



**Cuyahoga County Board of Control Agenda  
Monday, October 19, 2026 - 11:00 A.M.  
County Headquarters  
2079 East Ninth Street  
4<sup>th</sup> 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 – 10/13/2026**

**III. – PUBLIC COMMENT**

**IV. – CONTRACTS AND AWARDS**

**A. – Tabled Items**

**B. – New Items for Review**

**BC2026-547**

Department of Public Works, recommending an award and enter into Contract No. 6469 with 3MPH Planning and Consulting, LLC (341-4) in the amount not-to-exceed \$148,150.00 for a communications and engagement campaign to support Cuyahoga County's Regional Shared Mobility Program in connection with the Transportation Alternatives Grant program, effective upon signatures of all parties through project completion.

Funding Source: Ohio Department of Transportation

**BC2026-548**

Court of Common Pleas/Juvenile Court Division, submitting an amendment to Contract No. 6272 (fka Contract No. 3934) with Sports and Spine Physical Therapy, Inc. for educational and vocational support services for Court referred youths ages 15 to 17 with high risk for recidivism for the period 7/1/2023-6/30/2026 to extend the time period to 6/30/2027, to update insurance requirements, and for additional funds in the amount not-to-exceed \$58,856.48, effective 6/30/2026.

Funding Source: RECLAIM Grant

**BC2026-549**

Sheriff's Department, recommending an award on RQ16380 and enter into Contract No. 6343 with Faust Psychological Services, Inc. (13-1) in the amount not-to-exceed \$432,675.00 for pre-hire psychological evaluations for incoming Sheriff's Department staff for the period 1/1/2027 – 12/31/2029.

Funding Source: General Fund

**C. – Consent Agenda**

**BC2026-550**

Fiscal Department, presenting proposed travel/membership requests for the week of 10/19/2026:

| Dept:           | Department of Health and Human Services/Office of Child Support Services |                   |             |               |                                 |            |            |                                                                |
|-----------------|--------------------------------------------------------------------------|-------------------|-------------|---------------|---------------------------------|------------|------------|----------------------------------------------------------------|
| Event:          | 2026 Saves All Grantee Meeting                                           |                   |             |               |                                 |            |            |                                                                |
| Source:         | Office of Child Support Enforcement                                      |                   |             |               |                                 |            |            |                                                                |
| Location:       | Denver, CO                                                               |                   |             |               |                                 |            |            |                                                                |
| Staff           | Travel Dates                                                             | Registration<br>* | Meals<br>** | Lodging<br>** | Ground<br>TRN/<br>Mileage<br>** | Air<br>*** | Total      | Funding<br>Source                                              |
| Chaiyeh Davis   | 11/16/2026-<br>11/19/2026                                                | \$0.00            | \$191.00    | \$572.96      | \$75.00                         | \$440.81   | \$1,279.77 | Safe Access<br>for Victims'<br>Economic<br>Security<br>(SAVES) |
| Kathleen Valdez | 11/16/2026-<br>11/19/2026                                                | \$0.00            | \$191.00    | \$572.96      | \$75.00                         | \$440.81   | \$1,279.77 | Safe Access<br>for Victims'<br>Economic<br>Security<br>(SAVES) |

\*Paid to host

\*\*Staff reimbursement

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

**Purpose:**

The Office of Child Support Services (OCSS) is a participant of the Ohio SAVES Project. This is an opportunity for grant participants to share their expertise and identify topics regarding survivor safety and challenges within the child support program. This meeting is mandated for all participating SAVES grant organizations and is 100% funded by the SAVES grant.

| Dept:          | Department of Public Safety and Justice Services                                                    |                   |             |               |                                 |            |            |                    |
|----------------|-----------------------------------------------------------------------------------------------------|-------------------|-------------|---------------|---------------------------------|------------|------------|--------------------|
| Event:         | Southern California Gang Conference Continuing Criminal Enterprise Training - Disrupt and Dismantle |                   |             |               |                                 |            |            |                    |
| Source:        | Southern California Gang Conference                                                                 |                   |             |               |                                 |            |            |                    |
| Location:      | San Diego, CA                                                                                       |                   |             |               |                                 |            |            |                    |
| Staff          | Travel Dates                                                                                        | Registration<br>* | Meals<br>** | Lodging<br>** | Ground<br>TRN/<br>Mileage<br>** | Air<br>*** | Total      | Funding<br>Source  |
| Melanie Molzan | 11/11/2026-<br>11/14/2026                                                                           | \$200.00          | \$240.00    | \$686.22      | \$250.00                        | \$668.74   | \$2,044.96 | FY24 UASI<br>Grant |

\*Paid to host

\*\*Staff reimbursement

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

Purpose:

Continuing Criminal Enterprise Training (CCE) - Disrupt and Dismantle. Target audience includes investigators, patrol officers, analysts, task force members. You will learn organized crime investigations, criminal syndicates enterprise models, RICO Statutes, financial investigations, narcotics trafficking networks, money laundering schemes, technology-leading cases, digital forensics & OSINT, case building, operational security, real-world case studies lessons.

| Dept:               | Department of Public Works |                   |             |               |                                 |            |          |                                  |
|---------------------|----------------------------|-------------------|-------------|---------------|---------------------------------|------------|----------|----------------------------------|
| Event:              | Hope's Window Factory      |                   |             |               |                                 |            |          |                                  |
| Source:             | Hope's Window Factory      |                   |             |               |                                 |            |          |                                  |
| Location:           | Jamestown, NY              |                   |             |               |                                 |            |          |                                  |
| Staff               | Travel Dates               | Registration<br>* | Meals<br>** | Lodging<br>** | Ground<br>TRN/<br>Mileage<br>** | Air<br>*** | Total    | Funding Source                   |
| Nichole English     | 10/22/2026-10/22/2026      | \$0.00            | \$60.00     | \$0.00        | \$220.40                        | \$0.00     | \$280.40 | Capital Projects - Bond Proceeds |
| Laurel Diaz         | 10/22/2026-10/22/2026      | \$0.00            | \$60.00     | \$0.00        | \$220.40                        | \$0.00     | \$280.40 | Capital Projects - Bond Proceeds |
| Phillip Christopher | 10/22/2026-10/22/2026      | \$0.00            | \$60.00     | \$0.00        | \$220.40                        | \$0.00     | \$280.40 | Capital Projects - Bond Proceeds |
| Russell Jaenke      | 10/22/2026-10/22/2026      | \$0.00            | \$60.00     | \$0.00        | \$220.40                        | \$0.00     | \$280.40 | Capital Projects - Bond Proceeds |

