



**Cuyahoga County Board of Control Agenda
Monday, August 4, 2025 - 11:00 A.M.
County Headquarters
2079 East Ninth Street
4th Floor, Committee Room B**

This meeting is open to the public and may also be accessed via livestream using the following link:

<https://www.YouTube.com/CuyahogaCounty>

I – CALL TO ORDER

II. – REVIEW MINUTES – 7/28/2025

III. – PUBLIC COMMENT

IV. – CONTRACTS AND AWARDS

A. – Tabled Items

B. – New Items for Review

BC2025-489

Department of Public Works, submitting an amendment to a Parking Management Agreement (via Contract No. 5144) with Shaia's Parking Inc. for management and operation of commercial parking lots commonly known as 1506 Superior Avenue and 1579 Superior Avenue in Cleveland for the period 2/7/2025 – 8/7/2025 to extend the time period to 2/7/2027; and for anticipated revenue in the amount of \$6,500.00 per month; effective upon signatures of all parties.

Funding Source: Non/Revenue Generating

BC2025-490

Department of Public Works, recommending an award on RQ14927 and enter into Contract No. 5517 with Talal Hamed (23-7) in the monthly amount of 10% of gross revenue received in connection with the café, food, and vending services being provided at the Jane Edna Hunter Building, for the period 7/1/2025-6/30/2028.

Funding Source: Revenue Generating

BC2025-491

Department of Public Works, recommending an award on RQ14927 and enter into Contract No. 5524 with EDWINS Leadership & Restaurant Institute (23-7) in the monthly amount of 10% of gross revenue received in connection with the café, food, and vending services being provided at the Juvenile Justice Center Café, effective upon signatures of all parties for a period of 5 years, with payment deferred until January 1, 2027.

Funding Source: Revenue Generating

BC2025-492

Department of Information Technology,

- a) Submitting an RFP exemption, which will result in a payment to Nexum, Inc. in the amount not-to-exceed \$142,226.95 for the purchase of F5 premium support services and associated licensure for (4) firewalls located at the Cleveland and Columbus data centers, for various terms beginning 8/15/2025 through 10/20/2026.
- b) Recommending an award on Purchase Order No. 25002684 to Nexum, Inc. in the amount not-to-exceed \$142,226.95 for the purchase of F5 premium support services and associated licensure for (4) firewalls located at the Cleveland and Columbus data centers, for various terms beginning 8/15/2025 through 10/20/2026.

Funding Source: General Fund

BC2025-493

Department of Information Technology, recommending an award on Purchase Order No. 25002890 to SHI International Corp. in the amount not-to-exceed \$13,226.64 for a joint cooperative purchase of (7) Software As A Service (SaaS) licenses of the Halo Information Technology Service Management software.

Funding Source: Capital Improvement Plan

BC2025-494

Department of Information Technology, submitting an amendment to Contract No. 3027 (fka Contract No. 1179 and CE2000488) with Service Express, LLC for enterprise hardware maintenance and support services at various County locations for the period 1/1/2020 – 12/31/2025 to extend the time period to 12/31/2028, to replace the insurance requirements in Article V with new insurance requirements and for additional funds in the amount not-to-exceed \$648,288.00, effective upon signatures of all parties.

Funding Source: General Fund

BC2025-495

Department of Information Technology, submitting an amendment to Contract No. 4838 with Great Northern Consulting, LLC, effective upon signatures of all parties for:

- a) maintenance and support of the Sun Solaris Operating System T4 servers and migration to new servers on an as needed basis, for the period 10/1/2024-9/30/2025 to extend the time to 2/28/2026;
- b) to replace the current hardware with Oracle Database Appliances, migrate applications to the new system, maintenance and support, and for additional funds in the amount not-to-exceed \$324,689.33 for a period of 3 years from the effective date of this amendment.
- c) amend Sections 1.1 Scope of Agreement and 2.1 Payment, and 9.1 Notices.

Funding Source: General Fund

BC2025-496

Department of Human Resources,

- a) Submitting an RFP exemption, which will result in an award recommendation to ERC Services, Inc. in the amount not-to-exceed \$16,700.00 for the purchase of Microsoft Training Course (15 for TEAMS, 60 for Word and 15 for Adobe Captivate Training) under the Ohio TechCred Grant to be used between 8/4/2025 and 12/31/2025.
- b) Recommending an award on Purchase Order No. 25002195 to ERC Services, Inc. in the amount not-to-exceed \$16,700.00 for the purchase of Microsoft Training Course (15 for TEAMS, 60 for Word and 15 for Adobe Captivate Training) under the Ohio TechCred Grant to be used between 8/4/2025 and 12/31/2025.

Funding Source: Ohio TechCred Round 29 Grant

BC2025-497

County Executive's Office, submitting a Grant Agreement with City of Bay Village (via Contract No. 5425) in the amount not-to-exceed \$450,000.00 to provide funding for implementation of Lakefront Public Access to Cahoon Memorial Park (Bay Point Project Phase 1) to protect the lakefront and create public access in Cuyahoga County effective upon signatures of all parties through 6/30/2027.

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

BC2025-498

County Executive's Office, submitting a Grant Agreement with Diaper Bank of Greater Cleveland (via Contract No. 5528) in the amount not-to-exceed \$10,000.00 to provide funding for the purchase and distribution of diapers to families in need throughout Cuyahoga County through its partner agencies within the County, effective upon signatures of all parties for a period of 1 year.

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

BC2025-499

Court of Common Pleas/Corrections Planning Board, submitting an amendment to Contract No. 2499 with Alcohol, Drug Addiction and Mental Health Services Board of Cuyahoga County for residential treatment services in connection with the Residential Substance Abuse Treatment Program for the period 7/1/2022 – 6/30/2025 to extend the time period to 6/30/2026 and for additional funds in the amount not-to-exceed \$740,000.00.

Funding Source: 32% Targeted Community Alternatives to Prison (T-CAP) funds and 68% General funds.

BC2025-500

County Prosecutor, recommending an award on Purchase Order No. 25002798 with MNJ Technologies Direct, Inc. in the amount not-to-exceed \$51,902.00 for a state contract purchase of an annual subscription for 870TB of cloud-based storage.

Funding Source: General Fund

BC2025-501

Sheriff's Department,

- a) Requesting authority to apply for grant funds from Ohio Department of Public Safety, Office of Criminal Justice Services in the amount of \$30,000.00 to enhance technology and expand existing violence reduction strategies in connection with FY2024 In-Vehicle Dash-Cam System Response to Violent Crime Grant for the period 1/1/2025 to 12/31/2025.
- b) Submitting a Subgrant Award Agreement from Ohio Department of Public Safety, Office of Criminal Justice Services in the amount of \$30,000.00 to enhance technology and expand existing violence reduction strategies in connection with FY2024 In-Vehicle Dash-Cam System Response to Violent Crime Grant for the period 1/1/2025 to 12/31/2025.

Funding Source: 75% Ohio Department of Public Safety, Office of Criminal Justice Services (\$22,500.00) and 25% Cash Match Federal Equitable Sharing Account (\$7,500.00)

BC2025-502

Sheriff's Department, recommending an award on RQ15762 and enter into Contract No. 5531 with Axon Enterprise, Inc. (16-4) in the amount not-to-exceed \$152,000.00 for the purchase of (11) In-Vehicle Dash Camera Systems, antennas, installation, warranty, cloud storage for data collection, (11) 5G routers for cellular providers with subscription services for Law Enforcement, effective upon signatures of all parties for a period of 5 years.

Funding Source: Edward Byrne Memorial Justice Assistance Grants - 33% FY22, 66% FY23 and 1% FY24

BC2025-503

Department of Health and Human Services/Cuyahoga Job and Family Services, submitting an amendment to Contract No. 5054 with Manicz Media LLC for digital advertising services to raise awareness and foster enrollment in workforce development programs administered by Cuyahoga Job and Family Services and the Benefit Bridge Pilot Program for the period 1/1/2025-12/31/2025 to expand the scope of services to include marketing material development services as described in Exhibit 2-A and for additional funds in the amount not-to-exceed \$12,000.00, effective upon signatures of all parties.

Funding Source: 90% Temporary Assistance for Needy Families (TANF) and 10% Federal/State Funding

BC2025-504

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

- a) Submitting an RFP exemption, which will result in an award recommendation to Milestones Autism Resources in the amount not-to-exceed \$12,500.00 to provide (3) culturally competent, trauma-informed training sessions for working with autistic individuals to Early Childhood Educators, Home Visitors, Infant and Early Childhood Mental Health (IECMH) Specialists, and Child Welfare workers effective upon signatures of all parties through 12/31/2025.
- b) Recommending an award and enter into Contract No. 5467 with Milestones Autism Resources in the amount not-to-exceed \$12,500.00 to provide (3) culturally competent, trauma-informed training sessions for working with autistic individuals to Early Childhood Educators, Home Visitors, Infant and Early Childhood Mental Health (IECMH) Specialists, and Child Welfare workers effective upon signatures of all parties through 12/31/2025.

