



CUYAHOGA COUNTY COUNCIL

HEALTH, HUMAN SERVICES & AGING COMMITTEE

CUYAHOGA COUNTY ADMINISTRATIVE HEADQUARTERS

4th FLOOR

MEETING AGENDA

WEDNESDAY, DECEMBER 3, 2025—1:00 P.M.

Committee Members

Yvonne M. Conwell, Chair | Dist. 7
Martin J. Sweeney, Vice Chair | Dist. 3
Mark Casselberry | Dist. 4
Michael J. Houser, Sr. | Dist. 10
Robert E. Schleper, Jr. | Dist. 6

1. CALL TO ORDER

2. ROLL CALL

3. PUBLIC COMMENT

4. APPROVAL OF MINUTES FROM THE NOVEMBER 19, 2025 MEETING

5. MATTERS REFERRED TO COMMITTEE

- a) R2025-0340: A Resolution authorizing an amendment to a Master Agreement with various providers for various programs and resources for the Cuyahoga County Fatherhood Initiative for the period 4/1/2024 – 12/31/2025 to extend the time period to 3/31/2027, to amend the terms, and for additional funds in the total amount not-to-exceed \$971,812.50, effective 1/1/2026; authorizing the County Executive to execute the amendment and all other documents consistent with this Resolution; and declaring the necessity that this Resolution become immediately effective:
- 1) Contract No. 4269 with Career Development and Placement Strategies, Inc in the amount not-to-exceed \$121,087.83 for the Rising Above program.
 - 2) Contract No. 4265 with The Centers for Families and Children (formerly Circle Health Services dba The Centers) in the amount not-to-exceed \$97,667.15 for the Father's and Families Together program.
 - 3) Contract No. 4267 with The Children's Museum of Cleveland in the amount not-to-exceed \$38,969.67 for the Dads Count program.
 - 4) Contract No. 4270 with JDC Advertising in the amount not-to-exceed \$85,811.04 for a Public Awareness Campaign.
 - 5) Contract No. 4272 with Journey Center for Safety and Healing in the amount not-to-exceed \$141,107.17 for the Safe and Sound Visitation Center.
 - 6) Agreement No. 4278 with The MetroHealth System in the amount not-to-exceed \$52,380.69 for the Boot Camp for New Dads program.

- 7) Contract No. 4279 with Murtis Taylor Human Services System in the amount not-to-exceed \$72,691.57 for the Murtis Taylor Fatherhood program.
 - 8) Contract No. 4274 with Nueva Luz Urban Resource Center in the amount not-to-exceed \$53,838.55 for the Fathers in the Ring program.
 - 9) Contract No. 4271 with Passages Connecting Fathers and Families, Inc. in the amount not-to-exceed \$121,087.79 for the Family Resiliency program.
 - 10) Contract No. 4273 with Towards Employment, Incorporated in the amount not-to-exceed \$121,087.79 for the Fatherhood Career Pathway program.
 - 11) Contract No. 4275 with University Settlement Slavic Village, LLC in the amount not-to-exceed \$66,083.25 for the Healthy Fathering program.
- b) R2025-0341: A Resolution authorizing a contract with United Way of Greater Cleveland in the amount not-to-exceed \$2,034,158.00 for fiscal agent services and emergency food purchase assistance by hunger centers serving eligible Cuyahoga County residents for the period 1/1/2026 – 12/31/2027; authorizing the County Executive to execute the Contract No. 5739 and all other documents consistent with said award and this Resolution; and declaring the necessity that this Resolution become immediately effective.
- c) R2025-0342: A Resolution making an award on RQ15957 to various municipalities and providers in the total amount not-to-exceed \$6,955,043.10 for the Community Social Services Program, effective 1/1/2026 – 3/31/2028; authorizing the County Executive to execute the Master Contract and all other documents consistent with said awards and this Resolution; and declaring the necessity that this Resolution become immediately effective:
- 1) Contract No. 5553 with Ashbury Community Services, Inc., (dba) Ashbury Senior Computer Community Center in the amount not-to-exceed \$278,775.00 for Digital Literacy services.
 - 2) Contract No. 5557 with Catholic Charities Corporation - Fatima Family Center in the amount not-to-exceed \$387,550.00 for Adult Development and Meals services.
 - 3) Contract No. 5558 with Catholic Charities Corporation - Good Shepherd Family Center in the amount not-to-exceed \$70,998.75 for Adult Development and Meals services.
 - 4) Contract No. 5559 with Catholic Charities Corporation - Hispanic Senior Center in the amount not-to-exceed \$299,547.50 for Adult Development, Meals, Transportation, and Community Outreach services.
 - 5) Contract No. 5560 with Catholic Charities Corporation - St. Martin De Porres Family Center in the amount not-to-exceed \$297,325.00 for Adult Development and Transportation services.

