R.C. 9.64 for the period 10/30/2026 - 10/29/2027.

Funding Source: General Fund

BC2026-509

Department of Information Technology, recommending an award on Purchase Order No. 26003308 to SHI International Corp. in the amount not-to-exceed \$247,644.26 for a joint cooperative purchase for the renewal of various hardware, software, licenses and Cisco Smart Net Hardware Services and Support for a period of 8 months and/or 1 year, with various effective dates between 8/26/2026 and 11/12/2029.

Funding Source: General Fund

BC2026-510

Department of Information Technology, recommending an award on Purchase Order No. 26003312 to Logicalis, Inc. in the amount not-to-exceed \$86,883.04 for a joint cooperative purchase of various Netapp drives to expand storage capacity for NetApp appliances located at the Cleveland and Columbus data centers.

Funding Source: Capital Improvement Plan

BC2026-511

County Prosecutor,

- a) Submitting an RFP exemption, which will result in an award recommendation to Magnet Forensics LLC in the amount not-to-exceed \$15,441.76 for the renewal of various software subscription licenses (4)

Magnet Griffeye Advanced-Floating and (4) Lace Carver for use by the Internet Crimes Against Children Unit for the period 8/10/2026 – 12/22/2027.

- b) Recommending an award on Purchase Order No. 26002710 to Magnet Forensics LLC in the amount not-to-exceed \$15,441.76 for the renewal of various software subscription licenses (4) Magnet Griffeye Advanced-Floating and (4) Lace Carver for use by the Internet Crimes Against Children Unit for the period 8/10/2026 – 12/22/2027.

Funding Source: General Fund

BC2026-512

County Prosecutor,

- a) Submitting an RFP exemption, which will result in an award recommendation to Magnet Forensics, LLC in the amount not-to-exceed \$23,997.00 for the purchase of annual training passes for 3 examiners on Magnet Forensics tools for a period of 12 months, effective upon activation.
- b) Recommending an award on Purchase Order No. 26002746 to Magnet Forensics, LLC in the amount not-to-exceed \$23,997.00 for the purchase of annual training passes for 3 examiners on Magnet Forensics tools for a period of 12 months, effective upon activation.

Funding Source: US Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention

BC2026-513

Sheriff's Department, recommending an award and enter into Purchase Order No. 26003307 with Millennium Access Control Technology, Inc. in the amount not-to-exceed \$14,970.00 for a sole source purchase of (4) MPACS 200 frame and tray assemblies, (4) Custom Aluminum Spacers and (4) Paracentric Keys to be installed by the Department of Public Works for use in the County Jail.

Funding Source: General Fund

BC2026-514

Sheriff's Department, recommending an award on Purchase Order No. 26003326 to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$24,425.00 for a joint cooperative purchase of (5) mobile data terminals, (5) keyboards, and a 2 year extended warranty for the new Dodge Durangos purchased for the Electronic Monitoring Unit.

Funding Source: Home Detention Fees

BC2026-515

Sheriff's Department, submitting an amendment to Contract No. 167 (formerly CE1800494) with Guardian Alarm Company for monitoring services on alarm systems located in various County buildings for the period 1/1/2019 – 12/31/2026 to extend the time period to 12/31/2028 and for additional funds in the amount not-to-exceed \$9,000.00, effective upon signatures of all parties.

Funding Source: Central Security Services - Sheriff Internal Service Fund

BC2026-516

Sheriff's Department, recommending an award and enter into Contract No. 6373 with VICT Investment E.C.M., LLC (138-12) in the amount not-to-exceed \$178,995.60 for the purchase of various sizes of nitrile gloves for the period 1/1/2027 - 12/31/2029.

Funding Source: General Fund

BC2026-517

Sheriff's Department, recommending an award and enter into Contract No. 6419 with United Business Supply (72-8) in the amount not-to-exceed \$168,033.60 for the purchase and delivery of toilet paper to the County Jail for the period 1/1/2027 – 12/31/2029.

Funding Source: General Fund

BC2026-518

Department of Health and Human Services/Community Initiatives Division/Office of Early Childhood, submitting an amendment to Contract No. 5513 with Educational Service Center of Northeast Ohio to serve as fiscal agent on behalf of Center for Community Solutions for provision of system coordination planning and implementation activities for the Infant and Early Childhood Mental Health Workforce Task Force plan for the period 10/7/2025 - 7/31/2026 to extend the time period to 7/31/2027, add Vendor Credit and Branding Requirements, revise Exhibits I (Scope of Work) and II (Budget), and for additional funds in the amount not-to-exceed \$28,000.00, effective 8/1/2026.

Funding Source: Health and Human Services Levy Fund

BC2026-519

Department of Health and Human Services/Community Initiatives Division/Office of Homeless Services, submitting an amendment to Contract No. 4975 with The Northeast Ohio Coalition for the Homeless for Identification Crisis Collaborative services for the period 9/1/2024 – 8/31/2026 to extend the time period to 10/31/2026, to add Exhibit II-C, which represents the budget for the term of this amendment and for additional funds in the amount not-to-exceed \$28,333.00, effective 9/1/2026.

Funding Source: Health and Human Services Levy Fund

C. – Exemptions

BC2026-520

Department of Public Works, recommending an alternative procurement process, which will result in a participation agreement with the City of Brecksville Purchasing Consortium in the amount not-to-exceed \$30,000.00 for the purchase of sodium chloride (rock salt) for the period 11/1/2026 - 10/31/2027.

Funding Source: General Fund

D. – Consent Agenda

BC2026-521

Department of Public Works, recommending to declare various vehicles and road and bridge equipment as surplus County-owned property, no longer needed for public use in accordance with EO2012-0001:

- a) Requesting authority to sell surplus property via internet auction.
- b) Requesting to discard the surplus property that have no value.

Funding Source: Potential Revenue Generating

BC2026-522

Fiscal Department, presenting proposed travel/membership requests for the week of 9/28/2026:

Dept:	Fiscal Office							
Event:	ICC CAAK 2026 Fall Conference and Annual Business Meeting							
Source:	International Code Council ICC							
Location:	Covington, KY							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
David Molnar	9/13/2026-9/16/2026	\$210.00	\$200.00	\$861.63	\$546.56	\$0.00	\$1,818.19	92% International Code Council and 8% Real Estate Assessment Fund

*Paid to host

**Staff reimbursement

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

Purpose:

As a member of the ICC Board of Directors, I am an ambassador to our members and upon request, I am required to attend chapter conferences to provide leadership support. This is Code Administrators Association of Kentucky's (CAAK) Annual Business Meeting. For serving on the BOD, ICC reimburses all Directors for their travel, lodging and meals to attend these meetings, so I am not seeking any reimbursement from Cuyahoga County. The conference registration will be comped by the host chapter.

Dept:	Department of Public Safety and Justice Services
Event:	2026 IAEM Annual Conference & EMEX
Source:	International Association of Emergency Managers
Location:	Long Beach, CA

Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Samuel Hudik	11/8/2026 - 11/12/2026	\$775.00	\$252.00	\$1,224.00	\$186.00	\$664.00	\$3,101.00	90.5% FY24 Urban Area Security Initiative (UASI) Grant and 9.5% General Fund

*Paid to host

**Staff reimbursement

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

Purpose:

The trip includes four days at the International Association of Emergency Managers (IAEM) Annual Conference in Long Beach, California. The conference includes opportunities for the employee to attend training, seminars, and networking opportunities facilitated and attended by fellow emergency management professionals. The conference covers a wide range of topics relevant to the employee's job duties. Such topics include, but are not limited to, the following: Emergency Preparedness, Emergency Response, Disaster Recovery, Disaster Epidemiology, Special Event Planning, Situational Awareness Tools, Emergency Public Information, Public Assistance, and Community/Volunteer Organizations in Disasters. The first date of attendance, Sunday, involves a welcome event in the evening. The following three days are filled with valuable seminar presentations from notable members of the field. Two travel days (Sunday and Thursday) are included. This conference is never offered locally nor is virtual attendance possible.

BC2026-523

Department of Purchasing, presenting proposed purchases for the week of 9/28/2026:

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
26003297	Installation of (1) new 4" water meter setting located at 2421 Community College Avenue, Cleveland	Department of Public Works	Cromwell Mechanical LLC	\$43,220.00	Capital Project-General Fund
26003315	(80) Various sizes of manhole riser rings	Department of Public Works	American Highway Products, LTD.	\$10,740.00	Sanitary Sewer Fund

26003314	(25) HP ZBook 8 G2i 14 inch Mobile Workstations	Court of Common Pleas/Juvenile Court Division	Brown Enterprise Solutions LLC	\$37,775.00	General Fund
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Items/Services Received and Invoiced but not Paid:

Purchase Order Number	Description	Department	Vendor Name	Total	Funding Source
26002975	Factory Authorized - Cooling tower motor replacement repairs at the Justice Center *	Department of Public Works	Mark Elliott Company	\$19,828.00	General Fund

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

V- OTHER BUSINESS

Item of Note (non-voted)

ION2026-111

Department of Development, submitting an amendment to a Memorandum of Understand with Ohio Department of Job and Family Services for the administration of workforce development activities in connection with the allocation of Workforce Innovation and Opportunity Act grant funds for the period 7/1/2025 - 6/30/2027 to change the address of the center, to update the budget to reflect the infrastructure costs for the new OhioMeans Jobs Center location and replace Attachment A reflecting the removal of Cleveland Job Corps as a partner, effective 7/1/2026 .

Funding Source: N/A

ION2026-112

Court of Common Pleas/Corrections Planning Board, submitting a pass-through Subgrant Award from the Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board of Cuyahoga County in the amount of \$729,005.40 for alcohol and other drug assessment, case management and intensive outpatient treatment services in connection with the SFY2027 Treatment Alternatives to Street Crime (TASC) Program for the period 7/1/2026 - 6/30/2027.