Funding Source: Health and Human Services Levy Fund

BC2025-505

Department of Health and Human Services/Community Initiatives Division/Office of Homeless Services, submitting an amendment to Contract No. 4574 with Bitfocus, Inc. for various Clarity products, licenses and services for operation of the Homeless Management Information System for the period 1/1/2025 - 12/31/2029 for use by the County and its Continuum of Care providers to purchase additional licenses as outlined in Exhibit I-B and for additional funds in the amount not-to-exceed \$190,351.40, which includes a one-time fee for license activation in the amount of \$12,600.00, effective 8/1/2025.

Funding Source: Health and Human Services Levy Fund

C. – Consent Agenda**BC2025-506**

Office of Innovation and Performance, submitting an amendment to a grant agreement with the Ohio Department of Development for the BroadbandOhio Grant for the period 7/1/2022-5/31/2025 to extend the time period to 3/31/2026; no additional funds required.

Funding Source: Ohio Department of Development BroadbandOhio Grant

BC2025-507

Department of Purchasing, presenting proposed purchases for the week of 8/4/2025:

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
25002912	(20) surge-capacity mobile patient medical beds for MetroHealth Hospital	Department of Public Safety and Justice Services	CPR Savers & First Aid Supply	\$23,640.00	FY2022 Urban Area Security Initiative (UASI)
25002968	(2) HazMat – FTIR Spectroscopy Detection System for the Cuyahoga County Type 1 HAZMAT Team	Department of Public Safety and Justice Services	908 Devices Inc.	\$189,865.00	53% (\$100,840.00) FY2024 Urban Area Security Initiative (UASI) 47% (\$89,025.00) FY2022 Urban Area Security Initiative (UASI)

Items/Services Received and Invoiced but not Paid:

Purchase Order Number	Description	Department	Vendor Name	Total	Funding Source
25002869	Out-of-home care placement services for the period 6/1/2025-6/30/2025*	Division of Children and Family Services	Compassion Care Group	\$76,500.00	66% Health and Human Services Levy Fund and 34% Title IV-E Reimbursement Fund

*Approval No. BC2025-324, dated 5/12/2025, which amended BC2024-987 dated 12/23/2024, 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 in the amount not-to-exceed \$1,500,000.00 by changing the amount not-to-exceed from \$1,500,000.00 to \$1,750,000.00.

V- OTHER BUSINESS

Item of Note (non-voted)

Item No.1

Department of Public Safety and Justice Services, submitting an amendment to a grant agreement with Ohio Emergency Management Agency for the FY2023 Emergency Management Performance Grant

Program for the period 10/1/2022 – 12/31/2024, to extend the time period to 7/31/2025, and for additional funds in the amount of \$45,922.81, effective upon signatures of all parties.

Funding Source: This award is a 50% reimbursement grant of eligible expenses of the Office of Emergency Management. The grant award does not include any additional county match funds or any obligations that the county contract with external service providers or vendors.

Item No. 2

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	5090 (fka 2993, 563, 2000284 6)	Ohio Guidestone	for trauma informed mentoring services to the Promise Team youth population	For a decrease of funds in the amount of (\$5,000.00), effective 7/1/2025	Court of Common Pleas/Juvenile Court Division	7/1/2020-6/30/2026	(Original) RECLAIM Grant	(Executive) 7/28/2025
NA	5303 (fka 2983, 1609)	Equius Group, LLC	to provide Diversity, Equity and Inclusion training sessions for Court staff	For a decrease of funds in the amount of (\$66,500.00) and to implement monthly invoicing requirements, effective 7/1/2025	Court of Common Pleas/Juvenile Court Division	5/1/2021-6/30/2026	(Original) RECLAIM Grant	(Executive) 7/28/2025
NA	1909	Watch Systems, LLC	for sex offender notification mailing services to update postal rate; to add the cost per card shall not exceed the current rate of a USPS first class postage stamp	\$0.00	Sheriff's Department	1/1/2022 – 12/31/2026	(Original) General Fund	(Executive) 7/28/2025 (Law) 7/23/2025

Various Agreements – Processed and executed (no vote required)

Approving Resolution	Public convenience and welfare project description	Total Estimated Project Cost	Total Actual Project Cost	Funding Source	Date of Execution
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R2023-0210	Right-of-Way Acquisition for rehabilitation of North Marginal Road Connector from East 9 th Street to East 55 th Street in the City of Cleveland related to Public Convenience and Welfare (R2023-0192).		\$43,672.00	County Road and Bridge Funds	(Executive) 7/28/2025 (Law) 7/24/2025
R2024-0333	Resurfacing of Tryon Road from Broadway Avenue to Jean Drive in Oakwood Village - Council District 6	\$400,000.00		\$200,000.00 County Road and Bridge Funds \$200,000.00 Oakwood Village	(Executive) 7/29/2025
R2024-0333	Resurfacing of Miles Road from I-480 to the Eastern Corporation Line in the Village of North Randall- Council District 9	\$450,000.00		\$225,000.00 County Road and Bridge Funds \$225,000.00 Village of North Randall	(Executive) 7/29/2025

VI – PUBLIC COMMENT

VII – ADJOURNMENT

Minutes

Cuyahoga County Board of Control

Monday, July 28, 2025 - 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

Levine Ross, County Council (Alternate for Meredith Turner)

Laura Black, County Council (Alternate for Michael Houser)

Joseph Nanni, Councilmember (Alternate for Robert Schleper)

II. – REVIEW MINUTES – 7/21/2025

Michael Chambers motioned to approve the minutes from the July 21, 2025 meeting; Mellany Seay 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

BC2025-478

Department of Public Works, recommending an award on RQ15760 and enter into Contract No. 5495 with Tri Mor Corporation (5-3) in the amount not-to-exceed \$328,815.00 for the Cuyahoga County Airport Pavement Rehabilitation Apron Slab Replacement Phase III Project effective upon signatures of all parties through project completion.

Funding Source: 95% Ohio Department of Transportation, Office of Aviation and 5% General Fund

John Myers, Department of Department of Public Works, presented and Mellany Seay supplemented. Joseph Nanni in relation to the response to the advanced questions whether there was an Airport Capital Fund for the 5% and the answer was "Airport Operations", asked whether Airport Operations is General Funds or is it a separate fund. Mellany Seay responded the Airport Operations funds are

subsidized by Airport Operations but if it falls short it is subsidized by the General Fund. Mr. Nanni asked so, in this instance it is truly General Fund. Ms. Seay responded this 5% may or may not be General Fund because right now we're not getting a subsidy. We always put General Fund if there is a possibility that it may be General Fund. Michael Chambers motioned to approve the item; Joseph Nanni seconded. Item BC2025-478 was approved by unanimous vote.

BC2025-479

Department of Information Technology, recommending an award on Purchase Order No. 25002658 with Integrated Precision Systems in the amount not-to-exceed \$39,660.92 for a state contract purchase of various equipment, installation and programming services, (1) video recording server and (10) surveillance cameras, including licensing and support for the Virgil E. Brown Building.

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

Brianna Witt, Department of Information Technology, presented. There were no questions. Michael Chambers motioned to approve the item; Paul Porter seconded. Item BC2025-479 was approved by unanimous vote.

BC2025-480

Department of Information Technology,

- a) Submitting an RFP exemption, which will result in an award recommendation to Internetwork Expert, LLC dba INE Holdings, LLC in the amount not-to-exceed \$29,970.00 for the purchase of (30) Business Plan Enterprise Training Platform Subscriptions for the period 10/29/2025 – 10/28/2026.
- b) Recommending an award on Purchase Order No. 25002701 to Internetwork Expert, LLC dba INE Holdings, LLC in the amount not-to-exceed \$29,970.00 for the purchase of (30) Business Plan Enterprise Training Platform Subscriptions for the period 10/29/2025 – 10/28/2026.

Funding Source: General Fund

Brianna Witt, Department of Information Technology, presented. There were no questions. Michael Chambers motioned to approve the item; Levine Ross seconded. Item BC2025-480 was approved by unanimous vote.

BC2025-481

Department of Information Technology, recommending an award on Purchase Order No. 25002808 with MNJ Technologies Direct, Inc. in the amount not-to-exceed \$20,325.00 for a state contract purchase of (1) Meraki MX250 Advanced Security License and Support for the Cleveland Data Center for a period of 5 years, effective Board of Control Meeting.

Funding Source: Capital Improvement Fund

Brianna Witt, Department of Information Technology, presented. There were no questions. Michael Chambers motioned to approve the item as amended; Paul Porter seconded. Item BC2025-481 was approved by unanimous vote as amended.

BC2025-482

Court of Common Pleas/Juvenile Court Division, submitting an amendment to Contract No. 5249 (fka Contract Nos. 4021, 4112 and 5128) with Applewood Centers, Inc. for Multisystemic Therapy/ Multisystemic Therapy-Problem Sexual Behavior Services for adjudicated youth for the period 7/1/2023 – 6/30/2025 to extend the time period to 6/30/2026 and for additional funds in the amount not-to-exceed \$52,000.00.