- 6) Contract No. 5561 with City of Bedford in the amount not-to-exceed \$217,181.25 for Adult Development, Meals, and Transportation services.
- 7) Contract No. 5562 with City of Berea in the amount not-to-exceed \$175,082.50 for Adult Development and Transportation services.
- 8) Contract No. 5568 with City of Euclid in the amount not-to-exceed \$113,040.00 for Adult Development, Meals, and Transportation services.
- 9) Contract No. 5574 with City of Lakewood in the amount not-to-exceed \$128,250.00 for Adult Development and Transportation services.
- 10) Contract No. 5575 with City of Maple Heights in the amount not-to-exceed \$133,362.50 for Adult Development, Meals, and Transportation services.
- 11) Contract No. 5576 with City of Parma-Donna Smallwood Activities Center in the amount not-to-exceed \$28,620.00 for Adult Development services.
- 12) Contract No. 5580 with City of Parma Heights in the amount not-to-exceed \$476,875.00 for Adult Development, Meals, Transportation, and Community Outreach services.
- 13) Contract No. 5578 with City of Solon in the amount not-to-exceed \$241,846.88 for Adult Development and Meals services.
- 14) Contract No. 5599 with City of Strongsville in the amount not-to-exceed \$261,112.50 for Adult Development and Transportation services.
- 15) Contract No. 5589 with Community Partnership on Aging in the amount not-to-exceed \$305,709.75 for Adult Development, Innovation, and Transportation services.
- 16) Contract No. 5554 with East End Neighborhood House Association in the amount not-to-exceed \$225,745.97 for Adult Development, Meals and Transportation services.
- 17) Contract No. 5572 with Fairhill Partners in the amount not-to-exceed \$192,825.00 for Adult Development and Meals services.
- 18) Contract No. 5556 with Famicos Foundation, Inc. in the amount not-to-exceed \$185,622.75 for Adult Development, Transportation, and Community Outreach services.

- 19) Contract No.5563 with Harvard Community Services Center, Inc. in the amount not-to-exceed \$244,794.38 for Adult Development, Meals, Transportation, and Community Outreach services.
- 20) Contract No. 5565 with Jennings Center for Older Adults in the amount not-to-exceed \$32,298.75 for Adult Development and Transportation services.
- 21) Contract No. 5566 with Linking Employment, Abilities and Potential in the amount not-to-exceed \$94,500.00 for Adult Development services.
- 22) Contract No. 5590 with The Mandel Jewish Community Center of Cleveland in the amount not-to-exceed \$120,375.00 for Adult Development, Meals and Transportation services.
- 23) Contract No. 5600 with Murtis Taylor Human Services System in the amount not-to-exceed \$264,028.50 for Adult Development, Meals and Transportation services.
- 24) Contract No. 5571 with Near West Side Multi Service Corporation dba May Dugan Center in the amount not-to-exceed \$56,700.00 for Adult Development services.
- 25) Contract No. 5601 with Rose Centers for Aging Well, LLC in the amount not-to-exceed \$722,949.75 for Adult Development, Meals and Transportation services.
- 26) Contract No. 5569 with S.T.A.R.S LLC in the amount not-to-exceed \$223,875.00 for Adult Day Care and Adult Development services.
- 27) Contract No. 5573 with Senior Transportation Connection in the amount not-to-exceed \$510,300.00 for Transportation services.
- 28) Contract No. 5570 with Silver Connections, LLC in the amount not-to-exceed \$68,632.31 for Adult Development, Meals and Transportation services.
- 29) Contract No. 5602 with The Phillis Wheatley Association in the amount not-to-exceed \$24,300.00 for Adult Development and Meals services.
- 30) Contract No. 5603 with The Salvation Army in the amount not-to-exceed \$158,829.75 for Adult Development, Meals and Transportation services.

31) Contract No. 5604 with Thea Bowman Center in the amount not-to-exceed \$47,250.00 for Adult Development services.

32) Contract No. 5605 with West Side Community House in the amount not-to-exceed \$366,739.31 for Adult Development, Meals and Transportation services.

6. MISCELLANEOUS BUSINESS

7. ADJOURNMENT

** Complimentary parking for the public is available in the attached garage at 900 Prospect. A skywalk extends from the garage to provide additional entry to the Council Chambers from the 5th floor parking level of the garage. Download the Metropolis smartphone app and create an account to have parking validated at meetings. Please scan the QR code posted in Council Chambers to input your license plate information for parking to be validated by Metropolis, a non-County entity. You will be responsible for the cost of parking if you are unable to utilize this online parking service.*

***Council Chambers is equipped with a hearing assistance system. If needed, please see the Clerk to obtain a receiver.*



CUYAHOGA COUNTY COUNCIL

HEALTH, HUMAN SERVICES & AGING COMMITTEE

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4th FLOOR

MEETING MINUTES

WEDNESDAY, NOVEMBER 19, 2025—1:00 P.M.

Committee Members

Yvonne M. Conwell, Chair | Dist. 7
Martin J. Sweeney, Vice Chair | Dist. 3
Mark Casselberry | Dist. 4
Michael J. Houser, Sr. | Dist. 10
Robert E. Schleper, Jr. | Dist. 6

1. CALL TO ORDER

Chairwoman Conwell called the meeting to order at 1:07 p.m.

2. ROLL CALL

Ms. Conwell asked Assistant Deputy Clerk Georgakopoulos to call the roll. Committee members Conwell, Sweeney, Casselberry, Houser and Schleper were in attendance and a quorum was determined.

3. PUBLIC COMMENT

There were no public comments given.

4. APPROVAL OF MINUTES FROM THE NOVEMBER 5, 2025 MEETING

A motion was made by Mr. Sweeney, seconded by Mr. Casselberry and approved by unanimous vote to approve the minutes from the November 5, 2025 meeting.

[Clerk's Note: Item Nos. 5.b) and 5.c) were taken out of order and considered before Item No. 5.a)]

5. MATTERS REFERRED TO COMMITTEE

- a) R2025-0309: A Resolution awarding a total sum, not to exceed \$15,000, to the Growing Right Over Wealth for the Mothers to Provider: Safety & Compliance Access Project from the District 11 ARPA Community Grant Fund; and declaring the necessity that this Resolution become immediately effective.

Ms. Ebony Spano, Executive Director for Growing Right Over Wealth, addressed the Committee regarding Resolution No. R2025-0309. Discussion ensued.