Funding Source: Ohio Department of Behavioral Health pass-through to the Alcohol, Drug Addiction and Mental Health Services (ADAMHS)

ION2026-113

Contracts up to \$10,000.00 – Processed and executed (no vote required)

RQ No.	Contract Number	Vendor	Service Description	Amount	Department	Date(s) of Service	Funding Source	Date of Execution
NA	3347	Crooked River Equity Partners	For various projects in connection with the State of Ohio, Brownfield Remediation Funding Match Program; to amend the maturity date and amend and replace various loan terms, effective upon signatures of all parties.	\$0.00	Department of Development	4/17/2023 – 4/17/2026; to extend the time period to 5/30/2028	(Original) General Fund - American Rescue Plan Act (ARPA) Revenue Replacement/ Provision of Government Services	(Executive) 9/16/2026 (Law) 9/23/2026
NA	6358	City of Cleveland Heights	To develop and implement the Community Diversion Program for court referred youth.	\$6,000.00	Court of Common Pleas/ Juvenile Court Division	1/1/2027-12/31/2028	Health and Human Services Levy Fund	(Executive) 9/16/2026
NA	4781	Cleveland State University	For operating support of the web application Drughelp.care	\$0.00	Department of Public Safety and Justice Services	9/24/2024 - 8/31/2026; to extend the time period to 12/31/2026	(Original) Opioid Settlement Fund	(Executive) 9/18/2026 (Law) 9/23/2026
NA	5390	Center for Employment Opportunities, Inc.	For transitional employment services for the County's Pay for Success Initiative; to replace budget terms as outlined in Exhibit II and add Exhibits IV and V, effective upon signatures of all parties.	\$0.00	Office of Re-entry	1/1/2025-12/31/2027	(Original) Federal Bureau of Justice Affairs Grant Funds	(Executive) 9/16/2026 (Law) 9/17/2026

Various Agreements – Processed and executed (no vote required)

Approving Resolution	Public convenience and welfare project description	Total Estimated Project Cost	Total Actual Project Cost	Funding Source	Date of Execution
R2026-0217	Resurfacing of Cedar Road from Brainard Road to East Corporation Line (North	\$350,000.00		\$175,000.00 Road and Bridge \$175,000.00 City of Lyndhurst	(Executive) 9/16/2026

	Side Only) in the City of Lyndhurst - Council District 11				
R2026-0217	Resurfacing of West 130th Street from Sprague Road to Bagley Road (East Side Only) in the City of Parma - Council District 4	\$551,000.00		\$250,000.00 Road and Bridge \$301,000.00 City of Parma	(Executive) 9/16/2026

VI – PUBLIC COMMENT

VII – ADJOURNMENT

Minutes

Cuyahoga County Board of Control
Monday, September 21, 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 11:02 a.m.

Attending:

Katherine A. Gallagher, Chief of Operations & Community Innovation County Executive Administration
(Alternate for Chris Ronayne, County Executive)
Michael Chambers, Fiscal Officer, serving as Chairman
Nichole English, Administrator, Planning and Programming, Department of Public Works
(Alternate for Michael Dever)
Paul Porter, Director, Department of Purchasing
Councilmember Meredith Turner
Councilmember Robert Schleper
Cynthia Mason, County Council (Alternate for Councilmember Michael Houser)

II. – REVIEW MINUTES – 9/14/2026

Michael Chambers motioned to approve the minutes from the September 14, 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

BC2026-484

Department of Public Works, submitting an amendment to Contract No. 3995 (fka Contract No. 871) with Project Management Consultants LLC for owner's representative services in connection with the Cuyahoga County Central Services Campus (fka the Justice Center Complex Project) for the period 1/9/2019 – 7/31/2029 to extend the time period to 12/31/2029, to update the scope of services listed in Exhibit A, and for additional funds in the amount not-to-exceed \$200,000.00, effective upon signatures of all parties.

Funding Source: General Fund

Nichole English, Department of Public Works, presented. There were no questions. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2026-484 was approved by unanimous vote.

BC2026-485

Department of Public Works, submitting an amendment to a Master Contract with various providers for on-call heavy construction services, on a task order basis, for various road and bridge maintenance and repairs for the period 3/1/2023 – 2/28/2027 to extend the time period to 9/30/2027 and for additional funds in the total amount not-to-exceed \$650,000.00, effective upon signatures of all parties as follows:

- a) Contract No. 6241 (fka Contract No. 2989) with CATTs Construction, Inc. in the anticipated amount of \$162,500.00.
- b) Contract No. 5664 (fka Contract No. 2990) with The Ruhlin Company in the anticipated amount of \$162,500.00.
- c) Contract No. 6217 (fka Contract No. 2991) with Schirmer Construction, LLC in the anticipated amount of \$162,500.00.
- d) Contract No. 5663 (fka Contract No. 2992) with Terrace Construction Company, Inc. in the anticipated amount of \$162,500.00.

Funding Source: Road and Bridge Fund

Nichole English, Department of Public Works, presented. There were no questions. Michael Chambers motioned to approve the item; Robert Schleper seconded. Item BC2026-485 was approved by unanimous vote.

BC2026-486

Department of Public Works, submitting a Revenue Generating Agreement (via Contract No. 6431) with Board of Park Commissioners of the Cleveland Metropolitan Park District for anticipated revenue in the amount not-to-exceed \$475,000.00 for sewer maintenance services and disposal of wastewater sewer grit for the period 10/18/2026 – 10/17/2029, effective upon signatures of all parties.

Funding Source: Revenue Generating

Nichole English, Department of Public Works, presented. There were no questions. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2026-486 was approved by unanimous vote.

BC2026-487

Department of Information Technology, recommending an award and enter into a cybersecurity purchase pursuant to R.C. 9.64 via Purchase Order No. 26003180 in the amount not-to-exceed \$63,730.00 through a joint cooperative contract for the period 11/11/2026 - 11/10/2027.

Funding Source: General Fund

Brianna Witt, Department of Information Technology, presented. There were no questions. Michael Chambers motioned to approve the item; Robert Schleper seconded. Item BC2026-487 was approved by unanimous vote.

BC2026-488

Department of Information Technology, recommending an award and enter into a cybersecurity services contract pursuant to R.C. 9.64 via Contract No. 6382 in the amount not-to-exceed \$57,000.00 through a joint cooperative contract for the period 9/14/2026 - 9/13/2029.

Funding Source: General Fund

Brianna Witt, Department of Information Technology, presented. There were no questions. Michael Chambers motioned to approve the item; Cynthia Mason seconded. Item BC2026-488 was approved by unanimous vote.

BC2026-489

Department of Human Resources, recommending an award and enter into Agreement No. 6379 with The MetroHealth System in the amount not-to-exceed \$40,000.00 for flu shot clinic services for County employees, effective upon signatures of all parties through 12/31/2026.

Funding Source: Self-Insurance Fund

Stephen Witt, Department of Human Resources, presented. There were no questions. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2026-489 was approved by unanimous vote.

BC2026-490

Department of Human Resources, recommending an award and enter into Agreement No. 6428 with The MetroHealth System in the amount not-to-exceed \$66,300.00 for on-site biometric screening services for County employees participating in the Wellness Program, effective upon signatures of all parties through 12/31/2026.

Funding Source: Self-Insurance Fund

Stephen Witt, Department of Human Resources, presented. There were no questions. Michael Chambers motioned to approve the item; Cynthia Mason seconded. Item BC2026-490 was approved by unanimous vote.

BC2026-491

Sheriff's Department, recommending an award on Purchase Order No. 26003192 with Vasu Communications, Inc. in the amount not-to-exceed \$16,197.25 for a state contract purchase of (5) Viking mobile radios, related accessories, software licenses, warranty and support for the new Dodge Durangos purchased for the Electronic Monitoring Unit.

Funding Source: Home Detention Fees

Chris Costin, Sheriff's Department, presented. There were no questions. Michael Chambers motioned to approve the item; Robert Schleper seconded. Item BC2026-491 was approved by unanimous vote.

BC2026-492

Sheriff's Department,

- a) Submitting an RFP exemption, which will result in an award recommendation to Watch Systems, LLC dba Offender Watch in the amount not-to-exceed \$675,000.00 for sex offender notification mailing services for Cuyahoga County for the period 1/1/2027 – 12/31/2029.
- b) Recommending an award and enter a Contract No. 6425 with Watch Systems, LLC dba Offender Watch in the amount not to-exceed \$675,000.00 for sex offender notification mailing services for Cuyahoga County for the period 1/1/2027 – 12/31/2029.

Funding Source: General Fund

Chris Costin, Sheriff's Department, presented. Katherine A. Gallagher asked do we go beyond ORC provisions in our tracking to be compliant with municipal law. Presenter will follow-up. Michael Chambers motioned to approve the item; Cynthia Mason seconded. Item BC2026-492 was approved by unanimous vote.

BC2026-493

Medical Examiner's Office,

- a) Submitting an RFP exemption, which will result in an award recommendation to Qualtrax, Inc. in the amount not-to-exceed \$85,750.00 for the purchase of (115) Ideagen-Qualtrax Software Licenses, Hosted Platform fee, and maintenance and support services for the period 5/1/2026 – 4/30/2031.
- b) Recommending an award and enter into Contract No. 6116 with Qualtrax, Inc. in the amount not-to-exceed \$85,750.00 for the purchase of (115) Ideagen-Qualtrax Software Licenses, Hosted Platform fee, and maintenance and support services for the period 5/1/2026 – 4/30/2031.

Funding Source: General Fund

Hugh Shannon, Medical Examiner's Office, presented. There were no questions. Michael Chambers motioned to approve the item; Robert Schleper seconded. Item BC2026-493 was approved by unanimous vote.

BC2026-494

Department of Public Safety and Justice Services, requesting authority to apply for grant funds from the Ohio Department of Public Safety/Office of Criminal Justice Services in the amount of \$19,617.19 for management of the FY2026 STOP Violence Against Women Act Administrative Grant Program for the period 1/1/2027 – 3/31/2028.

Funding Source: Ohio Department of Public Safety/Office of Criminal Justice Services (\$19,617.19) and Cash Match – General Fund (\$6,539.06)

Lezlie White, Department of Public Safety and Justice Services, presented. There were no questions. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2026-494 was approved by unanimous vote.

BC2026-495

Department of Public Safety and Justice Services on behalf of the Medical Examiner's Office, submitting an amendment to Contract No. 5683 with Knupp & Watson & Wallman, Inc. d/b/a KW2 for public health communication and education campaign to reduce drug overdose fatalities for the period 10/27/2025 - 9/30/2026 to expand the scope of services as outlined in Schedule A (2026), and for additional funds in the amount not-to-exceed \$16,625.00, effective upon signatures of all parties.

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

Lezlie White, Department of Public Safety and Justice Services, presented. There were no questions. Michael Chambers motioned to approve the item; Cynthia Mason seconded. Item BC2026-495 was approved by unanimous vote.

BC2026-496

Department of Health and Human Services/Cuyahoga Job and Family Services, submitting an amendment to a Revenue Generating Agreement (via Contract No. 5622) with Southwest General Health Center to provide and employ a sufficient number of Cuyahoga Job and Family Services trained workers whose assigned caseloads will consist of Southwest patients applying for Medicaid or needing assistance with their Medicaid benefits for the period 9/1/2025 - 8/31/2026 to extend the time period to 8/31/2027, and for additional revenue in the amount not-to- exceed \$43,382.48, effective 9/1/2026.

Funding Source: Revenue Generating

Marcos Cortes, Department of Health and Human Services, presented. There were no questions. Michael Chambers motioned to approve the item; Paul Porter seconded. Item BC2026-496 was approved by unanimous vote.