Funding Source: RECLAIM Grant

Jennifer Howard, Court of Common Pleas/Juvenile Court Division, presented. There were no questions. Michael Chambers motioned to approve the item; Joseph Nanni seconded. Item BC2025-482 was approved by unanimous vote.

BC2025-483

County Prosecutor, recommending an award on Purchase Order No. 25002682 with MNJ Technologies Direct, Inc. in the amount not-to-exceed \$23,960.00 for a state contract purchase of (4) HP Z4 G5 Tower Workstations for the Crime Strategies Unit.

Funding Source: U. S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance FY24 Body Worn Camera Policy and Implementation Program Grant

Josh Brower, Prosecutor's Office, presented. There were no questions. Michael Chambers motioned to approve the item; Levine Ross seconded. Item BC2025-483 was approved by unanimous vote.

BC2025-484

Medical Examiner's Office, submitting an amendment to Contract No. 5327 with Peak Scientific, Inc. for general and preventative maintenance services for (1) Genius XE Nitrogen Gas Generator for the period 4/6/2025 – 4/5/2028 in the amount not-to-exceed \$55,926.76, effective upon signatures of all parties, to:

a) Change

- 1) the quantity to (3) Genius XE Nitrogen Gas Generators
- 2) the time period to 7/21/2025 – 7/20/2028;
- 3) the amount not-to-exceed to \$61,053.27;

b) replace

Exhibits 1, 2 and 3 with new Exhibits - Exhibits 1-A Quote, 2-A Peaks US Terms and Conditions and 3-A Warranty Statement

Funding Source: General Fund

Hugh Shannon, Medical Examiner's Office, presented. There were no questions. Michael Chambers motioned to approve the item; Mellany Seay seconded. Item BC2025-484 was approved by unanimous vote.

BC2025-485

Medical Examiner's Office,

- a) Submitting an RFP exemption, which will result in an award recommendation to PerkinElmer U.S. LLC in the amount not-to-exceed \$52,164.00 for onsite preventative maintenance and repair for a Fourier Transform Infrared Spectrometer and components for the period 5/1/2025 – 4/30/2028, effective upon signatures of all parties.
- b) Recommending an award and enter into Contract No. 5169 with PerkinElmer U.S. LLC in the amount not-to-exceed \$52,164.00 for onsite preventative maintenance and repair for a Fourier Transform Infrared Spectrometer and components for the period 5/1/2025 – 4/30/2028, effective upon signatures of all parties.

Funding Source: General Fund

Hugh Shannon, Medical Examiner's Office, presented. There were no questions. Michael Chambers motioned to approve the item; Mellany Seay seconded. Item BC2025-485 was approved by unanimous vote.

C. – Exemptions

BC2025-486

Sheriff's Department, recommending to amend Board Approval No. BC2024-387, dated 5/20/2024, which amended Board Approval No. BC2023-813 dated 12/11/2023, which approved an alternative procurement process resulting in award recommendations to various providers for routine and emergency veterinary services for the K-9 Unit for the period 1/1/2024 – 12/31/2025, to extend the time period to 12/31/2026, to add vendors, and to change the not-to-exceed amount from \$70,000.00 to \$150,000.00:

a) Current vendors:

- 1) Family Pet Clinic
- 2) Metropolitan Veterinary Hospitals
- 3) MedVet
- 4) VCA Great Lakes Veterinary Specialists
- 5) Westpark Animal Hospital
- 6) Provider(s) to be determined for emergency services at nearest vet clinic

b) Additional vendors:

- 1) Clover Leaf Animal Hospital
- 2) Elyria Animal Hospital
- 3) Excel K9 Services

Funding Source: Commissary (Jail Canines) and Federal Equitable Sharing Account (Law Enforcement-Canines)

Chris Costin, Sheriff's Department, presented. There were no questions. Michael Chambers motioned to approve the item; Paul Porter seconded. Item BC2025-486 was approved by unanimous vote.

D. – Consent Agenda

There were no questions or comments on the Consent Agenda items. Michael Chambers motioned to approve Consent Agenda Item No. BC2025-487 through BC2025-488; Mellany Seay seconded. The Consent Agenda Items were approved by unanimous vote.

BC2025-487

Fiscal Department, presenting proposed travel/membership requests for the week of 7/28/2025:

Dept:	Department of Development							
Event:	NACCED Annual Conference							
Source:	National Association for County Community and Economic Development							
Location:	Phoenix, AZ							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Paul Herdeg	9/8/2025 – 9/11/2025	\$600.00	\$113.00	\$510.79	\$104.40	\$442.38	\$1,770.57	General Fund

*Paid to host

**Staff reimbursement

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

Purpose:

National Association for County Community and Economic Development is the economic and community development affiliate of the National Association of Counties (NACO). The Conference includes best practices exchange with peer county economic and community development leaders.

Dept:	Department of Public Safety and Justice Services							
Event:	Debris Management Planning for State, Tribal, Territorial and Local Officials (E0202)							
Source:	FEMA							
Location:	Emmitsburg, MD							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source

Kevin Friis	9/14/2025 – 9/19/2025	\$0.00	\$426.00	\$0.00	\$552.00	\$0.00	\$978.00	General Fund
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*Paid to host

**Staff reimbursement

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

**** Mandatory Meal Package Purchased \$335.00

Purpose:

Department of Public Safety & Justice Services, Office of Emergency Management, requesting authority for Kevin Friis to attend the Debris Management Planning Workshop held by FEMA at the Emergency Management Institute in Emmitsburg, MD. This course will be held 9/15-9/18/2025 and will assist in developing the County's Debris Management Plan. All expenses, excluding lodging and course registration, will be covered by the Office of Emergency Management general operating fund. Lodging and registration are covered by FEMA. IG's opinion attached.

Dept:	Department of Health and Human Services/Community Initiatives Division/Office of Re-entry							
Event:	DOJ 2025 Advanced Financial Management Training Seminar							
Source:	US Department of Justice							
Location:	Washington, DC							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Bobby Shepard	8/5/2025 – 8/8/2025	\$0.00	\$240.00	\$615.69	\$785.90	\$0.00	\$1,641.59	Department of Justice Grant
Wendy Houston-Johnson	8/5/2025 – 8/8/2025	\$0.00	\$240.00	\$615.69	\$802.70	\$0.00	\$1,658.39	Department of Justice Grant

*Paid to host

**Staff reimbursement

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

Purpose:

Our Financial Management Training Seminars are designed for individuals responsible for the financial administration of discretionary and/or formula grants awarded from Federal grant-in-aid programs administered by the Bureaus and Offices of DOJ OJP, including the Bureau of Justice Assistance (BJA); Bureau of Justice Statistics (BJS); National Institute of Justice (NIJ); Office of Juvenile Justice and Delinquency Prevention (OJJDP); Office for Victims of Crime (OVC); and the Sex Offender Sentencing, Monitoring, Apprehending, Registering, and Tracking Office (SMART). Representatives from OJP's Office

of the Chief Financial Officer lead our in-person seminars. Office of Justice Programs (OJP) award recipients and members of their organization who meet the criteria for acceptance are invited to attend an Advanced Financial Management Training Seminar. To be eligible for advanced training, award recipients need to have attended an in person Basic Financial Management Training at some point in time or completed the Online Grants Financial Management Training as of the date of registration. The Advanced Training seminar curriculum covers financial monitoring from preparation to the actual performance of an on-site review. Each 2-day seminar begins at 9:00 a.m. and ends at 4 p.m. Topics to be covered include the following: Types of financial reviews, how grants are selected for financial monitoring, Risk assessment, Preparation process, performing a desk review, Performing an on-site review, Common findings. 100% DOJ Grant BJA FY Second Chance Act.

BC2025-488

Department of Purchasing, presenting proposed purchases for the week of 7/28/2025:

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
25002721	(12) Sets of Dive Response Personal Protection Equipment (PPE) for the (4) Regional Dive Rescue Teams	Department of Public Safety and Justice Services	Dive Right In Scuba, Inc.	\$36,589.20	FY2024 Urban Area Security Initiative (UASI)
25002778	(660) Replacement Nerve Agent Antidote kits for Cuyahoga County HazMat Technicians	Department of Public Safety and Justice Services	Henry Schein, Inc	\$54,066.98	FY2023 Urban Area Security Initiative (UASI)
25002873	(36) each P25 Portable Radios, chargers, radio authentication for the City of Bedford Police Department	Department of Public Safety and Justice Services	Cleveland Communications Inc.	\$85,080.60	FY2024 Urban Area Security Initiative (UASI) Grant

V- OTHER BUSINESS

Item of Note (non-voted)

Item No. 1

Fiscal Office, submitting a grant award from the Cleveland Foundation in the total amount of \$192,000.00 for Public Service Fellows for the period 7/1/2025 – 8/31/2026.

Funding Source: Cleveland Foundation

Item No. 2

Sheriff's Department, submitting an amendment to a grant agreement with the U.S. Department of Homeland Security/ Federal Emergency Management Agency through the Ohio Department of Public Safety, Emergency Management Agency for reimbursement of eligible expenses for the Operation Stonegarden Project in connection with the FY2022 State Homeland Security Grant Program for the period 9/1/2022 – 6/30/2025, to extend the time period to 3/31/2026; no additional funds required, effective upon signatures of all parties.