Committee members asked questions of Ms. Spano pertaining to the item, which she answered accordingly.

Mr. Sweeney requested to add funds in the amount of \$5,000.00 from the District 3 ARPA Community Grant Fund.

Ms. Conwell requested to add funds in the amount of \$5,000.00 from the District 7 ARPA Community Grant Fund.

The additional awards will be incorporated into a proposed substitute for consideration at the next Council meeting for second reading.

On a motion by Ms. Conwell with a second by Mr. Casselberry, Resolution No. R2025-0309 was considered and approved by unanimous vote to be referred to the full Council agenda for second reading.

Ms. Conwell, Mr. Schleper, Mr. Sweeney, Mr. Casselberry and Mr. Houser requested to have their names added as co-sponsors to the legislation.

- b) R2025-0323: A Resolution authorizing an agreement with Cuyahoga County Prosecutor's Office in the amount not-to-exceed \$8,322,252.00 for legal services for the period 1/1/2026 – 12/31/2027; authorizing the County Executive to execute Agreement No. 5699 and all other documents consistent with this Resolution; and declaring the necessity that this Resolution become immediately effective.

Mr. David Merriman, Director and Mr. Marcos Cortes, Administrator of the Division of Contracts and Performance for the Department of Health and Human Services, addressed the Committee regarding Resolution No. R2025-0323. Discussion ensued.

Committee members asked questions of Mr. Merriman and Mr. Cortes pertaining to the item, which they answered accordingly.

On a motion by Ms. Conwell with a second by Mr. Schleper, Resolution No. R2025-0323 was considered and approved by unanimous vote to be referred to the full Council agenda for second reading.

- c) R2025-0324: A Resolution authorizing an amendment to a master contract with various providers for Cuyahoga OPTIONS for Independent Living Services Program for the period 1/1/2024 – 12/31/2026 to extend the time period to 3/31/2027, to change the name of (2) providers, and for additional funds in the total amount not-to-exceed \$7,237,500.00, effective upon signatures of all parties; authorizing the County Executive to execute the amendment and all other documents consistent with this Resolution; and declaring the necessity that this Resolution become immediately effective:

- 1) Contract No. 3732 with A-1 Health Care, Inc. for Homemaker and Personal Care services in the amount not-to-exceed \$283,750.00.
- 2) Contract No. 3779 with ABC International Services, Inc., for Chore and Grab Bar services in the amount not-to-exceed \$20,000.00.
- 3) Contract No. 3781 with Addus HealthCare (South Carolina), Inc. dba Arcadia Home & Care Staffing for Homemaker and Personal Care services in the amount not-to-exceed \$20,000.00.

- 4) Contract No. 3789 with Caring Hearts Health Services, LLC for Homemaker, Personal Care, Chore and Laundry services in the amount not-to-exceed \$31,250.00.
- 5) Contract No. 3792 with Casleo Corporation dba Global Meals to change the name to Casleo, LLC dba Global Meals for Home Delivered Meal services in the amount not-to-exceed \$3,887,500.00.
- 6) Contract No. 3788 with Connect America.com LLC for Emergency Response System services in the amount not-to-exceed \$162,500.00.
- 7) Contract No. 3794 with Essence Health Services, Inc. for Homemaker and Personal Care services in the amount not-to-exceed \$93,750.00.
- 8) Contract No. 4958 (fka Contract No. 3776) with Axess Family Services, Inc. dba Mobile Meals (Formerly: Family & Community Services, Inc. dba Mobile Meals) for Home Delivered Meal services in the amount not-to-exceed \$93,750.00.
- 9) Contract No. 3790 with Fernandez Property Group Ohio for Grab Bar services in the amount not-to-exceed \$12,500.00.
- 10) Contract No. 3791 with First Choice Medical Staffing of Ohio, Inc. for Homemaker and Personal Care services in the amount not-to-exceed \$73,750.00.
- 11) Contract No. 3773 with Geocare, Inc. dba Home Instead Senior Care for Homemaker services in the amount not-to-exceed \$118,750.00.
- 12) Contract No. 3775 with Home Care Relief, Inc. for Homemaker services in the amount not-to-exceed \$237,500.00.
- 13) Contract No. 3768 with PurFoods, LLC dba Mom's Meals for Home Delivered Meal services in the amount not-to-exceed \$787,500.00.
- 14) Contract No. 3770 with Renaissance Home Health Care, Inc. for Homemaker, Personal Care and Laundry services in the amount not-to-exceed \$136,250.00.
- 15) Contract No. 5690 (fka Contract No. 3771) with Rent a Daughter Senior Care, Inc. to change the name to Your Home Court Advantage, LLC dba Amivie for Homemaker and Personal Care services in the amount not-to-exceed \$187,500.00.

- 16) Contract No. 3772 with Rose Centers for Aging Well, LLC for Home Delivered Meal services in the amount not-to-exceed \$125,000.00.
- 17) Contract No. 3733 with Senior Transportation Connection for Transportation services in the amount not-to-exceed \$193,750.00.
- 18) Contract No. 3735 with TOBI Transportation Services, LLC for Transportation services in the amount not-to-exceed \$122,500.00.
- 19) Contract No. 3736 with Transport Assistance, Inc. for Transportation services in the amount not-to-exceed \$31,250.00.
- 20) Contract No. 3769 with U-First Homecare Services for Homemaker and Personal Care services in the amount not-to-exceed \$83,750.00.
- 21) Contract No. 3747 with Valued Relationships, Inc. for Emergency Response System services in the amount not-to-exceed \$162,500.00.
- 22) Contract No. 4798 (fka Contract No. 3749) with Blue Heron Holdings, LLC (Formerly: Wash House CLE) for Laundry services in the amount not-to-exceed \$137,500.00.
- 23) Contract No. 3750 with XCEL Healthcare Providers, Inc. for Homemaker and Personal Care services in the amount not-to-exceed \$235,000.00.