C. – Exemptions

BC2026-497

Department of Public Works, recommending an alternative procurement process to issue a modified informal solicitation for Café, Food and Vending service operations for the current space at the Virgil E. Brown Building by releasing the solicitation to only those vendors that offered a solution specifically for the Virgil E. Brown building during the previous RFP solicitation on RQ14927.

Funding Source: Revenue Generating

Thomas Pavich, Department of Public Works, presented. There were no questions. Michael Chambers motioned to approve the item; Robert Schleper seconded. Item BC2026-497 was approved by unanimous vote.

D. – Consent Agenda

There were no questions or comments on the Consent Agenda items. Michael Chambers motioned to approve Consent Agenda Items No. BC2026-498 through BC2026-501; Cynthia Mason seconded. The Consent Agenda Items were approved by unanimous vote.

BC2026-498

Department of Public Works, submitting an amendment to Contract No. 4718 with CATTs Construction Inc. for resurfacing of Clague Road from Lorain Road to Marion Road in the City of North Olmsted for a decrease in the amount of (\$47,111.79); recommending to accept construction as complete and in accordance with plans and specifications; requesting authority for the County Treasurer to release the escrow account, in accordance with Ohio Revised Code Section 153.63.

Funding Source: 43.8% City of North Olmsted, 32% Federal, and 24.2% County Road and Bridge Fund

BC2026-499

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

- a) Requesting authority to submit a Grant application from the Bruening Foundation in the amount of \$70,335.00 for the FamilySpace program for the period 1/1/2027 - 12/31/2027.
- b) Submitting a grant agreement with the Bruening Foundation in the amount of \$70,335.00 for the FamilySpace program for the period 1/1/2027 - 12/31/2027.

Funding Source: Bruening Foundation Grant

BC2026-500

Fiscal Department, presenting proposed travel/membership requests for the week of 9/21/2026:

Dept:	Department of Information Technology							
Event:	Blue Team Con 2026							
Source:	Blue Team Con							
Location:	Chicago, IL							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
David Lauer	9/11/2026- 9/13/2026	\$229.00	\$180.00	\$458.00	\$754.64	\$0.00	\$1,621.64	General Fund

*Paid to host

**Staff reimbursement

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

Purpose:

Blue Team Con is the nation's only conference focused on cybersecurity defense, bringing together a diverse group of professionals, intent on proactively protecting their organizations against growing and evolving cybersecurity threats. Attending Blue Team Con gives you access to talks, training, and events that put the spotlight on defensive security tactics, preparing you and your team for the latest cybersecurity threats so you prevent a breach, rather than react to one. Attendance to this conference will also give me CEUs towards the maintenance of my SANS certifications.

Dept:	Department of Information Technology							
Event:	Northern Ohio Security Awareness Summit 2026							
Source:	Secure WV							
Location:	Charleston, WV							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
David Lauer	10/21/2026- 10/24/2026	\$75.00	\$163.00	\$345.00	\$380.00	\$0.00	\$963.00	General Fund

*Paid to host

**Staff reimbursement

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

Purpose:

Secure WV is a 2-day conference in Charleston West Virginia ran by a 501c3 non-profit that conducts an annual cyber security conference to fulfill the primary objectives of awareness and education. This conference is one of the larger regional conferences that attracts nationally known cybersecurity leaders to teach and speak about advanced cybersecurity topics. Attendance to this conference will also give me CEUs towards the maintenance of my SANS certification.

Dept:	Sheriff's Department							
Event:	2026 Major County Sheriff's Association Annual Conference							
Source:	Major County Sheriffs of America							
Location:	Milwaukee, WI							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Alfred Johnson	9/20/2026- 9/23/2026	\$500.00	\$178.00	\$975.00	\$150.00	\$625.00	\$2,428.00	Continuing Professional Training Fund

Aaron Reese	9/20/2026-9/23/2026	\$500.00	\$178.00	\$975.00	\$150.00	\$625.00	\$2,428.00	Continuing Professional Training Fund
Richard Peters	9/20/2026-9/23/2026	\$500.00	\$178.00	\$975.00	\$150.00	\$625.00	\$2,428.00	Continuing Professional Training Fund

*Paid to host

**Staff reimbursement

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

Purpose:

To address national, state, and local issues and bring back diverse experiences and best practices that enhance safety, security, and quality of life for the communities we serve. This travel will also provide opportunities to collaborate with command staff from other Sheriff's Departments and to attend classes and seminars that support continued professional development.

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
Dr. Thomas Gilson	10/16/2026-10/20/2026	\$1,050.00	\$250.00	\$600.00	\$340.28	\$700.00	\$2,940.28	Coroner Lab Fund

*Paid to host

**Staff reimbursement

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

Purpose:

Annual meeting for National Association of Medical Examiners Acquire up-to-date information on forensic pathology Present current research from Cuyahoga County Medical Examiner's Office (CCMEO). Recruit for vacancies in medical staff positions Engage with fellowship candidates Maintain profile of the CCMEO Committee meeting/business meeting advocacy.

Dept:	Department of Public Safety and Justice Services							
Event:	Crypto Currency Investigations							
Source:	Professional Law Enforcement Training							
Location:	Omaha, NE							

Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Melanie Molzan	10/27/2026- 10/30/2026	\$329.00	\$191.00	\$474.72	\$361.58	\$469.00	\$1,825.30	FY24 Urban Area Security Initiative (UASI) Grant

*Paid to host

**Staff reimbursement

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

Purpose:

This training course will cover the fundamentals of cryptocurrency to include how to obtain it using cryptocurrency exchanges, wallets, peer to peer networks, Coin Join multiparty services, and various other methods. Class participants will learn how to manually track cryptocurrency transactions using public blockchain explorers. Several real-life case studies will be presented to demonstrate methods to initiate a cryptocurrency case from start to finish. In-depth practical exercises will take place during this course. Tablets will be provided to all students so that they can engage in a variety of practical exercises to include setting up cover wallets, initiating transactions, and tracking crypto transactions.

BC2026-501

Department of Purchasing, presenting proposed purchases for the week of 9/21/2026:

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
26003184	(1) Industrial Compactor with Custom Hopper	Department of Public Works	Precision Compaction Services, LLC	\$24,861.14	Capital Project-General Fund
26003249	Enter into a cybersecurity purchase order pursuant to R.C. 9.64	Department of Information Technology	Redacted per R.C. 9.64	\$10,855.45	General Fund
26003120	Various Vital Sign Monitors and related accessories for The Centers – Glick Recovery Campus	Department of Public Safety and Justice Services	Claflin Service Company dba CME Corp.	\$21,789.76	FY2022 Byrne Discretionary Funding Grant Program

V- OTHER BUSINESS

Item of Note (non-voted)

ION2026-109

Department of Public Safety and Justice Services requesting authority to apply for grant funds from Ohio Department of Public Safety/Office of Criminal Justice Services in the amount of \$681,497.33 for the Regional Planning Unit Project in connection with the FY2026 STOP Violence Against Women ACT Block Grant for the period 1/1/2027 – 3/31/2028.

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

ION2026-110

Contracts up to \$10,000.00 – Processed and executed (no vote required)

RQ No.	Contract Number	Vendor	Service Description	Amount	Department	Date(s) of Service	Funding Source	Date of Execution
NA	3715	The Great Lakes Brewing Co.	For various projects in connection with the State of Ohio, Brownfield Remediation Funding Match Program; to amend the maturity date and amend and replace various loan terms, effective upon signatures of all parties.	\$0.00	Department of Development	8/28/2023 - 8/28/2026; to extend the time to 12/31/2026	(Original) General Fund - American Rescue Plan Act (ARPA) Revenue Replacement /Provision of Government Services	(Executive) 9/9/2026 (Law) 9/11/2026
NA	6443 (fka 3849)	The Board of Park Commissioners of the Cleveland Metropolitan Park District	For various projects in connection with the State of Ohio, Brownfield Remediation Funding Match Program; to replace the insurance policy and amend and replace various loan terms, effective 10/3/2023.	\$0.00	Department of Development	12/29/2022-6/29/2026	(Original) General Fund - American Rescue Plan Act (ARPA) Revenue Replacement /Provision of Government Services	(Executive) 10/3/2023 (Law) 9/22/2023
NA	6287 (fka 5818 and 3953)	Court Community Service	For litter control services and oversight in selected urban communities; to increase the per diem rate from \$253.00 to \$279.00, effective 5/1/2026	\$0.00	Department of Housing and Community Development	1/1/2024 – 4/30/2028	(Original) Community Development Block Grant	(Executive) 9/16/2026 (Law) 9/16/2026

6906	5747 (fka 2318)	PCs For People Ohio, LLC	To provide assistance in the deployment of broadband services in Cuyahoga County.	\$0.00	Office Of Innovation and Performance	6/16/2022-3/31/2026; to extend the time period to 12/31/2026	(Original) General Fund-American Rescue Plan Act (ARPA) Fund	(Executive) 9/11/2026 (Law) 9/3/2026
7607	User License Agreement (via Contract No. 3005 (fka 1985))	Permitium, LLC	Sole source services for the configuration and implementation of an online weapons permit application platform for the Concealed Weapons Licensing Unit; to update insurance requirements and extend time, effective upon signatures of all parties.	\$0.00	Sheriff's Department	1/1/2022 - 12/31/2026; to extend the time period to 12/31/2027	(Original) Revenue Generating	(Executive) 9/11/2026 (Law) 9/14/2026
NA	5625	Thrive Behavioral Health Center, Inc.	For peer navigator services for inmates at the Cuyahoga County Corrections Center with mental health and substance abuse issues.	\$0.00	Sheriff's Department	10/15/2025-10/14/2026; to extend the time period to 12/31/2026	(Original) Ohio Attorney General 2025 Opioid Remediation Grant	(Executive) 9/11/2026 (Executive) 9/11/2026
NA	5387	Reach Success Inc.	To support the educational needs of incarcerated individuals who are returning to Cuyahoga County for the County's Pay for Success Initiative; to add Exhibits IV and V, effective upon signatures of all parties.	\$0.00	Office of Re-entry	1/1/2025-12/31/2027	(Original) Federal Bureau of Justice Affairs Grant Funds	(Executive) 9/15/2026 (Law) 9/11/2026
NA	5389	Lutheran Metropolitan Ministry	For housing skills classes and housing navigation services for the County's Pay for Success Initiative; to add Exhibits IV and V, effective upon signatures of all parties.	\$0.00	Office of Re-entry	1/1/2025-12/31/2027	(Original) Federal Bureau of Justice Affairs Grant Funds	(Executive) 9/15/2026 (Law) 9/11/2026

Various Agreements – Processed and executed (no vote required)

Approving Resolution	Public convenience and welfare project description	Total Estimated Project Cost	Total Actual Project Cost	Funding Source	Date of Execution
R2026-0217	Resurfacing of Schreiber Road from the West Corporation	\$460,000.00		\$230,000.00 Road and Bridge \$230,000.00 City of Maple Heights	(Executive) 9/11/2026

	Line to Dunham Road in the City of Maple Heights - Council District 8				
R2026-0217	Resurfacing of Tuxedo Avenue from the West Corporation Line to West 6th Street in the Village of Brooklyn Heights - Council District 8	\$390,000.00		\$195,000.00 Road and Bridge Funds \$195,000.00 Village of Brooklyn Heights	(Executive) 9/11/2026

VI – PUBLIC COMMENT

Ms. Rosetta Daniels addressed the Board of Control regarding support for navigating Division of Children and Family Services and County Board of Developmental Disabilities case management challenges in the case of her son.