\*Paid to host

\*\*Staff reimbursement

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

Purpose:

The jail team will be taking a trip to Hope's Window factory to review jail recreation yard windows before fabrication can begin.

| Dept:     | Department of Public Safety and Justice Services                       |                   |             |               |                                 |            |       |                |
|-----------|------------------------------------------------------------------------|-------------------|-------------|---------------|---------------------------------|------------|-------|----------------|
| Event:    | 26 <sup>th</sup> Annual International Family Justice Center Conference |                   |             |               |                                 |            |       |                |
| Source:   | Camp HOPE America-Alliance for HOPE International                      |                   |             |               |                                 |            |       |                |
| Location: | St. Petersburg, FL                                                     |                   |             |               |                                 |            |       |                |
| Staff     | Travel Dates                                                           | Registration<br>* | Meals<br>** | Lodging<br>** | Ground<br>TRN/<br>Mileage<br>** | Air<br>*** | Total | Funding Source |

|               |                     |          |          |          |          |          |            |                         |
|---------------|---------------------|----------|----------|----------|----------|----------|------------|-------------------------|
| Kevin Paradis | 11/2/2026-11/5/2026 | \$645.00 | \$208.00 | \$753.99 | \$290.00 | \$143.96 | \$2,040.95 | Camp HOPE Verizon Grant |
|---------------|---------------------|----------|----------|----------|----------|----------|------------|-------------------------|

\*Paid to host

\*\*Staff reimbursement

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

**Purpose:**

The purpose of this trip is to attend the annual national conference hosted by the Alliance for HOPE ("the Alliance"). The Alliance is the creator of the Camp HOPE America model and attendance at this annual conference is a requirement for all Camp HOPE program affiliates. Cuyahoga County's Witness Victim Services is the only Camp HOPE affiliate in the tri-state area and is recognized as a leader in the program. All expenses for this conference in the amount not to exceed \$2,040.95 will be covered by the Camp HOPE Verizon grant.

**V- OTHER BUSINESS**

**Item of Note (non-voted)**

**ION2026-120**

Department of Health and Human Services/Office of Child Support Services, submitting a subgrant award from the Ohio Department of Health and Human Services/Administration for Children and Families/Office of Child Support Enforcement for additional funds in the amount of \$7,500.00 to implement and enhance safe services to families in Cuyahoga County, Ohio in connection with the FFY27 Safe Access for Victims' Economic Security (SAVES) demonstration grant program for the period 9/1/2026 – 8/31/2027.

Funding Source: Federal Funds

**ION2026-121**

**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     |
|--------|-----------------|--------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------------|-------------------------------|----------------------------------------------------------------------------------------------------------------------|-----------------------|
| 12689  | 3737            | The Ruhlin Company | For rehabilitation of various Pleasant Valley Road bridges in the City of Independence and Village of Valley View; <b>for various increases, decreases, and to add seven new items of work to meet field conditions, effective upon signatures of all parties.</b> | \$0.00 | Department of Public Works | 10/19/2023-Project Completion | (Original) 48.5% Federal Funds, 27% Ohio Public Works Commission, 24.5% County \$5.00 Motor Vehicle License Tax Fund | (Executive) 10/5/2026 |

|       |                       |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                     |        |                            |                                                                       |                                                                                                             |                                        |
|-------|-----------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------------|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|----------------------------------------|
| 11970 | 3822                  | DS Architecture, LLC                                                              | For general architectural engineering and adjunct services on a task order basis, effective upon signatures of all parties.                                                                                                                                                                                                                                                         | \$0.00 | Department of Public Works | 10/11/2023-10/10/2026; <b>to extend the time period to 10/10/2027</b> | (Original) General Fund                                                                                     | (Executive) 10/6/2026 (Law) 10/13/2026 |
| 15799 | 5436                  | The Ruhlin Company                                                                | For the Rockside Road Rehabilitation of existing bridge 03.23 over the Cuyahoga Valley Scenic Railroad and Replacement of existing bridge 03.32 over the Cuyahoga River in the Village of Valley View and the City of Independence; <b>for various increases, decreases, and to add eight new items of work to meet field conditions, effective upon signatures of all parties.</b> | \$0.00 | Department of Public Works | 7/15/2025-Project Completion                                          | 64.12% Federal Funds, 20% Ohio Public Works Commission, 15.88% County \$5.00 Motor Vehicle License Tax Fund | (Executive) 10/5/2026                  |
| NA    | 6374 (fka 3878)       | The Northeast Ohio Regional Sewer District                                        | For disposal of wastewater sewer grit; <b>to increase the disposal rate to an amount not-to-exceed \$177.93 per ton, effective 1/1/2027.</b>                                                                                                                                                                                                                                        | \$0.00 | Department of Public Works | 1/1/2024 – 10/31/2026; <b>to extend the time period to 12/31/2027</b> | (Original) Sanitary Sewer Fund                                                                              | (Executive) 10/6/2026 (Law) 10/13/2026 |
| 13032 | 6270 (fka 4645)       | KeyBank National Association                                                      | For banking services and related routine payments; <b>to update terms, KeyBank will waive all prior and future foreign transaction fees, reducing the rate from 3% to 0%, effective upon signatures of all parties.</b>                                                                                                                                                             | \$0.00 | Fiscal Office              | 10/1/2024-9/30/2028                                                   | General Fund                                                                                                | (Executive) 10/5/2026                  |
| 8845  | 6421 (fka 4835, 2441) | GovOS, Inc. <b>for the assignment and assumption of the contract to Neumo Tax</b> | For a Short-Term Rental Management and Compliance System for the Fiscal Department.                                                                                                                                                                                                                                                                                                 | \$0.00 | Fiscal Office              | 6/28/2022-6/27/2027                                                   | (Original) Fiscal Hotel/Motel Fund                                                                          | (Executive) 10/13/2026 (Law) 10/9/2026 |