Mr. Cortes and Ms. Natasha Pietrocola, Director of the Division of Senior and Adult Services, addressed the Committee regarding Resolution No. R2025-0324. Discussion ensued.

Committee members asked questions of Mr. Cortes and Ms. Pietrocola pertaining to the item, which they answered accordingly.

On a motion by Mr. Casselberry with a second by Mr. Houser, Resolution No. R2025-0324 was considered and approved by unanimous vote to be referred to the full Council agenda for second reading.

6. MISCELLANEOUS BUSINESS

There was no miscellaneous business.

7. ADJOURNMENT

With no further business to discuss, Chairwoman Conwell adjourned the meeting at 2:02 p.m., without objection.

County Council of Cuyahoga County, Ohio

Resolution No. R2025-0340

Sponsored by: **County Executive Ronayne/Department of Health and Human Services/Cuyahoga Job and Family Services**

A Resolution authorizing an amendment to a Master Agreement with various providers for various programs and resources for the Cuyahoga County Fatherhood Initiative for the period 4/1/2024 – 12/31/2025 to extend the time period to 3/31/2027, to amend the terms, and for additional funds in the total amount not-to-exceed \$971,812.50, effective 1/1/2026; authorizing the County Executive to execute the amendment and all other documents consistent with this Resolution; and declaring the necessity that this Resolution become immediately effective.

WHEREAS, the County Executive/Department of Health and Human Services/ Cuyahoga Job and Family Services recommends an amendment to a Master Agreement with various providers for various programs and resources for the Cuyahoga County Fatherhood Initiative for the period 4/1/2024 – 12/31/2025 to extend the time period to 3/31/2027, to amend the terms, and for additional funds in the total amount not-to-exceed \$971,812.50, effective 1/1/2026 as follows:

- 1) Contract No. 4269 with Career Development and Placement Strategies, Inc in an anticipated amount of \$121,087.83 for Rising Above program;
- 2) Contract No. 4265 with The Centers for Families and Children (formerly Circle Health Services dba The Centers) in an anticipated amount of \$97,667.15 for the Father's and Families Together program;
- 3) Contract No. 4267 with The Children's Museum of Cleveland in an anticipated amount of \$38,969.67 for the Dads Count program;
- 4) Contract No. 4270 with JDC Advertising in an anticipated amount of \$85,811.04 for a Public Awareness Campaign;
- 5) Contract No. 4272 with Journey Center for Safety and Healing in an anticipated amount of \$141,107.17 for the Safe and Sound Visitation Center;
- 6) Agreement No. 4278 with The MetroHealth System in an anticipated amount of \$52,380.69 for the Boot Camp for New Dads program;

- 7) Contract No. 4279 with Murtis Taylor Human Services System in an anticipated amount of \$72,691.57 for the Murtis Taylor Fatherhood program;
- 8) Contract No. 4274 with Nueva Luz Urban Resource Center in an anticipated amount of \$53,838.55 for the Fathers in the Ring program;
- 9) Contract No. 4271 with Passages Connecting Fathers and Families, Inc. in an anticipated amount of \$121,087.79 for the Family Resiliency program;
- 10) Contract No. 4273 with Towards Employment, Incorporated in an anticipated amount of \$121,087.79 for the Fatherhood Career Pathway program;
- 11) Contract No. 4275 with University Settlement Slavic Village, LLC in an anticipated amount of \$66,083.25 for the Healthy Fathering program; and

WHEREAS, the goals of the Fatherhood Initiative are to: (1) promote public awareness of the importance of the role of a father, (2) provide access to public services to young men and fathers in order to educate them about fatherhood and responsibilities of being a father, and (3) fund fatherhood related programs at the county level; and

WHEREAS, the project is funded 100% by Health and Human Services Levy Fund; and

WHEREAS, it is necessary that this Resolution become immediately effective in order that critical services provided by Cuyahoga County can continue.

NOW, THEREFORE, BE IT RESOLVED BY THE COUNTY COUNCIL OF CUYAHOGA COUNTY, OHIO:

SECTION 1. That the Cuyahoga County Council hereby authorizes an amendment to a Master Agreement with various providers for various programs and resources for the Cuyahoga County Fatherhood Initiative for the period 4/1/2024 – 12/31/2025 to extend the time period to 3/31/2027, to amend the terms, and for additional funds in the total amount not-to-exceed \$971,812.50, effective 1/1/2026 as follows:

- 1) Contract No. 4269 with Career Development and Placement Strategies, Inc in an anticipated amount of \$121,087.83 for Rising Above program;
- 2) Contract No. 4265 with The Centers for Families and Children (formerly Circle Health Services dba The Centers) in an anticipated amount of \$97,667.15 for the Father's and Families Together program;
- 3) Contract No. 4267 with The Children's Museum of Cleveland in an anticipated amount of \$38,969.67 for the Dads Count program;
- 4) Contract No. 4270 with JDC Advertising in an anticipated amount of \$85,811.04 for a Public Awareness Campaign;
- 5) Contract No. 4272 with Journey Center for Safety and Healing in an anticipated amount of \$141,107.17 for the Safe and Sound Visitation Center;

- 6) Agreement No. 4278 with The MetroHealth System in an anticipated amount of \$52,380.69 for the Boot Camp for New Dads program;
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- 9) Contract No. 4271 with Passages Connecting Fathers and Families, Inc. in an anticipated amount of \$121,087.79 for the Family Resiliency program;
- 10) Contract No. 4273 with Towards Employment, Incorporated in an anticipated amount of \$121,087.79 for the Fatherhood Career Pathway program;
- 11) Contract 4275 with University Settlement Slavic Village, LLC in an anticipated amount of \$66,083.25 for the Healthy Fathering program.