Mike Chambers asked is there any additional public comment. Seeing none, he made the motion to adjourn.

VII – ADJOURNMENT

Michael Chambers motioned to adjourn; Paul Porter seconded. The motion to adjourn was unanimously approved at 11:24 a.m.

Item Details as Submitted by Requesting Departments

IV. Contracts and Awards

A. – Tabled Items

BC2026-465

Title	Sheriff's Department Corrections K9 Unit Canine	
Department or Agency Name	Sheriff's Department	
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.
	26003009 EXMT	Excel K9 Services, Inc.	na	\$63,200.00		

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.

Purchase of (4) new trained in Narcotics detection K9's. These (4) new K9's will accompany the (4) new Correction Handlers that are being posted to the Department.

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

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

Project Goals, Outcomes or Purpose (list 3): Deter Narcotics from enter Corrections Center, Keeping resident population (public) safe, Prevention of possible narcotic overdoses by residents.

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):
Excel K9 Services 6465 Winchell Rd. Hiram, OH 44234	Paul J. Shaughnessy

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. Excel K9 has provided excellent prior K9 services to CCSD on all housed K9s. Located near CCSD for on- site emergency training if needed by Facility. *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.		
<table border="1"> <tr> <td>List date of TAC approval</td> <td>Date: N/A</td> </tr> </table>	List date of TAC approval	Date: 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.

Commissary 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.

SH285185

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

Provide status of project.

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

Reason:

Timeline

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

Date documents were requested from vendor:

Date of insurance approval from risk manager:

Date Department of Law approved Contract:

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

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

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

HISTORY (see instructions): See PO#26000968 Prior purchase and history (Document Handle#63262113)

Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
	PO#26000968	Excel K9 Services	2/6/2026-SPRING 2026 CLASS	\$15,800.00	4/27/2026	BC2026-212

B. – New Items for Review**BC2026-502**

Title	Public Works-Oriana House-Electrical Work Reimbursement
Department or Agency Name	Department of 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)	26003273	Oriana House, Inc.	Upon Execution	\$49,200.95	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 Public Works is seeking approval for a purchase order to reimburse Oriana House, Inc. for electrical work done to County owned property in the amount of \$49,200.95.

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 is a reimbursement for work already completed by a vendor for a County owned property managed by Oriana House.

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

Vendor Name and address:	Owner, executive director, other (specify):
Oriana House, Inc. PO Box 1501 Akron, Ohio 44309	Chris Savage
Vendor Council District:	Project Council District:
NA	NA

If applicable provide the full address or list the municipality(ies) impacted by the project.	
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COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ ☐ RFB ☐ RFP ☐ RFQ ☐ Informal ☐ Formal Closing Date:	Provide a short summary for not using competitive bid process. Reimbursement to the management company for work already completed to a County owned property. *See Justification for additional information.
The total value of the solicitation: \$49,200.95	☒ Exemption
Number of Solicitations (sent/received) 0/0	☐ 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.		
<table border="1" style="width: 100%;"> <tr> <td>List date of TAC approval</td> <td>Date:</td> </tr> </table> ☐ Check if item on IT Standard List of approved purchase and provide date of TAC approval. ☐ Check if item is ERP related? ☐ No ☐ Yes.	List date of TAC approval	Date:
List date of TAC approval	Date:	
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.

Capital Project-General Fund subject to 100% reimbursement by State of Ohio Capital 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.
PW600115 72100 CFMCD0000101

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):	8/27/2026
Date documents were requested from vendor:	8/27/2026
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:

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

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

HISTORY (see instructions):

BC2026-503

Title	2026 Public Works requests approval of Amendment 2 with Advanced Engineering Consultants, Inc. for a time extension and increase of funds.
Department or Agency Name	Department of 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	CM 2353	Advanced Engineering	5/12/2022-5/11/2025	\$350,000	5/10/2022	R2022-0097

		Consultants, Inc.				
A-1	CM 5269 fka 2353	Advanced Engineering Consultants, Inc	9/30/2026	\$0	5/27/2025	Item No. 2
A-2	CM 5269 fka 2353	Advanced Engineering Consultants, Inc	3/31/2028	\$78,500	pending	pending

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

This amendment adds time to the Mechanical-Electrical-Plumbing Architectural-Engineering Services contract to extend the end date to 3/31/2028. The amendment also increases the amount by \$78,500 for a total not to exceed \$428,500.

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

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

Project Goals, Outcomes or Purpose (list 3):

The primary goal of this request is to approve the time extension amendment and approve the increase of funds of \$78,500. Another goal is to allow the consultant more time to complete an assigned task.

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):
Advanced Engineering Consultants, Ltd. 6500 Rockside Road, Suite 210 Cleveland, OH 44131	Lisa Huang President
Vendor Council District:	Project Council District:
6	Various
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
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RQ# _____ ☐ RFB ☐ RFP ☐ RFQ ☐ Informal ☒ Formal Closing Date:	Provide a short summary for not using competitive bid process. The contract was originally bid out via RFQ 7469. *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) RFQ 7469 ☐ Other Procurement Method, please describe:

Is Purchase/Services technology related ☒ No ☐ Yes If yes, list date of TAC approval and answer the questions below.		
<table border="1" style="width: 100%;"> <tr> <td style="width: 60%;">List date of TAC approval</td> <td style="width: 40%;">Date:</td> </tr> </table> ☐ Check if item on IT Standard List of approved purchase and provide date of TAC approval. ☐ Check if item is ERP related? ☐ No ☐ Yes.	List date of TAC approval	Date:
List date of TAC approval	Date:	
Are the purchases compatible with the new ERP system? ☐ Yes ☐ No, please explain.		

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. General Fund – 100%
Is funding for this included in the approved budget? ☒ Yes ☐ No (if “no” please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. PW600100 55030 CFCWP0000101

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

Provide status of project.

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

Reason:

Timeline

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

Date documents were requested from vendor:

Date of insurance approval from risk manager:

Date Department of Law approved Contract:

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

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

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

HISTORY (see instructions): see chart above

BC2026-504

Title	Public Works- Development of a solar energy project-CEP Renewables OH, LLC
Department or Agency Name	Department of 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	26003431	CEP Renewables OH, LLC	NA	\$57,256.51	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. Tasks and deliverables for the development of a solar energy project on Harvard Ave. The project will require civil engineering and environmental permitting to ensure compliance with local, state, and federal regulations, at a cost of \$57,256.51. There are two vendors being reimbursed, Terracon \$27,256.51 for environmental services, and Donald G. Bohning \$30,000.00 for ALTA Surveys.

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): . Tasks and deliverables for the development of a solar energy project on Harvard Ave.

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):
CEP Renewables OH, LLC 31 Newman Springs Rd Bldg 1 4 th floor Ste 143 Red Bank, NJ 07701	Gary Cicero
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 is a reimbursement for services completed by vendors Terracon and Donald G. Bohning. *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.		
<table border="1"> <tr> <td>List date of TAC approval</td> <td>Date:</td> </tr> </table> ☐ Check if item on IT Standard List of approved purchase and provide date of TAC approval. ☐ Check if item is ERP related? ☐ No ☐ Yes.	List date of TAC approval	Date:
List date of TAC approval	Date:	
Are the purchases compatible with the new ERP system? ☐ Yes ☐ No, please explain.		

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. U.S. EPA Climate Pollution Reduction 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. PW720200-55030 PW-24-00E03865
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):

BC2026-505

Title	Sprout Social Media Management Professional Subscription
Department or Agency Name	Department of Communications
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.
	26003267 JCOP	MNJ Technologies Direct, Inc.	10/16/2026 – 10/15/2027	\$16,070.00	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 Communications plans to contract with MNJ Technologies Direct, Inc. for Sprout Social Media Management Professional Subscription in the amount of \$16,070.00. Qty. 1 Sprout Social Professional Plan Qty. 6 Sprout Social Professional Plan Annual Subscription dates 10/16/2026 – 10/15/2027 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): Sprout Social is a media monitoring tool used for publishing County content and is primarily utilized for collecting analytics on trends and the impact of Communications messaging.	

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. 1085 Busch Parkway Buffalo Grove, IL	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. Sprout Social is the current social media manager subscription. MNJ Technologies Direct, Inc. is able to provide Cuyahoga County with joint cooperative pricing. *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 ().
	☐ 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)
	☐ 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: 09/10/2026
☐ 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.	
69.08% General Fund, 30.92 Health & Human Services Levy Fund	
Is funding for this included in the approved budget? ☒ Yes ☐ No (if "no" please explain):	
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. EX100105, HS260215, HS260100, VC100100, BE100100	
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.
	25004182 EXMT	MNJ Technologies Direct, Inc.	10/16/2025 – 10/15/2026	\$15,520.00	11/10/2025	BC2025-700

BC2026-506

Title	GARDA Armed Guard & Armored Truck Services 2026-2027
Department or Agency Name	Department of Purchasing
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	4332	GARDA GL Great Lakes, Inc.	7/1/2024-6/30/2025	\$109,000.00	7/1/2024	BC2024-492
A-1	5819 FKA 4332	GARDA GL Great Lakes, Inc.	7/1/2024-1/1/2027	\$104,908.64	1/12/2026	BC2026-09
A-2	5819 FKA 4332	GARDA GL Great Lakes, Inc.	7/1/2024-1/1/2027	\$44,508.84	PENDING	PENDING

Service/Item Description (include quantity if applicable).
Contract with Garda for Armed Guard and Armored Truck services to change the service frequency rate for the title bureaus. The service schedule changed from three days a week to five days a week, Monday through Friday for the Parma and Bedford title bureaus. The change went into effect on February 17, 2026. Changing the schedule increased the service rate from \$728.35 to \$1,232.59 for the Bedford branch and from \$428.35 to \$724.90 for the Parma branch. The North Olmsted and Golden Gates rate increased to \$724.90 from \$560.15 due to the change in the schedule. The fuel surcharge rate has increased from \$152.23 to \$217.47 for each location; the fuel surcharge rate is a variable rate that changes with the market. The NTE amount of \$44,508.84

accounts for the rate change, the increase cost for the fuel surcharge and contingency reserve of \$4,532.19 for excess charges.
Indicate whether: ☐ New service/purchase ☒ Existing service/purchase ☐ Replacement for an existing service/purchase (provide details in Service/Item Description section above)
For purchases of furniture, computers, vehicles: ☐ Additional ☐ Replacement Age of items being replaced: _____ How will replaced items be disposed of?
Project Goals, Outcomes or Purpose (list 3): To pick-up from locations completed per contract schedule Deliver/deposit to bank/vault and delivery of cash, as needed, per contract schedule Proper billing per contract schedule