|    |      |                                                                                                                                  |                                                                                    |           |                                                   |                       |                                     |                          |
|----|------|----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-----------|---------------------------------------------------|-----------------------|-------------------------------------|--------------------------|
|    |      | and Licensing, LLC including all remaining funds and to update insurance requirements, effective upon signatures of all parties. |                                                                                    |           |                                                   |                       |                                     |                          |
| NA | 6465 | City of Independence                                                                                                             | To develop and implement the Community Diversion Program for court referred youth. | \$1200.00 | Court of Common Pleas/<br>Juvenile Court Division | 1/1/2027 - 12/31/2028 | Health and Human Services Levy Fund | (Executive)<br>10/7/2026 |

#### VI – PUBLIC COMMENT

#### VII – ADJOURNMENT

## Minutes

Cuyahoga County Board of Control

Tuesday, October 13, 2026 - 11:00 A.M.

County Headquarters

2079 East Ninth Street

Committee Room B

### **I – CALL TO ORDER**

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

#### Attending:

Katherine A. Gallagher, Chief of Operations & Community Innovation County Executive Administration  
(Alternate for Chris Ronayne, County Executive)

Michael Chambers, Fiscal Officer, serving as Chairman

Mellany Seay, Finance and Operations Administrator, Department of Public Works  
(Alternate for Michael Dever)

Paul Porter, Director, Department of Purchasing

Councilmember Meredith Turner

Cynthia Mason, County Council (Alternate for Councilmember Robert Schleper)

### **II. – REVIEW MINUTES – 10/5/2026**

Michael Chambers motioned to approve the minutes from the October 5, 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**

##### **BC2026-537**

Department of Public Works, submitting an amendment to Contract No. 5669 with Corix Cleveland Thermal Steam LP for repairs to the Justice Center steam system for the period 10/6/2025-10/5/2026 to extend the time period to 10/5/2027, to expand the scope of services to include Phase 2 engineering and steam system repairs on a task-order basis, and for additional funds in the amount not-to-exceed \$230,000.00, effective upon signatures of all parties.

Funding Source: Capital Project – General Fund

Thomas Pavich, Department of Public Works, presented. Meredith Turner asked whether these repairs caused any operational delays; what is this system; were there any worker or guest areas impacted;

Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2026-537 was approved by unanimous vote.

#### **BC2026-538**

Fiscal Office, submitting an amendment to Contract No. 6464 (fka Contract No. 5221) with Citibot, Inc. for integration of an automated chatbot to interact with users on the County Treasurer's Office website for the period 4/14/2025 - 4/13/2030, to expand the scope of services to add automated voice assistant and refresh services, to amend budget terms as outlined in Exhibit B, to update insurance requirements, and for additional funds in the amount not-to-exceed \$306,017.00, effective upon signatures of all parties.

Funding Source: Delinquent Tax Assessment Fund

Domonique Tatum, Fiscal Department, presented. There were no questions. Michael Chambers motioned to approve the item; Cynthia Mason seconded. Item BC2026-538 was approved by unanimous vote.

#### **BC2026-539**

Fiscal Office,

- a) Submitting an RFP exemption, which will result in an award recommendation to Sympro Inc. in the amount not-to-exceed \$44,904.00 for maintenance and support services necessary to support Cuyahoga County's perpetual license to use the Sympro Treasury Management Software for the period 7/1/2026 - 6/30/2029.
- b) Recommending an award and enter into Contract No. 6456 with Sympro Inc. in the amount not-to-exceed \$44,904.00 for maintenance and support services necessary to support Cuyahoga County's perpetual license to use the Sympro Treasury Management Software for the period 7/1/2026 - 6/30/2029.

Funding Source: General Fund

Domonique Tatum, Fiscal Department, presented. There were no questions. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2026-539 was approved by unanimous vote.

#### **BC2026-540**

Department of Information Technology,

- a) Submitting an RFP exemption for a cybersecurity purchase pursuant to R.C. 9.64 in the amount not-to-exceed \$269,628.68 for various effective dates between 12/28/2026 through 11/19/2028.
- b) Recommending an award on Purchase Order No. 26003440 for a cybersecurity purchase pursuant to R.C. 9.64 in the amount not-to-exceed \$269,628.68 for various effective dates between 12/28/2026 through 11/19/2028.

Funding Source: General Fund

Brianna Witt, Department of Information Technology, presented. Michael Chambers asked is there time when the Board might consider going into executive session, or whether that is not an option for any of these items. Paul Porter responded that if questions were to arise the Board could go into executive session; however, that discussion would not be a part of the public record, and the vote will still occur in public. Michael Chambers motioned to approve the item; Paul Porter seconded. Item BC2026-540 was approved by unanimous vote.

#### **BC2026-541**

Department of Information Technology,

- a) Submitting an RFP exemption, which will result in an award recommendation with Tim Wauhop in the amount not-to-exceed \$197,600.00 for Infor Enterprise Resource Planning System support services for the period 1/1/2027-12/31/2028.
- b) Recommending an award and enter into Contract No. 6468 Tim Wauhop in the amount not-to-exceed \$197,600.00 for Infor Enterprise Resource Planning System support services for the period 1/1/2027-12/31/2028.