SECTION 2. That the County Executive is authorized to execute the amendment and all other documents consistent with this Resolution. To the extent that any exemptions are necessary under the County Code and contracting procedures, they shall be deemed approved by the adoption of this Resolution.

SECTION 3. It is necessary that this Resolution become immediately effective for the usual daily operation of the County; the preservation of public peace, health or safety in the County; and any additional reasons set forth in the preamble. Provided that this Resolution receives the affirmative vote of at least eight members of Council, it shall take effect and be in force immediately upon the earliest occurrence of any of the following: (1) its approval by the County Executive through signature, (2) the expiration of the time during which it may be disapproved by the County Executive under Section 3.10(6) of the Cuyahoga County Charter, or (3) its passage by at least eight members of Council after disapproval pursuant to Section 3.10(7) of the Cuyahoga County Charter. Otherwise, it shall take effect and be in force from and after the earliest period allowed by law.

SECTION 4. It is found and determined that all formal actions of this Council relating to the adoption of this Resolution were adopted in an open meeting of the Council, and that all deliberations of this Council and of any of its committees that resulted in such formal action were in meetings open to the public, in compliance with all legal requirements, including Section 121.22 of the Ohio Revised Code.

On a motion by _____, seconded by _____, the foregoing Resolution was duly adopted.

Yeas:

Nays:

County Council President

Date

County Executive

Date

Clerk of Council

Date

First Reading/Referred to Committee: November 25, 2025

Committee(s) Assigned: Health, Human Services & Aging

Journal _____
_____, 20____

PURCHASE-RELATED TRANSACTIONS

Title	RQ#13809 – 2024 – Multiple Vendors – RFP Master Agreement – Services for Custodial and Non-Custodial Fathers and Their Children in Cuyahoga County
Department or Agency Name	Cuyahoga County Fatherhood Initiative
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 Approved/ Council's Journal Date	Approval No.
O	4265, 4269, 4267, 4270, 4272, 4278, 4279, 4274, 4271, 4273, 4275	Multiple Vendors	4/1/2024- 12/31/2025	\$1,444,625.00	Pending	Pending

Service/Item Description (include quantity if applicable). Indicate whether <input type="checkbox"/> New or <input checked="" type="checkbox"/> Existing service or purchase. Cuyahoga County Fatherhood Initiative is requesting approval of a Master Agreement with multiple vendors to provide educational services related to Services for Custodial and Non-Custodial Fathers and Their Children in Cuyahoga County in the amount of \$1,444,625.00 for the time period of 4/1/2024 – 12/31/2025 .
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): <ul style="list-style-type: none"> • Improve the ability of men to co-parent. • Increase the quality and quantity of father-child interactions. • Improve the personal coping skills and lifestyle choices of fathers. • Strengthen relationships between parenting partners. • Increase occupational skill training for program participants.
If a County Council item, are you requesting passage of the item without 3 readings. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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: Career Development and Placement Strategies 3631 Perkins Avenue, Suite 3C Cleveland, Ohio 44114	Owner, executive director, other (specify): Maurice Stevens, Executive Director
Vendor Council District: 07	Project Council District: Countywide
If applicable provide the full address or list the municipality(ies) impacted by the project.	Countywide

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Vendor Name and address: The Centers for Families and Children 4500 Euclid Avenue Cleveland, Ohio 44115	Owner, executive director, other (specify): Eric Morse, CEO
Vendor Council District: 07	Project Council District: Countywide
If applicable provide the full address or list the municipality(ies) impacted by the project.	Countywide
Vendor Name and address: The Children's Museum of Cleveland 3813 Euclid Avenue Cleveland, Ohio 44115	Owner, executive director, other (specify): Maria Campanelli, Executive Director
Vendor Council District: 07	Project Council District: Countywide
If applicable provide the full address or list the municipality(ies) impacted by the project.	Countywide
Vendor Name and address: JDC Advertising 20245 Glen Russ Lane Euclid, OH 44117	Owner, executive director, other (specify): Joseph C. Hewitt, Owner
Vendor Council District: 11	Project Council District: Countywide
If applicable provide the full address or list the municipality(ies) impacted by the project.	Countywide
Vendor Name and address: Domestic Violence & Child Advocacy Center dba Journey Center for Safety and Healing 2806 Payne Ave Cleveland, Ohio 44114	Owner, executive director, other (specify): Robin D. Johnson, Interim Chief Executive Officer
Vendor Council District: 07	Project Council District: Countywide
If applicable provide the full address or list the municipality(ies) impacted by the project.	Countywide
Vendor Name and address: MetroHealth System 2500 MetroHealth Drive Cleveland, OH 44109	Owner, executive director, other (specify): Dr. Airica Steed, CEO
Vendor Council District: 03	Project Council District: Countywide
If applicable provide the full address or list the municipality(ies) impacted by the project.	Countywide
Vendor Name and address: Murtis Taylor Human Services System 13422 Kinsman Road	Owner, executive director, other (specify): Lovell J. Custard, CEO