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address: GARDA CL Great Lakes, Inc. 7029 Pearl Road, Suite 300, Cleveland, Ohio 44130	Owner, executive director, other (specify): Stephan Cretier Founder, Chairman, President & CEO
Vendor Council District: 4	Project Council District: various City locations
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) ☐ 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. 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 ☐ Yes ☐ No. If yes, complete section below:	
☐ Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval:
Is the item ERP related? ☐ No ☐ Yes, answer the below questions.	
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. 88% General Fund 12% Cuyahoga Support Enforcement
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. CP100170 55130; PB100100 55130; HS245100 55130; JC100110 55130; FS100130 55130, FS100150 55130
Payment Schedule: ☐ Invoiced ☒ Monthly ☐ Quarterly ☐ One-time ☐ Other (please explain):

Provide status of project. To begin 3/18/2026	
Is contract/purchase late ☐ No ☒ Yes, In the fields below provide reason for late and timeline of late submission	
Reason: The vendor's responded back too late with updates on the amendment and we were working on an additional contract with the vendor for smart safes that would affect this contract.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	3/18/2026
Date documents were requested from vendor:	3/25/2026
Date of insurance approval from risk manager:	8/14/2026
Date Department of Law approved Contract:	8/18/2026
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) Our Garda contact took another position and we were reassigned a new contact to finalize the contract. Garda has been slow to respond to document requests.	
Have payments been made? ☒ No ☐ Yes (if yes, please explain)	

HISTORY (see instructions):

BC2026-507

Title	PO26003253EXMT-2026- Procurement of Amazon Web Services Inc. Cloud Hosting- 12 Months
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.
	PO26003253 EXMT	Amazon Web Services Inc.	1/1/2027- 12/31/2027	\$288,000.00	PENDING	PENDING

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

The Department of Information Technology intends to contract with Amazon Web Services inc. (AWS) for cloud hosting services for a 12-month period in the amount of \$288,000.00.

Term: 1/1/2027- 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):

This request is for a Purchase Order in the amount of \$288,000.00 to ensure continuity of services with Amazon Web Services inc. (AWS) through 2027

This hosted service is essential for the following purposes:

Disaster recovery backup for on-premises systems.

Secure application access for external parties interfacing with the ERP Financial 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):
Amazon Web Services Inc. (AWS) 410 Terry Avenue North Seattle, Washington 98109	Gina Brown AWS Point of Contact
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. Amazon Web Services Inc. is the current provider of the County's cloud hosting services. In addition, the County piggybacked on the State Department of Administrative Services' contract with Amazon Web Services Inc. AWS was the most cost viable option for backup services after reviewing various other options. The County has switched from physical tape backup to virtual tape backup with an estimated annual storage of 1 Petabyte (1000+Terabytes) (1 million GB). *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: 9.8.2026
☒ 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.

	PO25004088 FTYR	Amazon Web Services	1/1/2026- 12/31/2026	\$288,000.00	10/27/2025	BC2025-667
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BC2026-508

Title	Cybersecurity services purchase order, redacted per R.C. 9.64
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.
	26003291 JCOP	redacted per R.C. 9.64	10/30/2026 – 10/29/2027	\$67,537.77	PENDING	PENDING

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

redacted per R.C. 9.64

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

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

Project Goals, Outcomes or Purpose (list 3):

redacted per R.C. 9.64

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

Vendor Name and address:	Owner, executive director, other (specify):
redacted per R.C. 9.64	redacted per R.C. 9.64
Vendor Council District:	Project Council District:

If applicable provide the full address or list the municipality(ies) impacted by the project.	
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COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ ☐ RFB ☐ RFP ☐ RFQ ☐ Informal ☐ Formal Closing Date:	Provide a short summary for not using competitive bid process. All approved joint cooperative purchasing contracts have gone through a competitive process and have been vetted prior to award. JCOP contract processes offer Cuyahoga County the opportunity to use the lowest and best pricing awarded under the contract *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 #121923-SHI expires February 27, 2028.
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.		
<table border="1"> <tr> <td>List date of TAC approval</td> <td>Date: 09/11/2026</td> </tr> </table> ☐ Check if item on IT Standard List of approved purchase and provide date of TAC approval. ☐ Check if item is ERP related? ☒ No ☐ Yes.	List date of TAC approval	Date: 09/11/2026
List date of TAC approval	Date: 09/11/2026	

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.
IT100135

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.
	25003395 JCOP	redacted per R.C. 9.64	10/30/2025 – 10/29/2026	\$63,815.22	09/08/2025	BC2025-565

BC2026-509

Title	PO26003308EXMT -2026-Procurement of Cisco Smartnet Support Licenses
Department or Agency Name	The Department of Information Technology

Requested Action	☐ Contract ☐ Agreement ☐ Lease ☐ Amendment ☐ Revenue Generating ☒ Purchase Order ☐ Other (please specify):
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Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
	PO26003308 EXMT	SHI International Corp.	Various, See below	\$247,644.26	PENDING	PENDING

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

The Department of Information Technology plans to contract with SHI International Corp., for Cisco Smartnet Support Licenses in the amount of \$247,644.26

This request is for Cisco Smart Net Hardware Service and Support to cover critical network infrastructure owned by Cuyahoga County. The equipment included in this agreement primarily consists of Cisco hardware located in County datacenters and core network components that serve as major network distribution points within County facilities.

This represents an increase over the previous year because equipment originally purchased using ARPA COVID-19 funds, which included five years of support, has reached the end of its initial support period. These devices are now due for renewal and are being added to the annual support agreement.

This purchase may appear late because the quotes reflect different start and end dates to co-term specific lines with the overall subscription period. These dates vary based on when individual equipment or subscriptions were originally purchased or added. The timing is necessary to align all items under a single subscription period and avoid processing multiple separate renewals. Therefore, while some line-item dates may appear past due, the purchase itself is not being submitted late.

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):

1. Cisco C8300 Series Network Router Total: \$1,613.20 Term: 6/18/2027 – 6/17/2028
2. Cisco Firepower 2120 Network Firewall Total: \$5,521.62 Coverage: 1/1/2027 – 12/31/2027
3. Cisco Nexus 9300 Series Network Switch Total: \$2,964.02 Coverage: 1/1/2027 – 12/31/2027
4. Cisco Network Switch Software Total: \$2,648.10 Coverage: 12/1/2026 – 11/30/2027
5. Cisco C8300 Series Network Router Total: \$1,613.20 Coverage: 4/4/2027 – 4/3/2028
6. Cisco C8300 Series Network Router Total: \$4,124.58 Coverage: 3/22/2027 – 3/21/2028
7. Cisco C9200 Series Network Switch Total: \$482.63 Coverage: 1/1/2027 – 12/31/2027
8. Cisco C9500 Series High-Performance Network Switch T: \$21,511.80 Coverage: 1/1/2027 – 12/31/2027
9. Cisco C9500 Series High-Performance Network Switch T: \$9,487.42 Coverage: 11/13/2028 – 11/12/2029

10. Cisco ISR 4400 Series Network Router Total: \$8,330.84 Coverage: 1/1/2027 – 12/31/2027
11. Cisco Firepower 2110 Network Firewall Total: \$4,553.19 Coverage: 1/1/2027 – 12/31/2027
12. Cisco Nexus 9300 Series Network Switch Total: \$25,534.72 Coverage: 11/9/2026 – 11/8/2027
13. Cisco Business Communications/Phone System Total: \$2,738.90 Coverage: 1/1/2027 – 12/31/2027
14. Cisco C9500 Series High-Performance Network Switch T: \$5,929.64 Coverage: 1/1/2027 – 12/31/2027
15. Cisco C8300 Series Network Router Total: \$5,155.94 Coverage: 8/26/2026 – 8/25/2027
16. Cisco C8500 Series High-Performance Network Router T: \$15,640.89 Coverage: 1/1/2027 – 12/31/2027
17. Cisco ISR 4400 Series Network Router Total: \$5,349.90 Coverage: 1/1/2027 – 12/31/2027
18. Cisco Network Security Appliance Total: \$10,624.68 Coverage: 1/1/2027 – 12/31/2027
19. Cisco Nexus 9300 Series Network Switch Total: \$3,403.78 Coverage: 12/1/2026 – 11/30/2027
20. Cisco C8300 Series Network Router Total: \$32,264.00 Coverage: 8/26/2026 – 8/25/2027
21. Cisco Nexus 9300 Series Network Switch Total: \$12,230.73 Coverage: 1/1/2027 – 12/31/2027
22. Cisco C9500 Series High-Performance Network Switch T: \$33,245.52 Coverage: 8/16/2027 – 8/15/2028
23. Cisco VG420 Phone/Voice Gateway Total: \$5,011.41 Coverage: 11/2/2026 – 11/2/2027
24. Cisco Network Switch Total: \$1,541.04 Coverage: 1/1/2027 – 8/31/2027
25. Cisco Firepower 1010 Network Firewall Total: \$114.31 Coverage: 1/1/2027 – 12/31/2027
26. Cisco C8300 Series Network Router Total: \$4,670.68 Coverage: 12/1/2026 – 11/30/2027
27. Cisco C9200 Series Network Switch Total: \$246.23 Coverage: 6/29/2027 – 6/28/2028
28. Cisco VG420 Phone/Voice Gateway Total: \$4,997.72 Coverage: 1/1/2027 – 12/31/2027
29. Cisco C9500 Series High-Performance Network Switch T: \$2,374.68 Coverage: 7/24/2027 – 7/23/2028
30. Cisco Firepower 1010 Network Firewall Total: \$182.57 Coverage: 1/1/2027 – 12/31/2027
31. Cisco Network Equipment Total: \$10,954.84 Coverage: 1/1/2027 – 12/31/2027
32. Cisco C8300 Series Network Router Total: \$2,581.48 Coverage: 8/26/2026 – 8/25/2027

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

Vendor Name and address:	Owner, executive director, other (specify):
SHI International Corp. 290 Davidson Avenue Somerset, New Jersey 08873	Mark Brum Inside Account 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. SHI is able to provide the County with joint cooperative purchasing contract pricing under Sourcwell contract #121923, which expires February 27, 2028. A competitive process was completed through Sourcwell with an award being made to SHI

	International Corp. All joint cooperative contracts go through a competitive process with the vendors being vetted and the proposals reviewed prior to award. SHI is able to provide Cuyahoga County with joint cooperative purchasing contract pricing under Sourcewell contract #121923. *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 Sourcewell contract #121923 expiration date 2.27.2028
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.		
<table border="1" style="width: 100%;"> <tr> <td style="width: 30%;">List date of TAC approval</td> <td>Date: 9.9.2026</td> </tr> </table> ☒ Check if item on IT Standard List of approved purchase and provide date of TAC approval. ☐ Check if item is ERP related? ☐ No ☐ Yes.	List date of TAC approval	Date: 9.9.2026
List date of TAC approval	Date: 9.9.2026	
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.