Funding Source: General Fund

Brianna Witt, Department of Information Technology, presented and Robert Knoll supplemented. Meredith Turner asked in follow-up to the advanced question regarding whether we were making efforts to provide these services through employees rather than through a contract, for clarification can you describe what those efforts entail and whether there is any additional cost associated with them. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2026-541 was approved by unanimous vote.

#### **BC2026-542**

Court of Common Pleas/Juvenile Court Division, recommending an award and enter into Agreement No. 6365 with City of Parma in the amount not-to-exceed \$33,000.00 for Community Diversion Program services for the period 1/1/2027-12/31/2028.

Funding Source: Health and Human Services Levy Fund

Jennifer Howard, Court of Common Pleas/Juvenile Court Division, presented. There were no questions. Michael Chambers motioned to approve the item; Cynthia Mason seconded. Item BC2026-542 was approved by unanimous vote.

#### **BC2026-543**

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

- a) Submitting an RFP exemption, which will result in an award recommendation to The Salvation Army in the amount not-to-exceed \$617,945.00 to provide Rapid Rehousing services to single adults

experiencing homelessness who reside in emergency shelter and participate in the PASS (Pick Up, Assessment, Shelter & Services) Program for the period 10/1/2026 - 9/30/2027.

- b) Recommending an award and enter into Contract No. 6459 with The Salvation Army in the amount not-to-exceed \$617,945.00 to provide Rapid Rehousing services to single adults experiencing homelessness who reside in emergency shelter and participate in the PASS (Pick Up, Assessment, Shelter & Services) Program for the period 10/1/2026 - 9/30/2027.

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

Marcos Cortes, Department of Health and Human Services, presented. There were no questions. Michael Chambers motioned to approve the item; Mellany Seay seconded. Item BC2026-543 was approved by unanimous vote.

### **C. – Exemptions**

#### **BC2026-544**

Department of Public Works/Division of Public Utilities, recommending to amend various Board of Control Approvals as listed below for services to be provided in conjunction with Cuyahoga Green Energy's microgrid and solar projects, to remove references indicating that pre-qualified firms would be engaged exclusively through Compass Energy Platform, as the County will now contract directly with one or more of the 44 prequalified firms to advance various renewable energy projects:

- a) BC2023-496 dated 8/7/2023
- b) BC2024-408 dated 5/28/2024
- c) BC2024-622 dated 8/26/2024
- d) BC2025-15 dated 1/6/2025
- e) BC2026-68 dated 2/17/2026
- f) BC2026-343 dated 7/6/2026

Funding Source: n/a

Matthew Hrubey, Department of Public Works, presented. There were no questions. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2026-544 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. BC2026-545 through BC2026-546; Paul Porter seconded. The Consent Agenda Items were approved by unanimous vote.

#### **BC2026-545**

Fiscal Department, presenting proposed travel/membership requests for the week of 10/13/2026:

|            |                                         |                   |             |               |                                 |            |          |                                   |
|------------|-----------------------------------------|-------------------|-------------|---------------|---------------------------------|------------|----------|-----------------------------------|
| Dept:      | County Executive's Office               |                   |             |               |                                 |            |          |                                   |
| Event:     | NACO Business of Counties Fall Forum    |                   |             |               |                                 |            |          |                                   |
| Source:    | National Association of Counties (NACO) |                   |             |               |                                 |            |          |                                   |
| Location:  | Clark County, NV                        |                   |             |               |                                 |            |          |                                   |
| Staff      | Travel Dates                            | Registration<br>* | Meals<br>** | Lodging<br>** | Ground<br>TRN/<br>Mileage<br>** | Air<br>*** | Total    | Funding<br>Source                 |
| Erik Janas | 10/28/2026-<br>10/30/2026               | \$0.00            | \$180.00    | \$0.00        | \$120.00                        | \$550.00   | \$850.00 | 65% NACO &<br>35% General<br>Fund |

\*Paid to host

\*\*Staff reimbursement

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

**Purpose:**

Erik has been invited to attend and speak on a panel at the NACO Business of Counties Fall Forum. The special event is an invitation-only forum for the top county administrators (CAOs) from major urban counties primarily serving populations above 1 million residents. This annual gathering offers a unique venue for idea exchange and peer networking. NACO has offered to cover the flight and lodging expenses for the trip. They will book the room and send a reimbursement for the flight.

**BC2026-546**

Department of Purchasing, presenting proposed purchases for the week of 10/13/2026

**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                         |
|-----------------------|--------------------------------------------------------|-----------------------------------------------|--------------------------------|-------------|----------------------------------------|
| 26003408              | (150) 32" Standing Desk Converters with Monitor Stands | Court of Common Pleas/Juvenile Court Division | Nassau Electrical Supply Corp. | \$21,750.00 | Special Revenue-Title IV-E Maintenance |

**Items/Services Received and Invoiced but not Paid:**

| Purchase Order Number | Description                                                              | Department                               | Vendor Name                | Total       | Funding Source                                                                |
|-----------------------|--------------------------------------------------------------------------|------------------------------------------|----------------------------|-------------|-------------------------------------------------------------------------------|
| 26003475              | Out-of-home care placement services for the period 4/1/2026 - 4/14/2026* | Division of Children and Family Services | Alliance Summit Group, LLC | \$18,883.76 | 65% Health and Human Services Levy Fund and 35% Title IV-E Reimbursement Fund |

\*Approval No. BC2026-29, dated 1/27/2026, which amended BC2025-324, dated 5/12/2025, which amended multiple prior approved alternate procurement processes resulting in purchase orders to various licensed providers for reimbursement for out of home care placement services for the period 12/1/2022 – 12/31/2025 to

extend the time period to 12/31/2026 and to change the total amount not to exceed from \$1,750,000.00 to \$2,000,000.00.