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Cleveland, Ohio 44120	
Vendor Council District: 09	Project Council District: Countywide
If applicable provide the full address or list the municipality(ies) impacted by the project.	Countywide
Vendor Name and address: Nueva Luz Urban Resource Center 6600 Detroit Avenue Cleveland, Ohio 44102	Owner, executive director, other (specify): Max Rodas, CEO/Executive Director
Vendor Council District: 15	Project Council District: Countywide
If applicable provide the full address or list the municipality(ies) impacted by the project.	Countywide
Vendor Name and address: Passages Connecting Fathers and Sons 4600 Carnegie Avenue Cleveland, Ohio 44103	Owner, executive director, other (specify): Dr. Brian Moore, CEO
Vendor Council District: 08	Project Council District: Countywide
If applicable provide the full address or list the municipality(ies) impacted by the project.	Countywide
Vendor Name and address: Towards Employment, Inc 3301 St. Clair Avenue Cleveland, Ohio 44114	Owner, executive director, other (specify): Jill Rizika, Executive Director
Vendor Council District: 07	Project Council District: Countywide
If applicable provide the full address or list the municipality(ies) impacted by the project.	Countywide
Vendor Name and address: University Settlement 4800 Broadway Avenue Cleveland, OH 44127	Owner, executive director, other (specify): Kelly McConnell, Development Director
Vendor Council District: 08	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 # <i>if applicable</i> RQ13809 <input type="checkbox"/> RFB <input checked="" type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: 1/12/2024	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation: \$1,444,625.00	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date

Rev. 7/24/23

There were 13 proposals pulled from OPD, 13 proposals submitted for review, 11 proposals approved	<input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE (4%) SBE (2%) MBE (4%) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input checked="" 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 ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain: N/A	<input type="checkbox"/> Government Purchase
	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? N/A	<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. N/A	If item is not on IT Standard List state date of TAC approval: N/A
Is the item ERP related? <input type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions. N/A	
Are services covered under the original ERP Budget or Project? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. N/A	
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. N/A	

FUNDING SOURCE: i.e. General Fund, Health and Human Services Levy Funds, Community Development Block Grant (No acronyms i.e. HHS Levy, CDBG, etc.). Include % if more than one source.
100% by HHS Levy Dollars
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
Payment Schedule: <input type="checkbox"/> Invoiced <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.	
<input type="checkbox"/> New Service or purchase <input checked="" type="checkbox"/> Recurring service or purchase	Is contract late <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission
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:	
Date item was entered and released in Infor:	
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	

Commented [CKT]: Suggestion by MBV - I can't recall exactly how she said it. See text in green, for we can refer them to instructions and provide more detail in the instruction.

Rev. 7/24/23

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

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

HISTORY (see instructions):

O R2021-0121 5/11/2021

A-1 R2023-0090 4/11/2023

Rev. 7/24/23

Department of Purchasing – Required Documents Checklist

Upload as “word” document in OnBase Document Management

Infor/Lawson RQ# (if applicable):	13809
Buyspeed RQ# (if applicable):	N/A
Infor/Lawson PO # Code (if applicable):	RFP
CM Contract#	4269

Late Submittal Required:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Why is the contract being submitted late?	N/A	
What is being done to prevent this from reoccurring?	N/A	

TAC or CTO Required or Authorized IT Standard	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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Contract Amendments Reviewed by Purchasing				
Fatherhood AMND1- CDPS (2 of 11)			Department Initials	Purchasing
Briefing Memo			AL	EB
Justification Form			DA	EB
IG#	24-0059-REG Exp. 12/31/2028		AL	EB
Annual Non-Competitive Bid Contract Statement (See Contracts Checklist Glossary on the intranet for form requirements).	Date:		N/A	N/A
Debarment/Suspension Verified	Date:	10/10/2025	AL	EB
Auditor's Findings	Date:	10/10/2025	AL	EB
Independent Contractor (I.C.) Form	Date:	8/25/2025	AL	EB
Cover - Master contracts only			LS	EB
Contract Evaluation – if required provide most recent CM history on contract history table (see pg 2)			AL	EB
TAC/CTO Approval or IT Standards (if required attach and identify relevant page #s or meeting approval number)			N/A	N/A
Checklist Verification			AL	EB

Other documentation may be required depending upon your specific item

Glossary of Terms at: <https://intranet.cuyahoga.cc/policies-procedures/procurement-information>

Reviewed by Law	
	Department Initials
Agreement/Contract and Exhibits	AL
Matrix Law Screen shot	AL
COI	AL
Workers' Compensation Insurance	AL
Original Executed Contract (containing insurance terms) & all executed amendments	AL

Department of Purchasing – Required Documents Checklist

CONTRACT SPENDING PLAN

Time Period	Accounting Unit	Account Number	Activity Code	Account Category or Subaccount	Dollar Amount
1/1/2026 - 12/31/2026	HS280100	55130	UCH00000	55130	\$98,863.87
1/1/2027 - 3/31/2027	HS280100	55130	UCH00000	55130	\$22,223.96
			TOTAL		\$121,087.83

CONTRACT HISTORY (see Contract Evaluation, if applicable/ to be completed by Department)

CE/AG# (if applicable)		N/A			
Infor/Lawson PO# and PO Code (if applicable)		213149 / RFP			
Lawson RQ# (if applicable)		13809			
CM Contract#		4269			
	Original Amount	Amendment Amount (if applicable)	Original Time Period/Amended End Date	BOC/ Resolution Approval Date	BOC/ Resolution Approval #
Original Amount	\$1,444,625.00		4/1/2024 – 12/31/2025	4/9/2024	R2024-0128
Prior Amendment Amounts (list separately) (A-#)		\$			
		\$			
		\$			
Pending Amendment	AMND1	\$971,812.50	1/1/2026-3/31/2027	Pending	Pending
Total Amendments		\$971,812.50			
Total Contract Amount		\$2,416,437.50			