Funding Source: 100% by the U.S. Department of Homeland Security, Federal Emergency Management Agency, Customs and Border Patrol through the Ohio Department of Public Safety (OEMA)

Item No. 3**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
14927	5517	Talal Hamed	for café, food, and vending services at the Jane Edna Hunter Building	\$0.00	Department of Public Works	7/1/2025 – 6/30/2028	Revenue Generating	(Executive) 7/18/2025 (Law) 7/21/2025
NA	3937	Let Art Breathe The Lab Inc.	for positive youth development services for Court referred youth with high risk for recidivism	For a decrease of funds in the amount of (\$51,490.10), effective 7/1/2025	Court of Common Pleas/Juvenile Court Division	7/1/2023-6/30/2026	(Original) RECLAIM Grant	(Executive) 7/17/2025
NA	4224	Case Western Reserve University, on behalf of the Begun Center for Violence Prevention, at the Mandel School of Applied Social Sciences	for training and technical assistance to newly contracted, grassroots and community-based organizations in performance data collection and evaluation services in connection with RECLAIM Grant activities	For a decrease of funds in the amount of (\$9,350.00), effective 7/1/2025	Court of Common Pleas/Juvenile Court Division	7/1/2023-6/30/2026	(Original) RECLAIM Grant	(Executive) 7/17/2025
NA	4951	Ohio Guidestone	for high-fidelity wrap around case	For a decrease of funds in the	Court of Common	7/1/2024 – 6/30/2026	(Original) RECLAIM Grant	(Executive) 7/17/2025

			management services	amount of (\$10,000.00), effective 7/1/2025	Pleas/Juvenile Court Division			
NA	5413	Cleveland State University	for outcome evaluation, training and technical assistance on how to conduct Risk Terrain Modeling (RTM) and other place-based analyses associated with carjackings; to replace pages 40 and 41 of Exhibit 2 with a new Exhibit titled "Attachment A to Exhibit 2" to correct a clerical error by changing the Federal Indirect Cost Rate from 16% to 48.5% effective upon signatures of all parties.	\$0.00	Sheriff's Department	6/10/2025 - 9/30/2027	(Original) United States Department of Justice, Bureau of Justice Assistance Grant	(Executive) 7/21/2025 (Law) 7/22/2025

Various Agreements – Processed and executed (no vote required)

Approving Resolution	Public convenience and welfare project description	Total Estimated Project Cost	Total Actual Project Cost	Funding Source	Date of Execution
R2023-0195	Resurfacing of West 140 th Street from Puritas Avenue to Lakewood Heights Boulevard in the City of Cleveland- Council Districts 2 and 3	\$5,872,981.00	\$6,339,580.00	80% Federal (4TA7 funds) \$5,071,664.00 10% County Road and Bridge Funds \$633,958.00 10% City of Cleveland \$633,958.00	(Executive) 7/15/2025
R2024-0333	Resurfacing of Harvard Road from Warrensville Center Road to Northfield Road (south side only) in the Village of Highland Hills – Council District 9	\$150,000.00		\$75,000.00 County Road and Bridge Funds \$75,000.00 Village of Highland Hills	(Executive) 7/16/2025

R2024-0333	Resurfacing of Richmond Road from the Southern Corporation Line to Brush Road in the City of Euclid - Council District 11	\$502,755.00		\$250,000.00 County Road and Bridge Funds \$252,755.00 City of Euclid	(Executive) 7/17/2025
R2024-0333	Resurfacing of Euclid Heights Boulevard from Cedar Road to Coventry Road in the City of Cleveland Heights- Council District 10	\$839,300.00		\$250,000.00 County Road and Bridge Funds \$589,300.00 City of Cleveland Heights	(Executive) 7/17/2025

VI – PUBLIC COMMENT

There was no public comment.

VII – ADJOURNMENT

Michael Chambers motioned to adjourn; Joseph Nanni seconded. The motion to adjourn was unanimously approved at 11:13 a.m.

Item Details as Submitted by Requesting Departments

IV. Contracts and Awards

A. – Tabled Items

B. – New Items for Review

BC2025-489

Title	Amendment 1; VEB Parking Lot Management Revenue Generating Agreement; SHAIA'S PARKING, INC; Time Extension
Department or Agency Name	Department of Public Works
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	CM 5144	SHAIA'S PARKING, INC	2/7/2025 – 8/7/2025	Revenue Generated through June 2025 \$29,898.48	2/4/2025	BC2025-69
A-1	CM 5144	SHAIA'S PARKING, INC	8/7/2027	Anticipated Revenue for 24 months \$156,000.00 (\$6,500.00 per month)	pending	pending

Service/Item Description (include quantity if applicable). Extending the Revenue Generating agreement for an additional 2 years. Shaia's Parking Inc. is to continue to manage and operate commercial parking operations on the parking properties commonly known as 1506 SUPERIOR AVE. PARKING LOT" & "1579 SUPERIOR AVE. on behalf of the property owner Cuyahoga County.	
Indicate whether: <input type="checkbox"/> New service/purchase <input checked="" type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)	
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced:	N/A How will replaced items be disposed of?
Project Goals, Outcomes or Purpose (list 3): Parking Management and control Parking Access Lot Maintenance	

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address: Shaia's Parking, Inc. 812 Huron Road, Suite 701 Cleveland, Ohio 44115	Owner, executive director, other (specify): Paul Shaia, Owner
Vendor Council District:	Project Council District:
Council District 7	Yvonne M. Conwell
If applicable provide the full address or list the municipality(ies) impacted by the project.	Cleveland

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

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

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

Provide status of project.	
Is contract/purchase late <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason: Delayed by other projects and had been waiting on docs from vendor.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	6/23/25
Date documents were requested from vendor:	7/2/25
Date of insurance approval from risk manager:	N/A
Date Department of Law approved Contract:	7/24/25
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): see chart above

BC2025-490

Title	Public Works: Talal Hamed, Café, Food and Vending Services – Jane Edna Hunter Building – RFP 14927
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Department or Agency Name	Department of Public Works
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	5517	Talal Hamed	7/1/2025 – 6/30/2028	\$0	Pending	Pending

Service/Item Description (include quantity if applicable). The Department of Public Works is requesting approval of a contract with Talal Hamed for Café, Food and Vending Services at Jane E. Hunter Building.
Indicate whether: <input type="checkbox"/> New service/purchase <input type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of? _____
Project Goals, Outcomes or Purpose (list 3): The contract with Talal Hamed will continue the operation of café, food and vending services at the Jane E. Hunter Building for visitors and building staff. This award stems from a competitive RFP process.

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address:	Owner, executive director, other (specify):
Talal Hamed 2155 Berkeley Dr. Westlake, OH 44145	Talal Hamed - 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# __14927____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input checked="" type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal	Provide a short summary for not using competitive bid process. *See Justification for additional information.

<input type="checkbox"/> Formal Closing Date:	
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 23 / 7	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): (0) DBE (0) SBE (0) MBE (0) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain: NA – highest scoring vendor for location	<input type="checkbox"/> Government Purchase
	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? NA	<input type="checkbox"/> Contract Amendment - (list original procurement)
	<input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. Zero -dollar agreement
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. N/A
Payment Schedule: <input type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

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

Reason: Vendor has been out of the country for a month, and we needed documents signed and approved by our legal department. Vendor does not have email. All documents had to be delivered to him and then pick them up. Also, had to wait for law to approve vendor compliant.

Timeline

Project/Procurement Start Date (date your team started working on this item):	4/16/2025
Date documents were requested from vendor:	6/2/2025
Date of insurance approval from risk manager:	6/27/2025
Date Department of Law approved Contract:	4/16/2025
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):

Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	5083	Talal Hamed	1/1/2024 – 12/31/2024	\$0	5/6/2024	BC2024-333
A-1	5083	Talal Hamed	1/1/2025-6/30/2025	\$0	1/21/2025	BC2025-49

BC2025-491

Title	Public Works: Edwins Leadership & Restaurant Institute – Juvenile Justice Center – RFP 14927
Department or Agency Name	Department of Public Works
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	5524	Edwins Leadership & Restaurant Institute	Effective upon signature of all parties for 5 years from	\$0	Pending	Pending

			the effective date			
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Service/Item Description (include quantity if applicable).

The Department of Public Works is requesting approval of a contract with Edwins Leadership & Restaurant Institute for Café, Food and Vending Services at the Juvenile Justice Center.

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

For purchases of furniture, computers, vehicles: ☐ Additional ☐ Replacement

Age of items being replaced: How will replaced items be disposed of?

Project Goals, Outcomes or Purpose (list 3):

The contract with Edwins Leadership & Restaurant Institute will continue the operation of café, food and vending services at the Juvenile Justice Center for visitors and building staff. This award stems from a competitive RFP process.