## **V- OTHER BUSINESS**

### **Item of Note (non-voted)**

#### **ION2026-115**

Department of Purchasing, on behalf of the County Treasurer's Office, submitting an Item of Note in connection with the Master Services Agreement Contract No. 4645 with KeyBank National Association for banking services and related routine payments for the period 10/1/2024 – 9/30/2028 to increase 2026 funding allocations for four user departments, to add three card users, and update funding sources in accordance with the Procurement Card Program Services section of the Master Services Agreement:

- a) Cuyahoga County Board of Development Disabilities: \$14,500.00; General Fund.
- b) Department of Health and Human Services/Division of Children and Family Services \$2,000.00; 65% Health and Human Services Levy and 35% Title IV-E Reimbursement Fund via Hope for Holidays Donations.
- c) Department of Consumer Affairs/Weights & Measures: \$2,500.00; General Fund.
- d) Court of Common Pleas/Juvenile Court Division: \$15,000.00; Ohio Department of Mental Health and Addiction Services Grant.
- e) Public Defender's Office: \$12,500.00 (\$11,600.00 St. Lukes Pre Petition Grant and \$900.00 General Fund (80% Reimbursed by the Ohio Public Defender).

#### **Funding Source:**

39% General Fund

32% Ohio Department of Mental Health and Addiction Services Grant

25% St. Lukes Pre Petition Grant

4% Human Services Levy/Title IV-E Reimbursement Fund via Hope for Holidays Donations

#### **ION2026-116**

Sheriff's Department, submitting a Memorandum of Understanding between the Cities of Cleveland, East Cleveland, Euclid, Parma, Garfield Heights, Maple Heights, Cleveland Heights, and Cuyahoga County for the City of Cleveland to serve as fiscal agent to allocate grant funds in the amount of \$100,000.00 to strengthen criminal justice operations through essential personnel, equipment, training, and technology support in connection with the FY2025 Edward Byrne Memorial Justice Assistance Grant for the period 10/1/2026 – 9/30/2028.

Funding Source: FY2025 Edward Byrne Memorial Justice Assistance Grant

**ION2026-117**

Sheriff's Department, submitting a Memorandum of Understanding between the Cities of Cleveland, East Cleveland, Euclid, Parma, Garfield Heights, Maple Heights, and Cuyahoga County for the City of Cleveland to serve as fiscal agent to allocate grant funds in the amount of \$100,000.00 to strengthen criminal justice operations through essential personnel, equipment, training, and technology support in connection with the FY2026 Edward Byrne Memorial Justice Assistance Grant for the period 10/1/2026 – 9/30/2029.

Funding Source: FY2026 Edward Byrne Memorial Justice Assistance Grant

**ION2026-118****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     | 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; <b>to amend various loan forgiveness terms, effective upon signatures of all parties.</b>                             | \$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) 10/2/2026 (Law) 10/1/2026 |
| NA     | 6478 (fka 3534) | Westinghouse-Breakwater Properties, LLC                                     | For various projects in connection with the State of Ohio, Brownfield Remediation Funding Match Program; <b>to amend the maturity date and amend and replace various loan terms, effective upon signatures of all parties.</b> | \$0.00 | Department of Development | 5/24/2023-5/23/2026; <b>to extend the time period to 9/30/2028</b> | (Original) General Fund - American Rescue Plan Act (ARPA) Revenue Replacement /Provision of Government Services | (Executive) 10/2/2026 (Law) 10/6/2026 |
| 16249  | 5973            | Empowering and Strengthening Ohio's People, Inc., DBA Benjamin Rose         | To provide financial counseling services in the County's Financial Empowerment Center; <b>to amend various terms, effective upon signatures of all parties.</b>                                                                | \$0.00 | Fiscal Office             | 1/1/2026-12/31/2027                                                | (Original) Delinquent Tax Assessment Collection                                                                 | (Executive) 10/6/2026 (Law) 10/6/2026 |

|    |      |                                 |                                                                                                                                                           |        |                                                  |                                                                        |                                   |                                       |
|----|------|---------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------|--------------------------------------------------|------------------------------------------------------------------------|-----------------------------------|---------------------------------------|
| NA | 5956 | Case Western Reserve University | For a comprehensive assessment of crisis response services; <b>to update the delivery date and extend time, effective upon signatures of all parties.</b> | \$0.00 | Department of Public Safety and Justice Services | 3/16/2026 - 10/31/2026; <b>to extend the time period to 12/31/2026</b> | (Original) Opioid Settlement Fund | (Executive) 10/2/2026 (Law) 10/1/2026 |
|----|------|---------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------|--------------------------------------------------|------------------------------------------------------------------------|-----------------------------------|---------------------------------------|

## ION2026-119

Purchases Processed (No Vote Required) in the amount not-to-exceed \$10,000.00 for the period 9/1/2026 – 9/30/2026 (No Vote Required) will be available at the following link at time of posting the Final Agenda. To view the report, click on the Title “10/13/2026– Board of Control Meeting”.

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

## VI – PUBLIC COMMENT

There was no public comment.

## VII – ADJOURNMENT

Michael Chambers motioned to adjourn; Mellany Seay seconded. The motion to adjourn was unanimously approved at 11:14 a.m.