PURCHASING USE ONLY

Prior Resolutions:	R2024-0128
CM#:	4269
Vendor Name:	Career Development and Placement Strategies, Inc
Time Period:	4/1/2024 – 12/31/2025 EXT 3/31/2027
Amount:	\$121,087.83
History/CE:	OK
EL:	OK
Purchasing Notes:	Master documents listed under CNTR 4265 (briefing memo, justification, master cover, matrix law screen)
Purchasing Agents Initials and date of approval	EB 10/28/2025

CONTRACT EVALUATION FORM

Contractor	Career Development and Placement Strategies, Inc.				
Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#:	213153				
RQ#	13809				
Time Period of Original Contract	4/1/2024 - 12/31/2025				
Background Statement					
Service Description	<p>This is a Workforce Development/Training program at Career Development and Placement Strategies aimed at non-custodial fathers. It is a four-week training program with the goal of assisting fathers to reconnect with their families and preparing them to be a productive part of the workforce. Rising Above provides career readiness, career path counseling, relationship workshops, anger management and job placement.</p>				
Performance Indicators	<p>1) Ability to successfully recruit number of contracts specified program participants. 2) Number of program participants to successfully complete the program curriculum. 3) Number of program participants successfully achieving employment. 4) Overall quality of program as indicated on formal program evaluations. 5) Successful completion of all required monthly reports.</p>				
Actual Performance versus performance indicators (include statistics):	<p>The Rising Above program is contracted to recruit and serve one hundred and fifty (150) fathers with ninety-two (92) of those program participants completing the curriculum and forty (40) to be successfully employed for the contract period. The Rising Above program has been able to provide the following services during the first 17 months of the current contract period: two hundred and four (204) fathers have been assessed; one hundred and seventy-five (175) fathers have completed the program and forty-six (46) have been successfully placed in jobs. In addition, Career Development and Placement Strategies has partnered with the Cuyahoga County Landbank to provide trained labor for their foreclosure housing program.</p> <p>The Rising Above Program has continued to meet all monthly reporting requirements. They also continue to receive high level evaluations from the program participants. The program is on track to meet all annual performance goals</p>				
Rating of Overall Performance of Contractor	Superior	Above Average	Average	Below Average	Poor
Select One (X)	X				
Justification of Rating	See Above				

Department Contact	Aldonis C, Grimws
User Department	Cuyahoga County fatherhood Initiative
Date	09/16/2025

Department of Purchasing – Required Documents Checklist

Upload as “word” document in OnBase Document Management

Infor/Lawson RQ# (if applicable):	RQ 13809
Buyspeed RQ# (if applicable):	N/A
Infor/Lawson PO # Code (if applicable):	AMND
CM Contract#	CM 4265

Late Submittal Required:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Why is the contract being submitted late?	N/A	
What is being done to prevent this from reoccurring?	N/A	

TAC or CTO Required or Authorized IT Standard	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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Contract Amendments Reviewed by Purchasing				
The Centers for Families and Children – AMND 1 (1 of 11)			Department Initials	Purchasing
Briefing Memo			DA	EB
Justification Form			DA	EB
IG#	24-0066-REG; EXP. 12.31.2028		DA	EB
Annual Non-Competitive Bid Contract Statement <i>(See Contracts Checklist Glossary on the intranet for form requirements).</i>	Date:		N/A	N/A
Debarment/Suspension Verified	Date:	10/16/2025	AL	EB
Auditor’s Findings	Date:	10/16/2025	AL	EB
Independent Contractor (I.C.) Form	Date:	8.25.2025	DA	EB
Cover - <i>Master contracts only</i>			DA	EB
Contract Evaluation – <i>if required provide most recent CM history on contract history table (see pg 2)</i>			DA	EB
TAC/CTO Approval or IT Standards <i>(if required attach and identify relevant page #s or meeting approval number)</i>			N/A	N/A
Checklist Verification			DA	EB

Other documentation may be required depending upon your specific item

Glossary of Terms at: <https://intranet.cuyahoga.cc/policies-procedures/procurement-information>

Reviewed by Law	
The Centers for Families and Children – AMND 1	Department Initials
Agreement/Contract and Exhibits	AL
Matrix Law Screen shot	AL
COI	DA -Expires 12/1/2025
Workers’ Compensation Insurance	DA
Original Executed Contract (containing insurance terms) & all executed amendments	DA

Department of Purchasing – Required Documents Checklist

CONTRACT SPENDING PLAN

Time Period	Accounting Unit	Account Number	Activity Code	Account Category or Subaccount	Dollar Amount
1/1/2026-12/31/2026	HS280100	55130	UCH00000	55130	\$79,741.72
1/1/2027-3/31/2027	HS280100	55130	UCH00000	55130	\$17,925.43
			TOTAL		\$97,667.15

CONTRACT HISTORY (see Contract Evaluation, if applicable/ to be completed by Department)

CE/AG# (if applicable)		N/A			
Infor/Lawson PO# and PO Code (if applicable)		213146/RFP			
Lawson RQ# (if applicable)		RQ 13809			
CM Contract#		4265			
	Original Amount	Amendment Amount (if applicable)	Original Time Period/Amended End Date	BOC/ Resolution Approval Date	BOC/ Resolution Approval #
Original Amount	\$1,444,625.00		4/1/2024-12/31/2025	4/9/2024	R2024-0128
Prior Amendment Amounts (list separately)		\$			
		\$			
		\$			
Pending Amendment (A-#1)		\$971,812.50	1/1/2026-3/31/2027	Pending	Pending
Total Amendments		\$971,812.50			
Total Contract Amount		\$2,416,437.50			