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

Vendor Name and address:	Owner, executive director, other (specify):
Edwins Leadership & Restaurant Institute 12383 Cedar Rd. Cleveland Heights, OH 44106	Brandon Chrostowski - 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#14927 (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input checked="" type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 23 / 7	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): (0) DBE (0) SBE (0) MBE (0) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().

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

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. Zero -dollar agreement
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. N/A
Payment Schedule: <input type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.	
Is contract/purchase late <input type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason:.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	
Date documents were requested from vendor:	
Date of insurance approval from risk manager:	

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

HISTORY (see instructions):						
Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	5083	Talal Hamed	1/1/2024 – 12/31/2024	\$0	5/6/2024	BC2024-333
A-1	5083	Talal Hamed	1/1/2025-6/30/2025	\$0	1/21/2025	BC2025-49

BC2025-492

Title	F5 Firewall Support Licenses
Department or Agency Name	Department of Information Technology
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
	25002684 EXMT	Nexum, Inc.		\$142,226.95	PENDING	PENDING

Service/Item Description (include quantity if applicable). The Department of Information Technology plans to contract with Nexum, Inc., for F5 Firewall Support Licenses in the amount of \$142,226.95.
Indicate whether: <input type="checkbox"/> New service/purchase <input checked="" type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of?
Project Goals, Outcomes or Purpose (list 3):

This is a renewal of the existing Firewall support and licensure support. At this time the hardware has not reached the end of its lifespan regarding evaluating alternate solutions. These devices are the firewalls that monitor traffic flow to/from the internet, provides VPN access for remote workers, and provide load balancing of some web application servers.

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

Vendor Name and address:	Owner, executive director, other (specify):
Nexum, Inc. 2901 Carlson Drive, Suite 204 Hammond, IN 46323	Darrell Potie, Sales Contact
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. Other options were not evaluated as F5 is an approved IT standard and the hardware has not reached the end of its lifespan regarding evaluating alternate solutions. Nexum is able to provide Cuyahoga County with pricing that is less than the Ohio State Term Schedule contract #534354. *See Justification for additional information.
The total value of the solicitation:	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
	<input type="checkbox"/> Government Purchase

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

Is Purchase/Services technology related <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, complete section below:	
<input checked="" type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval:
Is the item ERP related? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.	
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input 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 IT100140
Is funding for this included in the approved budget? <input type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

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

Have payments been made? ☐ 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.
	24003590 EXMT	Nexum, Inc.		\$99,782,.36	09/09/2024	BC2024-649

BC2025-493

Title	PO25002890JCOP-2025- Procurement of seven SaaS licenses of the Halo ITSM Solution
Department or Agency Name	The Department of Information Technology
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
	PO25002890 JCOP	SHI International Corp	2025	\$13,226.64	PENDING	PENDING

Service/Item Description (include quantity if applicable).

The Department of Information Technology plans to contract with SHI International Corp for the procurement of seven SaaS licenses of the Halo ITSM solution, in the total amount of \$13,226.64.

The Department of Information Technology is requesting the purchase of seven SaaS licenses of the Halo ITSM platform to support the transition from its current IT Service Management solution, which is scheduled to be retired by the software developer on December 31, 2026.

After a thorough review of responses, Halo ITSM was selected based on its capabilities, scalability, user experience, and alignment with County IT goals. The solution provides the necessary flexibility for the County to redefine internal workflows, conduct staff training, and plan data migration well in advance of the current system's end-of-life.

Indicate whether: <input checked="" type="checkbox"/> New service/purchase <input type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of?
Project Goals, Outcomes or Purpose (list 3): 1. Procurement of seven SaaS licenses of the Halo ITSM Solution

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address:	Owner, executive director, other (specify):
SHI International Corp. 290 Davidson Avenue Somerset, New Jersey 08873	Mark Brum Inside Account Manager
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____	Provide a short summary for not using competitive bid process. SHI is able to provide the County with Cooperative purchasing pricing under contract Name: SW 121923-SHI Contract #: SW 121923-SHI Expires: 2.27.2028 All approved joint cooperative purchasing contracts have gone through a competitive process and have been vetted prior to award. JCOP contract processes offer Cuyahoga County the opportunity to use the lowest and best pricing awarded under the contract. *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input checked="" type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date Contract #: SW 121923-SHI Expires: 2.27.2028

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

Is Purchase/Services technology related <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. If yes, complete section below:	
<input type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval: TAC approval
Is the item ERP related? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.	
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input 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% Capital Improvement Plan
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. IT600100 COTEC0000701
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

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

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

HISTORY (see instructions):

BC2025-494

Title	CM3027-2025- Service Express LLC 3 rd Amendment contract renewal
Department or Agency Name	The Department of Information Technology
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	CM# 1179 (CE20004 88-01)	Service Express LLC	1/1/2020-12/31/2022	\$172,191.59	1/13/2020	BC2020-25
A-1	CM# 1179 (CE20004 88-01)	Service Express LLC	12/31/2025	\$319,000.00	10/31/2022	BC2022-647
A-2	CM3027	Service Express LLC	12/31/2025	\$924,426.74	2/14/2023	R2023-0009
A-3	CM3027	Service Express LLC	12/31/2028	\$648,288.00	PENDING	PENDING

<p>Service/Item Description (include quantity if applicable).</p> <p>The Department of Information Technology plans to amend Contract No. 3027 with Service Express LLC to extend the contract term and add funding for hardware maintenance services. The amendment will add \$648,288.00 and extend the contract for an additional three years, through December 31, 2028.</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)
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of?
Project Goals, Outcomes or Purpose (list 3): To amend Contract No. 3027 with Service Express LLC to extend the contract term and add funding for hardware maintenance services.

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address:	Owner, executive director, other (specify):
Service Express LLC 3854 Broadmoor Ave. SE, Grand Rapids, MI 49512	Denise Domalewski Contract Specialist Legal & Compliance
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____	Provide a short summary for not using competitive bid process. This is a contract 3rd amendment. The initial contract was awarded under RFP #45654 for a three-year term with an option to renew for an additional three years, as approved under BC2020-25 on January 13, 2020. The First Amendment was subsequently approved under BC2022-647 on October 31, 2022. The Second Amendment, approved under Resolution R2023-0009 on February 16, 2023, extended the contract term through December 31, 2025. *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date

Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input checked="" type="checkbox"/> Contract Amendment - (list original procurement) The initial contract was awarded under RFP #45654 <input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. If yes, complete section below:	
<input type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval: TAC approval
Is the item ERP related? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.	
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input 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. IT100140
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.	
Is contract/purchase late <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason:	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	
Date documents were requested from vendor:	
Date of insurance approval from risk manager:	
Date Department of Law approved Contract:	

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

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

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

HISTORY (see instructions): see chart above

BC2025-495

Title	Oracle Premier Support for Operating Systems		
Department or Agency Name	Department of Information Technology		
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):		

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
Original	CM4838	Great Northern Consulting, LLC	09/30/2024 – 09/29/2025	\$128,000.00	09/30/2024	BC2024-703
1 st Amendment	CM4838	Great Northern Consulting	Upon Execution for a period of 3 years	\$324,689.33	PENDING	PENDING

Service/Item Description (include quantity if applicable).

The Department of Information Technology plans to amend Contract No. 4838 with Great Northern Consulting, LLC, to extend the time period by three years for Oracle Premier Support for Operating Systems in the amount of \$324,689.33.

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

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

Project Goals, Outcomes or Purpose (list 3):

Description: Professional Services for Oracle Database Servers

Scope Change: Professional services to migrate off of the older Sun Solaris T4 server, which is a type of computer running Oracle 12c database software. This setup is becoming outdated, harder to support, and slower compared to newer systems. We are planning to replace this with an Oracle Database Appliance (ODA) running Oracle 19c. An ODA as a specialized, modern computer designed specifically for Oracle databases.

Practically the County will benefit from: Simpler maintenance: The new appliance handles many routine tasks automatically.

Better performance: Faster database speeds and improved efficiency. Enhanced security and support: The newer system includes better security features and receives regular updates from Oracle.

Less complexity: One appliance replaces multiple pieces of older equipment, making things easier to manage.

Future-proofing: By updating to the newer database version (19c), this project is ensuring the technology is current and supported for years ahead.