IT 100165: \$208,646.03

IT 100180: \$38,998.23

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:N/A

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)	PO25003849 JCOP	SHI International Corp.	between 9/12/2025 through 12/31/2026	\$145,431.01	10/6/2025	BC2025-627

BC2026-510

Title	PO26003312JCOP-2026- NetApp storage capacity expansion of the hardware backup appliances.
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.
	PO26003312 JCOP	Logicalis, Inc.	2026	\$86,883.04	PENDING	PENDING

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

The Department of Information Technology plans to contract with Logicalis, Inc., for NetApp storage capacity expansion of the hardware backup appliances located within the Cleveland and Columbus Datacenters in the amount of \$86,883.04.

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 to expand the storage capacity of the hardware backup appliances located within the Cleveland and Columbus Datacenters. As the Department of Information Technology monitors the growth rate of data, the threshold has been reached where the remaining capacity is less than 25%, thus mitigating steps like this purchase need to be performed to increase the capacity. This purchase for \$86,883.04 will allow for a storage expansion of approximately 30% at each site.

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):
Logicalis, Inc 3333 Richmond Road, Suite 420 Beechwood, OH 44122	Shawn O'Leary Account Executive
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. Logicalis is the local area representative certified and approved by NetApp, a Cuyahoga County Department of Information Technology standard, to provide these services. Additionally, Logicalis is able to offer OMNIA Contract #R250307 pricing which expires on 9.30.2028. OMNIA contract provides Cuyahoga County with discount pricing. Other vendors were not evaluated. *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 OMNIA Contract #R250307 expires on 9.30.2028.
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.		
<table border="1"> <tr> <td>List date of TAC approval</td> <td>Date:9.11.2026</td> </tr> </table>	List date of TAC approval	Date:9.11.2026
List date of TAC approval	Date:9.11.2026	

☒ 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 Improvement Plan
Is funding for this included in the approved budget? ☒ Yes ☐ No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. IT600100 COTEC0001601
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):

BC2026-511

Title	County Prosecutor's Office recommending an award on Purchase Order No. 26002710 to Magnet Forensics LLS in the amount not-to-exceed \$15,441.76 for RFP Exemption on Griffey and LACE Carver forensic software subscriptions renewals
Department or Agency Name	County Prosecutor's 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.
0	26002710 EXMT	Magnet Forensics LLC	8-10-2026 – 12-22-2027	\$15,441.76	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 renewals of forensic licenses used by the Prosecutor's Internet Crimes Against Children Unit. Griffeye is a robust digital forensic program that automates the review of child sex abuse images and videos using a series of known hash sets. The program uses these hash sets to scan images and videos for the presence of previously identified or known child sexual abuse material and allows investigators to categorize these files and generate a report for investigation and prosecution purposes. The Lace Carver add-on allows for the carving and location of deleted files as part of this process. There are four (4) floating licenses which are stored on our server and these licenses are requested and accessible as investigators need them.

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

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

Project Goals, Outcomes or Purpose (list 3):

To assist in the investigation and prosecution of internet crimes against children.

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):
Magnet Forensics, LLC 931 Monroe Drive NE Suite A102-340 Atlanta, GA 30308	Deanna Binion, Renewals Manager
Vendor Council District: N/A	Project Council District: N/A
If applicable provide the full address or list the municipality(ies) impacted by the project.	N/A

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ ☐ RFB ☐ RFP ☐ RFQ ☐ Informal	Provide a short summary for not using competitive bid process.

☐ Formal Closing Date:	Requesting an RFP Exemption for this purchase. This is an annual renewal of a forensic software license we have been using for several years. *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.		
<table border="1"> <tr> <td>List date of TAC approval</td> <td>Date: 7-27-2026</td> </tr> </table> ☒ Check if item on IT Standard List of approved purchase and provide date of TAC approval. ☐ Check if item is ERP related? ☒ No ☐ Yes.	List date of TAC approval	Date: 7-27-2026
List date of TAC approval	Date: 7-27-2026	
Are the purchases compatible with the new ERP system? ☒ Yes ☐ No, please explain.		

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% General Fund
Is funding for this included in the approved budget? ☒ Yes ☐ No (if "no" please explain):

List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. PS100100
Payment Schedule: ☒ Invoiced ☐ Monthly ☐ Quarterly ☒ One-time ☐ Other (please explain):

Provide status of project. Current subscription is set to expire August 10, 2026	
Is contract/purchase late ☐ No ☒ Yes, In the fields below provide reason for late and timeline of late submission	
Reason: Vendor's delay in registering with the Cuyahoga Inspector General's Office	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	July 27, 2026
Date documents were requested from vendor:	July 27, 2026
Date of insurance approval from risk manager:	N/A
Date Department of Law approved Contract:	N/A
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) renewal took longer than anticipated	
Have payments been made? ☒ No ☐ Yes (if yes, please explain)	

HISTORY (see instructions):						
Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
0	25002378 EXMT	Magnet Forensics LLC	8-10-2025 – 8-09-2026	\$11,280.00	6-30-2025	BC2025-422

BC2026-512

Title	County Prosecutor's Office recommending an award on Purchase Order No. 26002746 to Magnet Forensics LLC in the amount not-to-exceed \$23,997.00 for RFP exemption on training services for a period of 12 months from issuance
Department or Agency Name	County Prosecutor
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.
0	26002746 EXMT	Magnet Forensics LLC	12 months	\$23,997.00	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.

Training services for 3 examiners on Magnet Forensic tools that our office currently uses, such as Magnet Axion, Magnet Graykey, Magnet Witness. This training will allow unlimited access for a 12-month period.

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):

Proficient knowledge of software and tools used is key for effectively processing a backlog of evidence related to Internet crimes against children's investigations. This training will also allow forensic examiners to process evidence in the field using these 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):
Magnet Forensics, LLC 931 Monroe Drive NE Suite A102-340 Atlanta, GA 30308	Matthew Elder, Account Executive
Vendor Council District: N/A	Project Council District: N/A
If applicable provide the full address or list the municipality(ies) impacted by the project.	N/A

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ ☐ RFB ☐ RFP ☐ RFQ ☐ Informal ☐ Formal Closing Date: _____	Provide a short summary for not using competitive bid process. RFP Exemption requested. Training services will be provided by vendor we purchased the product from *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.		
<table border="1"> <tr> <td>List date of TAC approval</td> <td>Date:</td> </tr> </table> ☐ Check if item on IT Standard List of approved purchase and provide date of TAC approval. ☐ Check if item is ERP related? ☐ No ☐ Yes.	List date of TAC approval	Date:
List date of TAC approval	Date:	
Are the purchases compatible with the new ERP system? ☐ Yes ☐ No, please explain. N/A		

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% funded by US Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention, titled "2023 Ohio Internet Crimes Against Children Task Force 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. PS285110
Payment Schedule: ☒ Invoiced ☐ Monthly ☐ Quarterly ☒ One-time ☐ Other (please explain):

Provide status of project. N/A	
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): N/A

BC2026-513

Title	2026 FRAME AND TRAY ASSEMBLY- SOLE SOURCE
Department or Agency Name	SHERIFF'S
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	26003307	Millennium Access Control Technology, Inc.		14,970.00	CURRENT ITEM	

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.
SOLE SOURCE PURCHASE OF 4 FRAME AND TRAY ASSEMBLYS TO BE INSTALLED BY PUBLIC WORKS.
Indicate whether: ☐ New service/purchase ☒ Existing service/purchase ☐ Replacement for an existing service/purchase (provide details in Service/Item Description section above)
For purchases of furniture, computers, vehicles: ☐ Additional ☐ Replacement Age of items being replaced: How will replaced items be disposed of

Project Goals, Outcomes or Purpose (list 3):

TO BE USED IN THE JAILS TO ALLOW FOR MINIMUM STAFF CONTACT.

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):
Millennium Access Control Technology, Inc. 62 SOUTH 2ND STREET UNIT 62-J DEER PARK, NY 11729	CALVIN THOMSON, 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# 16426 SOLE SOURCE ☐ 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. 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 (0).
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% 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. SH100140 52400
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: N/A	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	8/25/25
Date documents were requested from vendor:	8/13/25
Date of insurance approval from risk manager:	N/A
Date Department of Law approved Contract:	N/A
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)	
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	24000425	MILLENNIUM ACCESS CONTROL	2024	16,135.00	3/4/24	BC2024-156

O	25001242	MILLENNIUM ACCESS CONTROL	2025	26,566.00	3/31/25	BC2025-223
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BC2026-514

Title	Sheriff; MNJ Technologies Direct, Inc: Mobile Data Terminals; 26003326 JCOP
Department or Agency Name	Sheriff
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.
	26003326 JCOP	MNJ Technologies Direct, Inc.		\$24,425.00	Pending	Pending

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

Sheriff's Department is requesting the purchase of five (5) Mobile Data Terminals (MDTs)

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):

Outfit new Dodge Durango vehicles with Mobile Data Terminals (MDTs).

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

Vendor Name and address:	Owner, executive director, other (specify):
MNJ Technologies Direct, Inc. 1025 Busch Pkwy Buffalo Grove, IL 60089-4504	Jimmy Lochner, Sales Representative
Vendor Council District:	Project Council District:

If applicable provide the full address or list the municipality(ies) impacted by the project.	
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COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ ☐ 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 NCPA/OMNIA -01-148 exp.11/30/2030
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.		
<table border="1"> <tr> <td>List date of TAC approval</td> <td>Date:9/14/2026</td> </tr> </table>	List date of TAC approval	Date:9/14/2026
List date of TAC approval	Date:9/14/2026	
☒ 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. Home Detention Fees
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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. SH285105
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):

BC2026-515

Title	Guardian Alarm Company
Department or Agency Name	Sheriff's Department
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	167 formerly CE1800494	Guardian Alarm Company	01/01/2019- 12/31/2019	\$6,000.00	01/07/2019	BC2019-09
A-#1	167 formerly CE1800494	Guardian Alarm Company	01/01/2020- 12/31/2020	\$3,000.00	01/06/2020	Item of Note #4
A- #2	167 formerly CE1800494	Guardian Alarm Company	01/01/2021- 12/31/2021	\$3,000.00	04/05/2021	BC2021-162

A-#3	167 formerly CE1800494	Guardian Alarm Company	01/01/2022- 12/31/2024	\$12,000.00	11/08/2021	BC2021-641
A-#4	167 formerly CE1800494	Guardian Alarm Company	01/01/2025- 12/31/2026	\$9,000.00	02/18/2025	BC2025-110
A-#5	167 formerly CE1800494	Guardian Alarm Company	01/01/2027- 12/31/2028	\$9,000.00	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.