**Item Details as Submitted by Requesting Departments**

**IV. Contracts and Awards**

**A. – Tabled Items**

**B. – New Items for Review**

**BC2026-547**

|                           |                                                                                                                                                                                                                                                                                           |
|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Title                     | 2026 Shared Mobility Coordinated Communications & Community Engagement Campaign, Informal RFQ, Event #7079                                                                                                                                                                                |
| Department or Agency Name | Public Works                                                                                                                                                                                                                                                                              |
| Requested Action          | <input type="checkbox"/> Contract <input checked="" type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order<br><input type="checkbox"/> Other (please specify): |

| Original (O)/<br>Amendment<br>(A-# ) | Contract<br>No. (If PO,<br>list PO#) | Vendor<br>Name                             | Time Period                                       | Amount       | Date<br>BOC/Council<br>Approved | Approval No. |
|--------------------------------------|--------------------------------------|--------------------------------------------|---------------------------------------------------|--------------|---------------------------------|--------------|
| O                                    | 6469                                 | 3MPH<br>Planning and<br>Consulting,<br>LLC | Effective<br>Date- until<br>project<br>completion | \$148,150.00 | tbd                             | tbd          |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Service/Item Description (include quantity if applicable). When submitting an amendment, address any changes to the time period of the agreement, reduction or addition of funds, changes to the existing scope of services, changes to service rates/costs, and retroactive applicability of the changes, if any.</p> <p>DPW would like to submit and award 3MPH Planning and Consulting the Shared Mobility Coordinated Communications and Community Engagement Campaign contract per this DPW Informal RFQ in the amount of \$148,150 to educate key audiences about Cuyahoga County's regional shared mobility program which is being funded by an ODOT Transportation Alternatives funding grant through PID 126122 Non-Infrastructure Project Agreement. This agreement will operate on a reimbursement basis.</p> |
| <p>Indicate whether: <input checked="" type="checkbox"/> New service/purchase   <input type="checkbox"/> Existing service/purchase   <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <p>For purchases of furniture, computers, vehicles:   <input type="checkbox"/> Additional   <input type="checkbox"/> Replacement</p> <p>Age of items being replaced: _____ How will replaced items be disposed of _____</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <p>Project Goals, Outcomes or Purpose (list 3):</p> <p>The purpose of this project is to increase public understanding of the shared mobility program. This includes public benefits of shared mobility and how the traveling public (both users and non-users of shared mobility devices) safely interact with shared mobility. The project will consist of project planning and strategy development, communication and content development, community engagement, monitoring and evaluation and a communications plan.</p>                                                                                                                                                                                                                                                                                               |

|                                                                                                                                                                                                                                                                      |                                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify). If there are multiple vendors copy this table and complete for each vendor. |                                             |
| Vendor Name and address:                                                                                                                                                                                                                                             | Owner, executive director, other (specify): |
| 3MPH Planning & Consulting, LLC<br>2306 West 17 <sup>th</sup> St., Suite 8<br>Cleveland, OH 44113                                                                                                                                                                    | Angie Schmitt, Founding Principal           |
| Vendor Council District: 7                                                                                                                                                                                                                                           | Project Council District: various           |
|                                                                                                                                                                                                                                                                      |                                             |
| If applicable provide the full address or list the municipality(ies) impacted by the project.                                                                                                                                                                        |                                             |

| COMPETITIVE PROCUREMENT                                                                                                                                                                                                                                                                                                                                             | NON-COMPETITIVE PROCUREMENT                                                                                                                                                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| RQ# <u>    (Event #7079)    </u><br><input type="checkbox"/> RFB <input type="checkbox"/> RFP <input checked="" type="checkbox"/> RFQ<br><input checked="" type="checkbox"/> Informal<br><input type="checkbox"/> Formal      Closing Date: July 28, 2026                                                                                                           | Provide a short summary for not using competitive bid process.<br><br>*See Justification for additional information.                                                                         |
| The total value of the solicitation: \$187,500                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Exemption                                                                                                                                                           |
| Number of Solicitations (sent/received) 341 / 4                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> State Contract, list STS number and expiration date<br><br><input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date |
| Participation/Goals (%): ( 0 ) DBE (   ) SBE<br>(   ) MBE (   ) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No, please explain.<br>(ODOT Grant Funded per PID 126122)<br><br>If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome? | <input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting (   ).                 |
| Recommended Vendor was low bidder: <input type="checkbox"/> Yes<br><input type="checkbox"/> No, please explain:                                                                                                                                                                                                                                                     | <input type="checkbox"/> Government Purchase<br><input type="checkbox"/> Alternative Procurement Process                                                                                     |
| How did pricing compare among bids received?                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Contract Amendment - (list original procurement)<br><input type="checkbox"/> Other Procurement Method, please describe:                                             |

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

List date of TAC approval

Date:

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

☐ Check if item is ERP related? ☐ No ☐ Yes.

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

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

EX275105-55200-EX-26-TAP Sustainability Grants Fund - Ohio Department of Transportation, Transportation Alternative Program.

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

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

EX275105-55200-EX-26-TAP (Sustainability Grants Fund) 100%

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): brand new vendor- brand new contract

**BC2026-548**

|                           |                                                                                                                                                                                                                                                                                           |  |
|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Title                     | SECOND AMENDMENT FOR EDUCATIONAL/VOCATIONAL SERVICES SPORTS AND SPINE PHYSICAL THERAPY, INC.                                                                                                                                                                                              |  |
| Department or Agency Name | CUYAHOGA COUNTY COURT OF COMMON PLEAS, JUVENILE COURT DIVISION                                                                                                                                                                                                                            |  |
| Requested Action          | <input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order<br><input type="checkbox"/> Other (please specify): |  |