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

Vendor Name and address:	Owner, executive director, other (specify):
Great Northern Consulting, LLC 200 East Campus View, Suite 200 Columbus, Ohio 43235	Mike Anderson, Account Representative
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. This is a 1 st amendment to an in-place contract. *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process

How did pricing compare among bids received?	<input checked="" type="checkbox"/> Contract Amendment - (list original procurement) Exemption
	<input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, complete section below:	
<input checked="" type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval:
Is the item ERP related? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.	
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input 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 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. IT100110, IT100140
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

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

HISTORY (see instructions): see chart above

BC2025-496

Title	Human Resources; 2025; Purchase Order with ERC Services, Inc. for Microsoft Office Suite and Adobe Product Training Courses under the Ohio Department of Development TechCred Training Grant Round 29 in the amount NTE \$16,700.00
Department or Agency Name	Human Resources
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	25002195 EXMT	ERC Services, Inc.	Award- 12/31/2025	\$16,700.00		PENDING

<p>Service/Item Description (include quantity if applicable).</p> <p>ERC will provide training courses for Microsoft Office Products, specifically Teams (up to 15) and Word (up to 60) and Adobe Captivate (up to 15) under the Ohio TechCred grant awarded to the County. These courses will be made available to all Executive agency staff to register and complete in a process still being finalized. The availability of these courses provides additional capacity to training County employees to our current training programs offered by our Organization and Employee Development (OED) team.</p> <p>The cost of these courses is reimbursable under the Ohio Department of Development's TechCred grant program, which awards up to \$30,000 for training up to six (6) times a year.</p> <p>Indicate whether: <input checked="" type="checkbox"/> New service/purchase <input type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)</p> <p>For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of? _____</p> <p>Project Goals, Outcomes or Purpose (list 3): The primary goals of this project are to supplement the OED's teams training offerings, improve County employee skillsets, and offer growth opportunities to learn software that employees use every day.</p>

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address:	Owner, executive director, other (specify):
ERC Services, Inc. 387 Golf View Lane, Suite 100 Highland Heights, Ohio 44143	Kelly Keefe, President/CEO
Vendor Council District:	Project Council District:
11	County-wide

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

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. This grant program is new for the County with the first few rounds of applications utilizing quotes from several known training vendors experienced with the grant program. Efforts are being made for future applications to follow purchasing policy with bidding and quotes where possible. *See Justification for additional information.
The total value of the solicitation:	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% Ohio TechCred Round 29 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. HR290200
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. Due to delays in setup, these courses must be completed before the end of the year for reimbursement by the State.	
Is contract/purchase late <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason:	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	
Date documents were requested from vendor:	
Date of insurance approval from risk manager:	
Date Department of Law approved Contract:	
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments been made? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):

BC2025-497

Title	City of Bay Village/ Contract/ 2-Year Contract to provide funding for Lakefront Stabilization and Access
Department or Agency Name	Fiscal Department on behalf of the Executive Department
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
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O	5425	City of Bay Village	Effective-6/30/2027	\$450,000.00	Pending	Pending
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Service/Item Description (include quantity if applicable).

This is contract to provide funding to the City of Bay Village for the implementation of Lakefront Public Access to Cahoon Memorial Park. This plan will protect the lakefront and create public access.

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

For purchases of furniture, computers, vehicles: ☐ Additional ☐ Replacement

Age of items being replaced: How will replaced items be disposed of?

Project Goals, Outcomes or Purpose (list 3):

Protect the lakefront

Create Public Access that is also ADA accessible

Prevent land loss due to erosion

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

Vendor Name and address:

Owner, executive director, other (specify):

City of Bay Village
350 Dover Center Rd
Bay Village, Ohio 44140

John Rostach
Project Manger

Vendor Council District:

Project Council District:

District 1

Patrick Kelly

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

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. Providing funding for Lakefront Stabilization and Access *See Justification for additional information.
The total value of the solicitation:	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().

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

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% General Fund – American Rescue Plan Act Revenue Replacement (ARPA)/Provision of Government Services	
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if “no” please explain):	
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. FS100500 FS-21-ARP-LFRF	
Payment Schedule: <input type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):	

Provide status of project.	
Is contract/purchase late <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason:	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	
Date documents were requested from vendor:	
Date of insurance approval from risk manager:	

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

HISTORY (see instructions):

BC2025-498

Title	The Diaper Bank of Greater Cleveland/ Contract/ 1-Year Contract to provide funding for Diapers to assist families experiencing hardships.
Department or Agency Name	Fiscal Department on behalf of the Executive Department
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	5528	The Diaper Bank of Greater Cleveland	Effective-1 year	\$10,000.00	Pending	Pending

<p>Service/Item Description (include quantity if applicable).</p> <p>This is a contract to provide funding for the Diaper Bank of Greater Cleveland. This non-profit provides free diapers and education to vulnerable families who are experiencing hardships in Cuyahoga County and surrounding areas. Diaper Bank of Greater Cleveland Partners with social service agencies in Greater Cleveland to provide diapers to families in need. Those partners include the Greater Cleveland Food Bank, Neighborhood Leadership Institute, Northeast Ohio Neighborhood Health Services and Birthright Lake Inc.</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>Provide funding for Diaper needs</p> <p>Increase the number of families they can assist</p> <p>Reduce the number of infants who experience rashes and infections due to lack of diapers</p>

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

Vendor Name and address:	Owner, executive director, other (specify):
The Diaper Bank of Greater Cleveland 15500 S, Waterloo Rd Cleveland, Ohio 44110	Nakeisha Wells Founder & CEO
Vendor Council District:	Project Council District:
District 10	Michael Houser, Sr.
If applicable provide the full address or list the municipality(ies) impacted by the project.	

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

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

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<p>FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.</p> <p>100% General Fund – American Rescue Plan Act Revenue Replacement (ARPA)/Provision of Government Services</p>
<p>Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if “no” please explain):</p>
<p>List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.</p> <p>FS100500 FS-21-ARP-LFRF</p>
<p>Payment Schedule: <input type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):</p>

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

<p>HISTORY (see instructions):</p>

BC2025-499

Title	ADAMHS Board – THIRD Amendment RSAT II Program (Residential Substance Abuse Treatment)		
Department or Agency Name	Corrections Planning Board, Common Pleas Court		
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):		

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
Original Agreement	2499	ADAMHS Board	July 1, 2023 to June 30, 2025	\$500,000.00	6/13/2022	BOC2022-362
First Amendment	2499	ADAMHS Board	July 1, 2023 to June 30, 2025	\$490,000.00	10/2/2023	BOC2023-599
Second Amendment	2499	ADAMHS Board	July 1, 2023 to June 30, 2025	\$490,000.00	11/25/2024	BC2024-864
Third Amendment	2499	ADAMHS Board	July 1, 2023 to June 30, 2026	\$740,000.00		

Service/Item Description (include quantity if applicable).

The ADAMHS Board will oversee Panel Agencies that provide evidence-based Residential Level of Clinical Care Services for offenders with Substance Use Disorders and who are under the supervision of the Court's Adult Probation Department.

This Third Amended Agreement continues a collaborative, team-based approach between the Adult Probation Department and treatment providers to address Substance Use Disorders, identify high-risk behaviors, and reduce future incarcerations. Panel Agencies will work with the Adult Probation Department to coordinate service delivery and make discharge decisions. Length of stay, discharge, and re-admission decisions under this Agreement will be reviewed during team staffings. The Adult Probation Department and the Corrections Planning Board will monitor the use of Agreement funds through site visits to participating Panel Agencies.

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

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

Project Goals, Outcomes or Purpose (list 3):

The ADAMHS Board will oversee Panel Agencies who will provide evidence-based Residential Level of Clinical Care Services for offenders with substance use disorders who are supervised by the Court's Adult Probation Department.

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)

Alcohol, Drug Addiction and Mental Health Services Board of Cuyahoga County,	Owner, executive director, other (specify): Scott Osiecki, CEO
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2012 W. 25th Street, 6th Floor Cleveland, OH 44113	
Vendor Council District: ALL	Project Council District: ALL
If applicable provide the full address or list the municipality(ies) impacted by the project.	N/A

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received)	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain: Successful bidder offered to serve the most clients with the desired 2-hour services/client.	<input type="checkbox"/> Government Purchase
	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input checked="" type="checkbox"/> Contract Amendment - (list original procurement) None – this agreement involves a specific proposal design that requires the unique services from the ADAMHS Board of Cuyahoga County.
	<input type="checkbox"/> Other Procurement Method, please describe:

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

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

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

This project is 32% Targeted Community Alternatives to Prison (T-CAP) funds and 68% General funds.

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

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

CP285170

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

Provide status of project. Ongoing at this time.

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

Reason: The partially executed contract was signed by the Common Pleas Court Administrator at the end of May 2025. It was then reviewed by the ADAMHS Board's finance and related committees prior to formal approval. The ADAMHS Board CEO signed the contract on July 1, 2025, and the item was filed in Lawson shortly thereafter.

Timeline

Project/Procurement Start Date (date your team started working on this item):	4.14.25
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Date documents were requested from vendor:	4.25.25
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Date of insurance approval from risk manager:	5.29.25
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Date Department of Law approved Contract:	5.29.25
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Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: None

If late, have services begun? ☐ No ☐ Yes (if yes, please explain) Need to continue services benefiting offenders.

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

HISTORY (see instructions): see chart above

BC2025-500

Title	Request for PO 25002798 STAC with MNJ Technologies Direct, Inc. for Wasabi cloud storage annual subscription in the amount of \$51,902.00
Department or Agency Name	County Prosecutor's Office
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
0	25002798 STAC	MNJ Technologies Direct, Inc.	12 months	\$51,902.00	pending	pending

Service/Item Description (include quantity if applicable).