Guardian Alarm provides monitoring services within the various buildings located within Cuyahoga County.

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):

Monitoring alarm systems within the various buildings located within Cuyahoga 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): Josh Nepsa General Manager - Cleveland
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. 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.		
<table border="1"> <tr> <td>List date of TAC approval</td> <td>Date:</td> </tr> </table> ☐ Check if item on IT Standard List of approved purchase and provide date of TAC approval. ☐ Check if item is ERP related? ☐ No ☐ Yes.	List date of TAC approval	Date:
List date of TAC approval	Date:	
Are the purchases compatible with the new ERP system? ☐ Yes ☐ No, please explain. N/A		

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% Central Security Services - Sheriff Internal Service Fund
Is funding for this included in the approved budget? ☒ Yes ☐ No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. SH745100; 55200
Payment Schedule: ☒ Invoiced ☐ Monthly ☐ Quarterly ☐ One-time ☐ Other (please explain):

Provide status of project.
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):

BC2026-516

Title	2027-2029 NITRILE GLOVES CONTRACT
Department or Agency Name	SHERIFF'S CORRECTIONS
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	6373	VICT Investment E.C.M., LLC	1/1/27- 12/31/29	\$178,995.60	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 resulting in a new contract with VICT for the purchase of nitrile gloves for CCCC. Although VICT was not the lowest bidder, VICT offered the lowest-priced product that met or exceeded all required specifications. Based on the evaluation, VICT provides the best overall value while satisfying the County's performance requirements.
Indicate whether: ☐ New service/purchase ☐ Existing service/purchase ☒ Replacement for an existing service/purchase (provide details in Service/Item Description section above)
For purchases of furniture, computers, vehicles: ☐ Additional ☐ Replacement Age of items being replaced: _____ How will replaced items be disposed of _____
Project Goals, Outcomes or Purpose (list 3): Provide CCCC employees with nitrile gloves that meet or exceed the required performance and safety specifications. Ensure a reliable supply of high-quality nitrile gloves to support daily operations and maintain

employee safety. Obtain the best overall value by awarding the contract to a vendor offering the lowest-cost product that satisfies all required specifications and operational needs.

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):
VICT INVESTMENT E.C.M LLC 9231 VINTAGE HILLS WAY APT 1228 WINTER GARDEN, FL 34787	SHADI HABIB, CFO
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# <u>N/A</u> ☒ RFB ☐ RFP ☐ RFQ ☒ Informal ☐ Formal Closing Date: 7/1/26	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation: 143,640.00	☐ Exemption
Number of Solicitations (sent/received) 138 / 12	☐ State Contract, list STS number and expiration date ☐ Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): (0) DBE (0) SBE (0) MBE (0) WBE. Were goals met by awarded vendor per DEI tab sheet review? ☐ Yes ☒ No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome? Informal RFB	☐ 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: An informal Request for Bids (RFB) was completed. Although the selected vendor was not the lowest bidder, it offered the lowest-priced product that met or exceeded all required specifications.	☐ Government Purchase ☐ Alternative Procurement Process

How did pricing compare among bids received?	☐ Contract Amendment - (list original procurement)
Lowest price bid that did not meet specifications priced at \$167,221.20.	☐ 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. Gloves	

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% 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. SH100140 52150
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: n/a	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	June 2026
Date documents were requested from vendor:	August 2026
Date of insurance approval from risk manager:	August 2026
Date Department of Law approved Contract:	August 2026
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)	
Have payments been made? ☒ No ☐ Yes (if yes, please explain)	

HISTORY (see instructions):

BC2026-517

Title	2027-2029 TOILET PAPER CONTRACT	
Department or Agency Name	SHERIFF'S CORRECTIONS	
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	6419	UNITED BUSINESS SUPPLY	1/1/27- 12/31/29	\$168,033.60	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 3-year new contract with United Business Supply for the purchase of toilet paper for CCCC not to exceed \$168,033.60.

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):

Receive the supply at the lowest cost, with multiple shipments.

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):
United Business Supply 25701 Richmond Rd Bedford, Ohio 44146	Lisa Morell, Sales Operations Rep
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
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RQ# _N/A____ ☒ RFB ☐ RFP ☐ RFQ ☒ Informal ☐ Formal Closing Date: 7/1/26	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation: 140,000.00	☐ Exemption
Number of Solicitations (sent/received) 72 / 8	☐ State Contract, list STS number and expiration date ☐ Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): (0) DBE (0) SBE (0) MBE (0) WBE. Were goals met by awarded vendor per DEI tab sheet review? ☐ Yes ☒ No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome? Informal RFB	☐ 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? Lowest price bid.	☐ 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.		
<table border="1" style="width: 100%;"> <tr> <td style="width: 60%;">List date of TAC approval</td> <td style="width: 40%;">Date:</td> </tr> </table> ☐ Check if item on IT Standard List of approved purchase and provide date of TAC approval. ☐ Check if item is ERP related? ☐ No ☐ Yes.	List date of TAC approval	Date:
List date of TAC approval	Date:	
Are the purchases compatible with the new ERP system? ☐ Yes ☒ No, please explain. Gloves		

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% 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. SH100140 52200
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: n/a	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	June 2026
Date documents were requested from vendor:	August 2026
Date of insurance approval from risk manager:	August 2026
Date Department of Law approved Contract:	August 2026
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)	
Have payments been made? ☒ No ☐ Yes (if yes, please explain)	

HISTORY (see instructions):

BC2026-518

Title	Educational Service Center of Northeast Ohio to serve as the fiscal agent for the Center for Community Solutions in the implementation of the IECMH Workforce Plan
Department or Agency Name	Office of Early Childhood / Invest in Children
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	5513	Educational Service Center of Northeast Ohio	10/7/2025 7/31/2026	\$22,300.00	10/6/2025	BC2025-632
A	5513	Educational Service Center of	8/1/2026 – 7/31/2027	\$28,000.00	Pending	Pending

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

The Infant and Early Childhood Mental Health (IECMH) Workforce Task Force endorsed Invest in Children as the overseer of the implementation of the plan. The Educational Service Center of Northeast Ohio was endorsed to serve as the fiscal agent to pay for services provided by the Center for Community Solutions for implementing the strategies.

Amendment 1 is to change the scope of work, add funding, and extend the time.

Change in scope adds funding for the first IECMH Conference on November 20th, 2026, and adds license guidelines for promotional materials.

The contract will be extended from 8/1/2026 through 7/31/2027.

Amount: \$28,000.00

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

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

Project Goals, Outcomes or Purpose (list 3):

Monitor performance of Center for Community Solutions.

Ensure timely coordination of fiscal matters with Invest in Children and Center for Community Solutions, including payment to Center for Community Solutions for Project Director services and for subcontractor payments.

Schedule invoices for payment of IECMH Workforce Task Force fiscal matters.

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

Vendor Name and address:	Owner, executive director, other (specify):
Educational Service Center of Northeast Ohio 6393 Oak Tree Blvd, Independence, OH 44131	Bob Mengerink Superintendent
Vendor Council District:	Project Council District:
6	Countywide
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
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RQ# _____ ☐ RFB ☐ RFP ☐ RFQ ☐ Informal ☐ Formal Closing Date:	Provide a short summary for not using competitive bid process. Educational Service Center of Northeast Ohio was endorsed by the IECMH Workforce Task force to serve as the Fiscal Agent for the Project. This was done in partnership with Invest in Children, who was endorsed by the Task force as the overseer of the implantation of the plan. The IECMH project is currently running through 12/31/2027. *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.		
<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">List date of TAC approval</td> <td style="width: 50%;">Date:</td> </tr> </table> ☐ Check if item on IT Standard List of approved purchase and provide date of TAC approval. ☐ Check if item is ERP related? ☐ No ☐ Yes.	List date of TAC approval	Date:
List date of TAC approval	Date:	
Are the purchases compatible with the new ERP system? ☐ Yes ☐ No, please explain.		

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. Health and Human Services Levy – 100%
Is funding for this included in the approved budget? ☒ Yes ☐ No (if “no” please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. HS260240 / 55130 / UCH09999
Payment Schedule: ☒ Invoiced ☐ Monthly ☐ Quarterly ☐ One-time ☐ Other (please explain):

Provide status of project. Project is ongoing	
Is contract/purchase late ☐ No ☒ Yes, In the fields below provide reason for late and timeline of late submission	
Reason: Contract negotiations, change in scope, and budget changes delayed the amendment process.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	7/27/2026
Date documents were requested from vendor:	7/28/2026
Date of insurance approval from risk manager:	9/4/2026
Date Department of Law approved Contract:	9/4/2026
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): see chart above

BC2026-519

Title	OHS; 2026 Northeast Ohio Coalition for the Homeless; Contract Amendment for Identification Crisis Collaborative Services
Department or Agency Name	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	4975	Northeast Ohio Coalition for	9/1/2024 – 8/31/2025	\$170,000.00	12/09/2024	BC2024-937

		the Homeless (NEOCH)				
A-1	4975	Northeast Ohio Coalition for the Homeless (NEOCH)	9/1/2025-8/31/2026	\$170,000.00	9/29/2025	BC2025-616
A-2	4975	Northeast Ohio Coalition for the Homeless (NEOCH)	9/1/2026-10/31/2026	\$28,333.00	Pending	Pending

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

Northeast Ohio Coalition for the Homeless (NEOCH) operates the Identification Crisis Collaborative (IDCC), which helps homeless and at-risk individuals in Cuyahoga County obtain vital identification documents such as Social Security cards, birth certificates, and state-issued IDs. Through a network of 39 member sites including shelters, churches, and recovery facilities, IDCC facilitates the procurement of approximately 6,000 identification documents for an estimated 5,000 county residents, enabling them to access essential services, housing, employment, and medical care.

To achieve these goals, IDCC trains site representatives in document procurement and cultural competency, provides transportation assistance through bus passes, and advocates for policy changes that reduce barriers for vulnerable populations. The program will track outcomes through the Homeless Management Information System (HMIS), maintain regular communication with member sites, and engage in community education and awareness campaigns to create lasting systemic change.

This is a two-month amendment to bring the contract term into alignment with the end date of other OHS HHS-Levy funded contracts. Requesting to amend the contract to extend the time to end 10/31/2026 and add funds in the amount of \$28,333.00.

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

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

Project Goals, Outcomes or Purpose (list 3):

Assist homeless and at-risk individuals and families in obtaining identification documents necessary to obtain essential services.