| Original (O)/ Amendment (A-# ) | Contract No. (If PO, list PO#) | Vendor Name                             | Time Period        | Amount       | Date BOC/Council Approved | Approval No. |
|--------------------------------|--------------------------------|-----------------------------------------|--------------------|--------------|---------------------------|--------------|
| (O)                            | 3934                           | Sports and Spine Physical Therapy, Inc. | 7/1/2023-6/30/2024 | \$57,576.96  | 12/18/2023                | BC2023-840   |
| (A-1)                          | 3934                           | Sports and Spine Physical Therapy, Inc. | 7/1/2023 6/30/2026 | \$115,153.92 | 8/26/2024                 | BC2024-616   |
| (A-2)                          | 6272 fka 3934                  | Sports and Spine Physical Therapy, Inc. | 7/1/2023 6/30/2027 | \$58,856.48  | Pending                   | Pending      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Service/Item Description (include quantity if applicable). When submitting an amendment, address any changes to the time period of the agreement, reduction or addition of funds, changes to the existing scope of services, changes to service rates/costs, and retroactive applicability of the changes, if any. This is the second amendment for Educational/Vocational Services with Sports and Spine Physical Therapy, Inc, to extend the term of the contract through June 30, 2027, add funds add funds in the amount of 1,279.58 through 7/1/2023 through 6/30/2026, and add fund in the amount of \$57,576.90 through July 1, 2026, through June 30, 2027, for Educational/Vocational Services, and to replace applicable language within the Contract setting forth in Exhibit-1.</p> |
| <p>Indicate whether: <input type="checkbox"/> New service/purchase <input checked="" type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <p>For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement<br/>         Age of items being replaced: _____ How will replaced items be disposed of _____</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <p>Project Goals, Outcomes or Purpose (list 3): Provide Court referred youth identified or at risk of recidivism job readiness skills, and healthcare field education.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

|                                                                                                                                                                                                                                                                             |                                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <p>In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify). If there are multiple vendors copy this table and complete for each vendor.</p> |                                                                                     |
| Vendor Name and address:<br>Sports and Spine Physical Therapy, Inc.<br>3365 Richmond Rd. Suite 110<br>Beachwood, Ohio 44122                                                                                                                                                 | Owner, executive director, other (specify):<br><br>Leon R. Anderson III (President) |
|                                                                                                                                                                                                                                                                             |                                                                                     |

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

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

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

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

|                                                                                                                                                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if “no” please explain):                                                                    |
| List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.<br>JC330100                                                                                                  |
| Payment Schedule: <input type="checkbox"/> Invoiced <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain): |

|                                                                                                                                                                            |         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| Provide status of project.                                                                                                                                                 |         |
| Is contract/purchase late <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission |         |
| Reason: Contract was uploaded to INFOR on 6/2/2026 for review. Revised and uploaded some compliance documents due to timeline.                                             |         |
| Timeline                                                                                                                                                                   |         |
| Project/Procurement Start Date (date your team started working on this item):                                                                                              | 5.4.26  |
| Date documents were requested from vendor:                                                                                                                                 | 2.27.26 |
| Date of insurance approval from risk manager:                                                                                                                              | 3.26.26 |
| Date Department of Law approved Contract:                                                                                                                                  | 5.18.26 |
| Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:                                                      |         |
| If late, have services begun? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)                                                 |         |
| Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)                                                      |         |

|                             |
|-----------------------------|
| HISTORY (see instructions): |
|-----------------------------|

**BC2026-549**

|                           |                                                                                                                                                                                                                                                                                           |
|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Title                     | Prospective Hire Psychological Evaluations                                                                                                                                                                                                                                                |
| Department or Agency Name | SHERIFF'S                                                                                                                                                                                                                                                                                 |
| Requested Action          | <input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order<br><input type="checkbox"/> Other (please specify): |

| Original (O)/<br>Amendment<br>(A-# ) | Contract<br>No. (If PO,<br>list PO#) | Vendor Name                              | Time Period          | Amount       | Date<br>BOC/Council<br>Approved | Approval No. |
|--------------------------------------|--------------------------------------|------------------------------------------|----------------------|--------------|---------------------------------|--------------|
| O                                    | 6343                                 | FAUST<br>PSYCHOLOGICAL<br>SERVICES, INC. | 1/1/27 –<br>12/31/29 | \$432,675.00 | CURRENT<br>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. |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Sheriff's Department requesting approval of a contract with Faust Psychological Services for the anticipated cost not-to-exceed \$432,675. The effective dates are 1/1/27 - 12/31/29 for Prospective Hire Psychological Evaluations services.                   |
| Indicate whether: <input type="checkbox"/> New service/purchase <input checked="" type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above) |
| For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement<br>Age of items being replaced: _____ How will replaced items be disposed of _____                                                    |
| Project Goals, Outcomes or Purpose (list 3):<br><br>Have qualified individuals hired for the positions within the Sheriff's Dept. As well as to have a qualified provider of the service administer the test and provide results.                               |

|                                                                                                                                                                                                                                                                      |                                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| 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): |
| Faust Psychological Services<br>1730 W 25th St<br>Cleveland, Ohio 44113                                                                                                                                                                                              | Dr. Michael Faust, Owner                    |
| 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# 16380<br><input type="checkbox"/> RFB <input checked="" type="checkbox"/> RFP <input type="checkbox"/> RFQ<br><input type="checkbox"/> Informal<br><input checked="" type="checkbox"/> Formal Closing Date: 6/26/26 | Provide a short summary for not using competitive bid process.<br><br>*See Justification for additional information.                                                                         |
| The total value of the solicitation: \$300,000                                                                                                                                                                          | <input type="checkbox"/> Exemption                                                                                                                                                           |
| Number of Solicitations (sent/received) 13 / 1                                                                                                                                                                          | <input type="checkbox"/> State Contract, list STS number and expiration date<br><br><input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date |
| Participation/Goals (%): ( 10 ) DBE ( 10 ) SBE ( 0 ) MBE ( 0 ) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No, please explain.  | <input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ( ).                   |