Requesting approval of a PO as indicated in the chart above with MNJ Technologies Direct in the amount of \$51,902.00. Wasabi is a cost-effective 870TB storage cloud running on Amazon's S3 storage platform with no hidden fees or ingress and egress of data. This is a 12-month annual subscription. The TB were increased from 370TB to 870TB, which accounts for the price increase.

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

N/A

For purchases of furniture, computers, vehicles: ☐ Additional ☐ Replacement

Age of items being replaced: How will replaced items be disposed of?

Project Goals, Outcomes or Purpose (list 3):

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

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

Vendor Name and address:	Owner, executive director, other (specify):
MNJ Technologies Direct, Inc. 1025 Busch Parkway, Buffalo Grove, IL 60089	Jimmy Lochner, Account Manager
Vendor Council District:	Project Council District:
N/A	N/A
If applicable provide the full address or list the municipality(ies) impacted by the project.	N/A

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. This purchase is made through a state contract *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input checked="" type="checkbox"/> State Contract, list STS number and expiration date State Term Schedule #534354 expires Dec. 19, 2026

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

Is Purchase/Services technology related <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. If yes, complete section below:	
<input checked="" type="checkbox"/> Check if item on IT Standard List of approved purchase. IT Standards page 31	If item is not on IT Standard List state date of TAC approval:
Is the item ERP related? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.	
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input 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. funded 100% by the County Prosecutor's 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. PS100100
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

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

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

HISTORY (see instructions):						
Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
0	PO24004128 STAC	MNJ Technologies Direct, Inc.	12 months	\$27,900.00	11-04-2024	BC2024-800

BC2025-501

TITLE	Sheriff's Department; State of Ohio Dept. of Public Safety, Office of Criminal Justice Services; FY24 Justice Assistance Grant (JAG) Award
DEPARTMENT OR AGENCY NAME	Sheriff's Department

<p>REQUESTED ACTION – PLEASE CHECK ALL THAT IS APPLICABLE</p> <p>*PLEASE INCLUDE SUPPORTING DOCUMENTS AS ATTACHMENTS TO THE SUBMISSION IN ONBASE.</p>	<input checked="" type="checkbox"/> Authority to Apply (for grants with Cash Match and/or Subrecipients). <input type="checkbox"/> Grant Application (for grants with no Cash Match or Subrecipients). ➤ Is County Executive signature required <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Grant Agreement (when the signature of the County Executive is required). <input type="checkbox"/> Grant Award (when the signature of the County Executive is not required). <input type="checkbox"/> Grant Amendments <input type="checkbox"/> Pre-Award Conditions Forms (when no signature is required by the County Executive)
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GRANT CURRENT/ HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL (PLEASE PROVIDE BOC MEETING DATE)	APPROVAL NO.
ORIGINAL (O)	FY24 Justice Assistance Grant Program Grant Award	1/1/25-12/31/25	\$22,500.00		
AMENDMENT (A-1)					
AMENDMENT (A-)					
DESCRIPTION/ EXPLANATION OF THE GRANT:		The purpose of the funding from the FY24 Justice Assistance grant is to assist the Cuyahoga County Sheriff to purchase new technology to rapidly gather intelligence, prevent, and investigate incidents of violent crime in concentrated areas of Cuyahoga County with high levels of crime. The strategy supports Hot Spots Policing by using surveillance for investigation, identification, & apprehension of violent offenders, and is associated with the theoretical mechanisms of deterrence and crime opportunity reduction.			
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):		Procurement of (6) Mobile Data Terminals (MDTs)			
		Updated policy concerning the use of MDTs.			
		Enhanced input and processing of records and data related to incidents.			

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

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

FUNDING SOURCE:	Please provide the complete, proper name of the funding source (no acronyms) for receipt of this grant.
	U.S Department of Justice, Bureau of Justice Assistance FY2024 Grant Program
	Does this require a Cash Match by the County? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

	<p>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.</p> <p>25% of \$22,500 award = \$7,500 (Total Project = \$30,000)* the match will be provided through FESA</p>
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BC2025-502

Title	CM# Axon Enterprise, Inc. for In-Vehicle Dash Camera Systems
Department or Agency Name	Sheriff
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	5531	Axon Enterprise Inc	Upon Signature for a period of 5 years	\$152,000.00	Pending	Pending

<p>Service/Item Description (include quantity if applicable).</p> <p>Sheriff's Department is requesting to enter into a Five Year contract with Axon Enterprise, Inc. for 11 (Eleven) In-Vehicle Dash Camera Systems for Law Enforcement.</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>To capture evidence to use in criminal proceedings.</p>

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address:	Owner, executive director, other (specify):
Axon Enterprise, Inc. 17800 N 85 th Street Scottsdale, AZ 85255	Patrick Smith, CEO

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

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _15762_ (Insert RQ# for formal/informal items, as applicable) <input checked="" type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 16 / 4	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, please explain: Axon was the lowest vendor who met all the requirements.	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? Lowest Bidder was \$5,355.00, highest bidder \$145,101.04, cost for 9 units.	<input type="checkbox"/> Contract Amendment - (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. If yes, complete section below:	
<input type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval: 5/22/2025
Is the item ERP related? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.	
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	

<p>FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.</p> <p>FY22 Edward Byrne Memorial Justice Assistance Grant – 33%</p> <p>FY23 Edward Byrne Memorial Justice Assistance Grant – 66%</p> <p>FY24 Edward Byrne Memorial Justice Assistance Grant – 1%</p>
<p>Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if “no” please explain):</p>
<p>List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.</p> <p>SH285125</p>
<p>Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):</p>

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

<p>HISTORY (see instructions):</p>

BC2025-503

Title	Cuyahoga Job and Family Services and Manicz Media LLC	
Department or Agency Name	Department of Cuyahoga Job and Family Services	
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):	

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	5054	Manicz Media, LLC	01/01/2025 – 12/31/2025	\$68,500.00	1/13/2025	BC2025-26
A-1	5054	Manicz Media, LLC	Effective upon signature – 12/31/2025	\$12,000.00	Pending	Pending

Service/Item Description (include quantity if applicable).

Cuyahoga Job and Family Services is requesting an Amendment with Manicz Media for change in scope of service to provide creative concepting, graphic design, and production-ready artwork for the following marketing materials: flyers, tabletop banners, pull-up booth banners, tablecloths, poster displays, and postcard mailers for the time period Effective upon signature – 12/31/2025, in the amount of \$12,000.00. The digital media advertising services will target individuals ages, 18 - 59 living in select zip codes for awareness and outreach, recruitment, and potential enrollment within the State funded Benefit Bridge Pilot Program for Job and Family Services, (JFS). Benefit Bridge is designed to help individuals transition smoothly over the benefit cliff to become self-reliant and no longer requiring public assistance.

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

For purchases of furniture, computers, vehicles: ☐ Additional ☐ Replacement

Age of items being replaced: _____ How will replaced items be disposed of?

Project Goals, Outcomes or Purpose (list 3):

Digital advertising, including streaming from January through December 2025 targeting individuals 18 - 59 living in select zip codes (to be provided).

Reach people in Cuyahoga County with household income of \$50,000 or less

Minimum of 260,000 impressions per month for duration of campaign.

Display creative and dashboard capabilities included.

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

Vendor Name and address:	Owner, executive director, other (specify):
Manicz Media, LLC	Benjamin Raymond - Digital Sales Manager
Vendor Council District:	Project Council District:
N/A	ALL

If applicable provide the full address or list the municipality(ies) impacted by the project.	Manicz Media, LLC 2300 Bethelview Rd, Suite 110-276 Cumming, GA 30040
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COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____	Provide a short summary for not using competitive bid process. Cuyahoga Job and Family Services is requesting an Amendment 1 contract with Manicz Media, LLC to begin Effective upon signature – 12/31/2025, in the amount of \$12,000.00, for this RFP contract. *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received)	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input checked="" type="checkbox"/> Contract Amendment - (list original procurement) Informal RFP- Event 5977 <input type="checkbox"/> Other Procurement Method, please describe:

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

<p>FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.</p> <p>Temporary Assistance Needy Family (TANF) 90% Temporary Assistance for Needy Families (TANF) 10% Federal/State Funding</p>
<p>Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if “no” please explain):</p>
<p>List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.</p> <p>HS260195 55130 UCH08620</p>
<p>Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):</p>

<p>Provide status of project.</p>	
<p>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</p>	
<p>Reason:</p>	
<p>Timeline</p>	
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:	
<p>Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:</p>	
<p>If late, have services begun? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)</p>	
<p>Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)</p>	

HISTORY (see instructions): See chart above

BC2025-504

Title	Autism Training Sessions
Department or Agency Name	Office of Early Childhood / Invest in Children
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	5467	Milestones Autism Resources	Effective upon signature – 12/31/2025	\$12,500.00	Pending	Pending

Service/Item Description (include quantity if applicable).

Milestones Autism Resources will provide three Autism Training Sessions for Early Childhood Educators, Home Visitors, Infant and Early Childhood Mental Health (IECMH) Specialists, and Child Welfare workers based on the latest research-backed practices and information.

The service will be provided from the effective date upon signature through December 31, 2025.