Manage the 39-member collaborative responsible for services, through training and coordination of efforts among service agencies and systems serving this population.

Understand the current and changing requirements for obtaining personal identification records.

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):
NEOCH 3631 Perkins Ave. Suite 3A-3 Cleveland OH 44114	Christopher Knestrick, Executive Director
Vendor Council District:	Project Council District:
7	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. This is an allowable extension of a council-sponsored item. *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) Exemption due to Council-sponsored item

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% Health and Human Services Levy
Is funding for this included in the approved budget? ☒ Yes ☐ No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. HS260350
Payment Schedule: ☒ Invoiced ☒ Monthly ☐ Quarterly ☐ One-time ☐ Other (please explain):

Provide status of project. This project is active. This is an amendment to current agreement CM4975.	
Is contract/purchase late ☐ No ☒ Yes, In the fields below provide reason for late and timeline of late submission	
Reason: Needed additional time to determine funding and budget	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	8/4/26 (OHS); 8/24/2026 (DCAP)
Date documents were requested from vendor:	8/4/26 (OHS); 8/24/2026 and 9/1/2026(DCAP)
Date of insurance approval from risk manager:	9/4/2026
Date Department of Law approved Contract:	9/4/2026
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): see chart above

BC2026-520

TITLE	Department of Public Works – 2026/2027 Salt Season – City of Brecksville Purchasing Consortium
DEPARTMENT OR AGENCY NAME	Department of Public Works

REQUESTED ACTION	☒ Alternative Procurement ☐ Amendment to Alternative Procurement
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LIST MOST RECENT/PRIOR ALTERNATIVE PROCUREMENT APPROVALS FOR THIS REQUEST; INCLUDING AMENDMENTS, AS APPLICABLE	DATE BOC APPROVED/COUNCIL’S JOURNAL DATE	APPROVAL NO.
	7/21/25	BC2025-470
DESCRIPTION/ EXPLANATION OF REQUEST:	The Department of Public Works is requesting approval to renew our participation in the City of Brecksville Purchasing Consortium for the purchase of Sodium Chloride (Salt) for the 2026/2027 winter season. The primary goal is to use the consortium purchasing leverage to purchase salt from one vendor for the period of 11/1/26 - 10/31/27. By having a vendor in place that can provide salt, County building and parking areas will be treated accordingly so the risk of tumbling and accidents is reduced during the winter season. This participation agreement will result in a not-to-exceed purchase order in the amount of \$30,000.00.	

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.
	General Fund – 100%

D. - Consent Agenda**BC2026-521**

TITLE	Public Works-Various Vehicles and Road & Bridge Equipment for
DEPARTMENT OR AGENCY NAME	Department of Public Works

REQUESTED ACTION	☐ Amendment to Approval (BOC or Council) ☒ Other action; please describe
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DESCRIPTION/ EXPLANATION OF REQUEST:	The Department of Public Works is declaring various vehicles and Road & Bridge equipment, as surplus County-owned property, no
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	longer needed for public use. The department is requesting authority to discard or sell stated material as soon as possible.
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Year	Make	Model	Serial/Vin	Asset #	Condition	Value	Mileage /hrs	Out of Service Reason
2007	Honda	Pilot	2HKYF187X7 H541093	N/a	Poor	\$500.00	233,897	Sheriff Vehicle Seizure
2007	Intern- ational	Large Dump 4400 - Dt466	1HTMKAAR5 7H493476	03-0033	Poor	\$500.00	101,000	Budget Replacement - Poor Condition
2008	Dodge	Charger	2B3LA43G68 H299481	KAC 7397	Poor	\$500.00	157,000	Parts no longer available - vehicle unsafe
2013	Ford	Explorer	1FM5K8AR2 DGB79050	FXD 3669	Poor	\$500.00	170,000	Budget Replacement - Poor Condition
2014	Audi	A6	WAUHGAF 9EN017151	N/a	Poor	\$500.00	211,000	Sheriff Vehicle Seizure
2020	Ford	Explorer Interceptor	1FM5K8AB0 LGD18769	18-31	Poor	\$500.00	53,000	Accident - Totaled Out of Service
2024	Ford	F-150 Supercab 4x4	1FTEW2LP7 RKF02482	PNQ 9897	Poor	\$500.00	12,000	Accident - Totaled Out of Service
2018	Vermac	ST4815 Arrowboard	17-062128	50-0010	Salvage	\$0.00	N/A	Wrecked - Will be put in scrap dumpster
2018	Vermac	ST4815 Arrowboard	2S9US1111J S132104	50-0011	Salvage	\$0.00	N/A	Wrecked - Will be put in scrap dumpster
Unknown	Stihl	BR600 Blower	537306785	36-0087	Poor	\$10.00	N/A	Engine Seized
Unknown	Honda	Push Mower	HRR2166PD A	17-103	Poor	\$10.00	N/a	Repairs Exceed Value
Unknown	Honda	Push Mower	MZCG- 8247586	J2219	Poor	\$25.00	N/A	Budget Replacement - Poor Condition
Unknown	Honda	Weed wacker	GCAG- 1155156	17-0073	Poor	\$10.00	N/A	Budget Replacement - Poor Condition
Unknown	Honda	Weed wacker	GCAG- 2235274	17-0083	Poor	\$10.00	N/A	Budget Replacement - Poor Condition
Unknown	Honda	Weed wacker	Unknown	17-0085	Poor	\$10.00	N/A	Budget Replacement - Poor Condition

BC2026-522

(See related items for proposed travel/memberships for the week of 9/28/2026 in Section D above).

BC2026-523

(See related items for proposed purchases for the week of 9/28/2026 in Section D above).

V – OTHER BUSINESS

Item of Note (non-voted)

ION2026-111

TITLE	WIOA MOU for Local Workforce Area 3 – Amended Agreement
DEPARTMENT OR AGENCY NAME	Cleveland-Cuyahoga County Workforce Development Board dba

REQUESTED ACTION	☐ Memorandum of Understanding (MOU) ☒ MOU Amendment
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CURRENT/ HISTORICAL AGREEMENT INFORMATION	VENDOR NAME	TIME PERIOD	DATE BOC APPROVED/ COUNCIL'S JOURNAL DATE	APPROVAL NO.
Original (O)	Multiple (MOU)	7/1/25-6/30/2027	05/19/2025	CON2025-49
Amendment (A)	Multiple (MOU)	7/1/26-6/30/2027	Pending	Pending

STATUS OF PROJECT:	☐ New Agreement ☒ Recurring Agreement
DESCRIPTION/ EXPLANATION OF REQUEST:	The Cleveland-Cuyahoga County Workforce Development Board (dba Greater Cleveland Works), Justin Bibb, Mayor of the City of Cleveland and Chris Ronayne, Cuyahoga County Executive, Cuyahoga County Department of Workforce Development, and the local required partners enter into this Memorandum of Understanding (MOU) biannually. An amendment is required to the existing MOU to change the address to the Greater Cleveland Works and OhioMeansJobs center's new location, update the budget and partner allocations.
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	The purpose of this MOU is to document the roles, responsibilities, and funding commitments the parties have negotiated and mutually agreed upon for the operation and funding of the local area workforce development system and the OhioMeansJobs center in Local Area 3.
VENDOR DETAILED INFORMATION	
VENDOR NAME AND ADDRESS:	Multiple (MOU) at 1975 East 61 st Street, Cleveland, Ohio 44103
ROLE OF AUTHORITY (SPECIFY, I.E. OWNER, EXECUTIVE DIRECTOR):	Each party to the MOU has an authorized signer with various official titles.
VENDOR COUNCIL DISTRICT (IF APPLICABLE):	7
PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY PROJECT (IF APPLICABLE)	Countywide service
PROJECT COUNCIL DISTRICT (IF APPLICABLE):	Countywide

REASON FOR LATE SUBMITTAL	
EXPLANATION FOR LATE SUBMITTAL (PROVIDE DETAIL INFORMATION THAT MAY HAVE AFFECTED TIMELY PROCESSING OF REQUEST):	Preparation and routing the amendment through multiple organizations for signatures

HAVE WORK/SERVICES BEGUN?	☒ YES ☐ NO (if “yes” please explain):
PROJECT START DATE (DATE YOUR TEAM STARTED WORKING ON THIS ITEM):	Request from Greater Cleveland Works was received 9/14/26
DATE ITEM WAS ENTERED AND RELEASED IN ONBASE	09/16/2026

ION2026-112

TITLE	SFY2027 Treatment Alternatives to Street Crime (TASC) Program
DEPARTMENT OR AGENCY NAME	Treatment Alternatives to Street Crime (TASC)

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)
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GRANT CURRENT/HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL (PLEASE PROVIDE BOC MEETING DATE)	APPROVAL NO.
ORIGINAL (O)	SFY2027 DBH TASC Grant	07/01/26-06/30/27	\$729,005.40	9/15/2025	CON2025-80
AMENDMENT (A-1)					
AMENDMENT (A-)					
DESCRIPTION/ EXPLANATION OF THE GRANT:	This item is a Grant Award from the Ohio Department of Behavioral Health supporting the Cuyahoga County Common Pleas Court’s Treatment Alternatives to Street Crime (TASC) program. Specifically, funds from this agreement will allow staff from the Court’s Treatment Alternatives to Street Crime (TASC) program to provide Substance use Disorder Outpatient treatment and case management services to referrals from the adult criminal justice system within Cuyahoga County. The ODBH Pass-Through funds will provide: \$729,005.40 to support TASC staff who provide clients treatment services in the form of assessments, group counseling, individual counseling, case management, crisis intervention and urinalysis.				

PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	Support staff from the Court's Treatment Alternatives to Street Crime (TASC) program to provide Substance use Disorder Outpatient treatment and case management services to referrals from the adult criminal justice system within Cuyahoga County.

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:	Cuyahoga County Court of Common Pleas, Corrections Planning Board, 310 West Lakeside Avenue, #500. Cleveland, OH 44113
LIST THE (OWNERS, EXECUTIVE DIRECTOR, OTHER(specify) FOR THE CONTRACTOR/VENDOR	Guillermo Torres, Director
SUBRECIPIENT'S COUNCIL DISTRICT:	N/A
DOLLAR AMOUNT ALLOCATED:	\$729,005.40

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

FUNDING SOURCE:	Please provide the complete, proper name of the funding source (no acronyms) for receipt of this grant.
	Ohio Department of Behavioral Health pass-through to the Alcohol, Drug Addiction and Mental Health Services (ADAMHS) in connection with SFY2027 Treatment Alternatives to Street Crime (TASC) Program.
	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.

ION2026-113

(See related list of Contracts up to \$10,000.00 and Various Agreements – processed and executed for the week of 9/28/2026 in Section V. above).

VI – PUBLIC COMMENT

VII – ADJOURNMENT