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

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

|                                                                                                                                                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.                                                                              |
| 100% GENERAL FUND                                                                                                                                                                                                     |
| Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):                                                                    |
| List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.<br>SH100140, SH100115 AND SH745100 - 55130                                                                   |
| Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain): |

|                                                                                                                                                                            |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| Provide status of project.                                                                                                                                                 |          |
| Is contract/purchase late <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission |          |
| Reason: N/A                                                                                                                                                                |          |
| Timeline                                                                                                                                                                   |          |
| Project/Procurement Start Date (date your team started working on this item):                                                                                              | 12/30/25 |
| Date documents were requested from vendor:                                                                                                                                 | 7/21/26  |
| Date of insurance approval from risk manager:                                                                                                                              | 2/12/26  |
| Date Department of Law approved Contract:                                                                                                                                  |          |
| Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: N/A                                                  |          |
| If late, have services begun? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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                                                   | 441, 1618, 3113, 5593          | FAUST PSYCHOLOGICAL SERVICES, INC. | 1/1/21 – 12/31/23 | \$400,000.00 | 12/21/20                  | BC2020-679   |
| A-1                                                 | 441, 1618, 3113, 5593          | FAUST PSYCHOLOGICAL SERVICES, INC. | 1/1/21 – 12/31/26 | \$400,000.00 | 3/6/23                    | BC2023-145   |

**C. - Consent Agenda**

**BC2026-550**

(See related items for proposed travel/memberships for the week of 10/19/2026 in Section C above).

**V – OTHER BUSINESS**

**Item of Note (non-voted)**

**ION2026-120**

|                           |                                                                                                                                                                                                                                              |
|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE                     | Department of Health and Human Services/Office of Child Support Services Award Acceptance from the U.S. Department of Health and Human Services Administration/Year 5 Safe Access for Victims' Economic Security (SAVES) demonstration grant |
| DEPARTMENT OR AGENCY NAME | Office of Child Support Services                                                                                                                                                                                                             |

|                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>REQUESTED ACTION – PLEASE CHECK ALL THAT IS APPLICABLE</p> <p>*PLEASE INCLUDE SUPPORTING DOCUMENTS AS ATTACHMENTS TO THE SUBMISSION IN ONBASE.</p> | <p><input type="checkbox"/> Authority to Apply (for grants with Cash Match and/or Subrecipients).</p> <p><input type="checkbox"/> Grant Application (for grants with no Cash Match or Subrecipients).<br/>           ➤ Is County Executive signature required <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Grant Agreement (when the signature of the County Executive is required).</p> <p><input type="checkbox"/> Grant Award (when the signature of the County Executive is not required).</p> <p><input checked="" type="checkbox"/> Grant Amendments</p> <p><input type="checkbox"/> Pre-Award Conditions Forms (when no signature is required by the County Executive)</p> |
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| GRANT<br>CURRENT/<br>HISTORICAL<br>INFO         | NAME OF<br>GRANT | TIME PERIOD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | AMOUNT       | PREVIOUS APPROVAL<br>(PLEASE PROVIDE<br>BOC MEETING DATE) | APPROVAL<br>NO. |
|-------------------------------------------------|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----------------------------------------------------------|-----------------|
| ORIGINAL (O)                                    | SAVES GRANT      | 9/1/2022-<br>8/31/2023                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | \$117,666.66 | 01/09/2023                                                | BC2023-19       |
| AMENDMENT<br>(A-1)                              | SAVES GRANT      | 9/1/2022-<br>8/31/2023                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 0.00         | 7/31/2023                                                 | BC2023-<br>484  |
| AMENDMENT<br>(A- 2)                             | SAVES GRANT      | 9/1/2023-<br>8/31/2024                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | \$31,500.00  | 11/21/2023                                                | CON2023-<br>122 |
| AMENDMENT<br>(A-3)                              | SAVES GRANT      | 9/1/2024-<br>8/31/2025                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | \$50,000.00  | 11/25/2024                                                | CON2024-<br>109 |
| AMENDMENT<br>(A- 4)                             | SAVES GRANT      | 9/1/2025-<br>8/31/2026                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | \$7,500.00   | 11/3/2025                                                 | CON2025-<br>94  |
| AMENDMENT<br>(A-5)                              | SAVES Grant      | 9/1/2026-<br>8/31/2027                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | \$7,500.00   | Pending                                                   | Pending         |
| DESCRIPTION/<br>EXPLANATION OF THE GRANT:       |                  | <p>Safe Access for Victims' Economic Security Demonstration will expand on Ohio's current domestic violence (DV) initiative that focuses on providing education, awareness, and policy and procedure advancement to all child support enforcement agencies (CSEA) throughout the state. The SAVES project will provide opportunities to further develop and implement consistent and enhanced safe services to families in Cuyahoga County, Ohio. The Office of Child Support (OCS) will partner with the Ohio Domestic Violence Network (ODVN) as their primary partner in strengthening the Ohio child support program's response to domestic violence.</p> <p>The anticipated start-completion dates are 09/01/2022-08/31/2027.</p> |              |                                                           |                 |
| PROJECT GOALS, OUTCOMES OR<br>PURPOSE (LIST 3): |                  | <p>Increased awareness of domestic violence.</p> <p>Provide increased safe access to child support and parenting time services to domestic violence victims/survivors who are currently receiving child support and to those who are not receiving child support and need it.</p> <p>To establish partnerships with programs who serve domestic violence victims/survivors to develop and implement a cross system, coordinated response to their needs.</p>                                                                                                                                                                                                                                                                           |              |                                                           |                 |

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

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

|                 |                                                                                                                                                                                                                                                                                                |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FUNDING SOURCE: | Please provide the complete, proper name of the funding source (no acronyms) for receipt of this grant.                                                                                                                                                                                        |
|                 | 100% Federally Funded                                                                                                                                                                                                                                                                          |
|                 | Does this require a Cash Match by the County? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO                                                                                                                                                                              |
|                 | If yes, how much is required for the Cash Match by the County? Also, please provide the complete, proper name of the County funding source (no acronyms) that will be used for the Cash Match. Include percentages of funding if using more than one County funding source for the Cash Match. |
|                 |                                                                                                                                                                                                                                                                                                |

#### **ION2026-121**

(See related list of Contracts up to \$10,000.00 processed and executed for the week of 10/19/2026 in Section V. above).

#### **VI – PUBLIC COMMENT**

#### **VII – ADJOURNMENT**