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

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

Project Goals, Outcomes or Purpose (list 3):

Train up to 120 individuals in the Early Childhood Workforce on how to support young children on the autism spectrum and their families.
Increase knowledge and practical strategies of families with diagnosed and undiagnosed children.
Dispel myths and reduce stigma of autism in Cuyahoga County.

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

Vendor Name and address:	Owner, executive director, other (specify):
Milestone Autism Resources 4853 Galaxy Parkway, Suite A Warrensville Heights, OH 44128	Ilana Hoffer Skoff Executive Director
Vendor Council District:	Project Council District:
9	TBD
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ	Provide a short summary for not using competitive bid process.

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

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. Health and Human Services Levy – 100%
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. HS260240 / 55130 / UCH09999
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): Invoices will be submitted after each training session.

Provide status of project. Project is new and not yet started.	
Is contract/purchase late <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason:	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	
Date documents were requested from vendor:	
Date of insurance approval from risk manager:	
Date Department of Law approved Contract:	
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments been made? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):

BC2025-505

Title	OHS; Bitfocus, Inc; 2025 Amendment 2 for Homeless Management Information System Services
Department or Agency Name	Office of Homeless Services
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	4574	Bitfocus, Inc	1/1/25 – 12/31/29	\$495,000.00	7/1/24	BC2024-499
A-1	4574	Bitfocus, Inc	1/1/25 – 12/31/25	\$81,800.00	3/10/25	BC2025-174
A-2	4574	Bitfocus, Inc	1/1/25- 12/31/29	\$190,351.40	Pending	Pending

<p>Service/Item Description (include quantity if applicable).</p> <p>Bitfocus provides the system administration for Clarity, which operates the Homeless Management Information System (HMIS) for the Cuyahoga County Continuum of Care. HUD requires all CoCs to collect client-level data and data on the provision of housing and services to individuals and families at risk of and experiencing</p>
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homelessness. The data collection in HMIS informs needs analyses and allows the CoC to establish funding priorities.

This is the second amendment to add funds in the amount of \$190,351.40 to add funding for additional licenses. There is no change to the contract scope or term.

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

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

Project Goals, Outcomes or Purpose (list 3):

Collect, document, and generate data reports on services and housing provided to homeless persons.
Analyze data to provide aggregated client demographics and project outcome reports.
Provide specialized reporting capacity to OHS, including planning and utilizing Coordinated Entry functionality, data cleanup, data analysis support, and custom development.

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

Vendor Name and address:	Owner, executive director, other (specify):
Bitfocus 5940 South Rainbow Blvd. Suite 400 Las Vegas, Nevada 89118	Jeff Ugai, Chief Operating Officer
Vendor Council District: N/A	Project Council District: Countywide
If applicable provide the full address or list the municipality(ies) impacted by the project.	Countywide

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____	Provide a short summary for not using competitive bid process. N/A - Adding funds to a five year contract *See Justification for additional information.
The total value of the solicitation: _____	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) _____ / _____	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date

Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input checked="" type="checkbox"/> Contract Amendment - (list original procurement) Contract was awarded as exemption. Bitfocus/Clarity was added to the IT standards list so we would not want to competitively procure. <input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. Cuyahoga County Health and Human Services - Levy (100%)
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. HS260350
Payment Schedule: <input checked="" 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. While Bitfocus is continuously operating Clarity under the five year contract, this project will begin as soon as amendment is executed.
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: A cover mod was needed before completing the amendment and then updated budget late in the process causing a delay in submission. The effective date for the new licenses are 8/1/2025 and the amendment won't be approved until 8/4/2025.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	4/10/2025
Date documents were requested from vendor:	4/11/2025, 6/23/25,7/3/25
Date of insurance approval from risk manager:	2/12/25
Date Department of Law approved Contract:	2/12/25
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments been made? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions): See chart above

C. - Consent Agenda

BC2025-506

TITLE	Ohio Department of Development - BroadbandOhio Grant Extension
DEPARTMENT OR AGENCY NAME	Office of Innovation and Performance

<p>REQUESTED ACTION – PLEASE CHECK ALL THAT IS APPLICABLE</p> <p>*PLEASE INCLUDE SUPPORTING DOCUMENTS AS ATTACHMENTS TO THE SUBMISSION IN ONBASE.</p>	<input type="checkbox"/> Authority to Apply (for grants with Cash Match and/or Subrecipients). <input type="checkbox"/> Grant Application (for grants with no Cash Match or Subrecipients). ➤ Is County Executive signature required <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Grant Agreement (when the signature of the County Executive is required). <input type="checkbox"/> Grant Award (when the signature of the County Executive is not required). <input checked="" type="checkbox"/> Grant Amendments <input type="checkbox"/> Pre-Award Conditions Forms (when no signature is required by the County Executive)
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GRANT CURRENT/HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL (PLEASE PROVIDE BOC MEETING DATE)	APPROVAL NO.
ORIGINAL (O)	BroadbandOhio	7/1/2022 – 6/30/2024	\$9,700,000.00	N/A*	N/A*
AMENDMENT (A-1)	BroadbandOhio	7/1/2022 – 5/31/2025	\$0.00	N/A*	N/A*

AMENDMENT (A-2)	BroadbandOhio	7/1/2022 – 3/31/2026	\$0.00	Pending	Pending
DESCRIPTION/ EXPLANATION OF THE GRANT:	<p>The Ohio Department of Development awarded Cuyahoga County a \$9.7 million grant as part of the BroadbandOhio initiative to supplement a contract with PCs for People that had been competitively procured and approved by County Council (R2022-0119, 6/7/2022). The intent of the grant is to expand coverage and upgrade existing broadband systems in suburban Cuyahoga County. This request is to extend the expiration date of the grant from 5/31/2025 to 3/31/2026.</p> <p>* Original grant agreement and first amendment not submitted through Board of Control.</p>				
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	<p>Connect at least 25,000 households in census tracts where greater than 20% of the population does not have broadband access and the average household income is below the county median income.</p>				

GRANT SUBRECIPIENTS – ARE THERE ANY SUBRECIPIENTS THAT ARE WRITTEN INTO THE GRANT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IF ANSWERED YES, PLEASE COMPLETE THE BOXES BELOW AS IT PERTAINS TO THE SUBRECIPIENT. FOR MULTIPLE SUBRECIPIENTS, PLEASE COPY THIS SECTION AND COMPLETE FOR EACH SUBRECIPIENT.	
SUBRECIPIENT'S NAME AND ADDRESS:	PCs for People Ohio, LLC 3126 St. Clair Avenue, NE, Cleveland, OH 44114
LIST THE (OWNERS, EXECUTIVE DIRECTOR, OTHER(specify) FOR THE CONTRACTOR/VENDOR	Ryan Hodson, Director of Network Operations
SUBRECIPIENT'S COUNCIL DISTRICT:	7
DOLLAR AMOUNT ALLOCATED:	\$9,700,000.00

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

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

BC2025-507

(See related items for proposed purchases for the week of 8/4/2025 in Section C above).

V – OTHER BUSINESS**Item of Note (non-voted)****Item No. 1**

TITLE	FY2023 Emergency Management Performance Grant (EMPG) Supplemental Grant Amendment
DEPARTMENT OR AGENCY NAME	Public Safety & Justice 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). ➤ Is County Executive signature required <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Grant Agreement (when the signature of the County Executive is required).</p> <p><input type="checkbox"/> Grant Award (when the signature of the County Executive is not required).</p> <p><input checked="" type="checkbox"/> Grant Amendments</p> <p><input type="checkbox"/> Pre-Award Conditions Forms (when no signature is required by the County Executive)</p>
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GRANT CURRENT/HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL (PLEASE PROVIDE BOC MEETING DATE)	APPROVAL NO.
ORIGINAL (O)	FY2023 EMPG	10/1/2022-12/31/2024	\$243,674.00	1/8/2024	CON2024-06
AMENDMENT (A-1)	FY2023 EMPG	10/1/2022-7/31/2025	\$45,922.81		
AMENDMENT (A-)					
DESCRIPTION/ EXPLANATION OF THE GRANT:	<p>The Department of Public Safety & Justice Services - Office of Emergency Management is requesting authority to submit an amendment for a supplemental award in the amount of \$45,922.81 (original award \$243,674 - new amended amount \$289,596.81) for the FY 2023 Emergency Management Performance Grant Program (EMPG). The original dates of this grant award were 10/1/2022-12/31/2024 and the new amended dates are 10/1/2022-7/31/2025. The notice of the grant award was received from the Ohio Emergency Management Agency on 7/22/2025.</p>				

PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	This award is a 50% reimbursement grant of eligible expenses of the Office of Emergency Management.

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

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

FUNDING SOURCE:	Please provide the complete, proper name of the funding source (no acronyms) for receipt of this grant.
	Ohio Emergency Management Agency - FY23 Emergency Management Performance Grant (EMPG)
	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.

Item No. 2

(See related list of Contracts up to \$10,000.00 and Various Agreements – processed and executed for the week of 8/4/2025 in Section V. above).

VI – PUBLIC COMMENT

VII – ADJOURNMENT