PURCHASING USE ONLY

Prior Resolutions:	R2024-0128
CM#:	4265
Vendor Name:	The Centers for Families and Children FKA Circle Health Services DBA The Centers
Time Period:	4/1/2024 -12/31/2025 EXT 3/31/2027
Amount:	\$97,667.15
History/CE:	OK
EL:	OK
Purchasing Notes:	N/A
Purchasing Agents Initials and date of approval	EB 10/29/2025

CONTRACT EVALUATION FORM

Contractor	The Centers for Families and Children				
Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#:	213146				
RQ#	RQ 13809				
Time Period of Original Contract	4/1/2024– 12/31/2025				
Background Statement					
Service Description	The overall goal of this program located at the Center for Families and Children is to educate fathers about parenting and how to be a caring, committed and responsible father. In addition, the program teaches and encourages fathers to be a healthy role model for his children. Programming includes extensive workshops, father and child activities and retreats.				
Performance Indicators	1) Successful recruitment of required number of program participants. 2) Programming content indicated by variety and choice of workshops offered. 3) Demonstrated quality of workshops offered through program evaluations. 4) Number of program participants completing the required number of workshop hours. 5) Evaluative and anecdotal evidence of number of fathers spending more quality time with their child/ren. 6) Evaluative and anecdotal evidence of success of particular father/child activity focused workshops. 7) Successful completion of all required monthly reports.				
Actual Performance versus performance indicators (include statistics):	The FAFT program continues to be one of the Initiative's core components. During this contract period, the FAFT Program had a goal to recruit and serve ninety-eight (98) fathers and have seventy-five (75) of those program participants complete the FAFT workshop curriculum (20 hours of workshop programming). During the past 17 months of this contract period, the FAFT program has been able to enroll 91 fathers with (72) of those fathers completing twenty hours of workshop programming and all of the accompanying requirements with four months to go on the contract. During this contract period the Fathers and Families Together program held a series of workshops that included "Cooking with Dads", Healthy Relationships, Financial Literacy, Living with the Law and Navigating Community Resources. The program has also been responsible for helping 20 fathers receive employment.				
Rating of Overall Performance of Contractor	Superior	Above Average	Average	Below Average	Poor

Select One (X)		X			
Justification of Rating	See above.				
Department Contact	Aldonis Grimes				
User Department	Cuyahoga County Fatherhood Initiative				
Date	09/16/2025				

Department of Purchasing – Required Documents Checklist

Upload as “word” document in OnBase Document Management

Infor/Lawson RQ# (if applicable):	RQ13809
Buyspeed RQ# (if applicable):	N/A
Infor/Lawson PO # Code (if applicable):	RFP
CM Contract#	CM# 4267

Late Submittal Required:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Why is the contract being submitted late?	N/A	
What is being done to prevent this from reoccurring?	N/A	

TAC or CTO Required or Authorized IT Standard	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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Contract Amendments Reviewed by Purchasing				
The Children’s Museum – FTHD24 AMND 1			Department Initials	Purchasing
Briefing Memo			AL	EB
Justification Form			LS	EB
IG#	21-0345-REG exp. 12.31.2025		LS	EB
Annual Non-Competitive Bid Contract Statement (See Contracts Checklist Glossary on the intranet for form requirements).	Date:		N/A	N/A
Debarment/Suspension Verified	Date:	9.25.2025	LS	EB
Auditor’s Findings	Date:	9.25.2025	LS	EB
Independent Contractor (I.C.) Form	Date:	8.27.2025	LS	EB
Cover - Master contracts only			DA	EB
Contract Evaluation – if required provide most recent CM history on contract history table (see pg 2)			LS	EB
TAC/CTO Approval or IT Standards (if required attach and identify relevant page #s or meeting approval number)			N/A	N/A
Checklist Verification			LS	EB

Other documentation may be required depending upon your specific item

Glossary of Terms at: <https://intranet.cuyahoga.cc/policies-procedures/procurement-information>

Reviewed by Law	
The Children’s Museum – FTHD24 AMND 1	Department Initials
Agreement/Contract and Exhibits	LS
Matrix Law Screen shot	LS
COI	LS
Workers’ Compensation Insurance	LS
Original Executed Contract (containing insurance terms) & all executed amendments	LS

Department of Purchasing – Required Documents Checklist

CONTRACT SPENDING PLAN

Time Period	Accounting Unit	Account Number	Activity Code	Account Category or Subaccount	Dollar Amount
1/1/2026 – 12/31/2026	HS280100	55130	UCH00000	55130	\$31,817.34
1/1/2027 – 3/31/2027	HS280100	55130	UCH00000	55130	\$7,152.33
			TOTAL		\$38,969.67

CONTRACT HISTORY (see Contract Evaluation, if applicable/ to be completed by Department)

CE/AG# (if applicable)		N/A			
Infor/Lawson PO# and PO Code (if applicable)		RFP			
Lawson RQ# (if applicable)		13809			
CM Contract#		4267			
	Original Amount	Amendment Amount (if applicable)	Original Time Period/Amended End Date	BOC/ Resolution Approval Date	BOC/ Resolution Approval #
Original Amount	\$1,444,625.00		4/1/2024 – 12/31/2025	4/9/2024	R2024-0128
Prior Amendment Amounts (list separately) (A-#)		\$			
		\$			
		\$			
Pending Amendment AMND 1		\$971,812.50	1/1/2026 – 3/31/2027	Pending	Pending
Total Amendments		\$971,812.50			
Total Contract Amount		\$2,416,437.50			

PURCHASING USE ONLY

Prior Resolutions:	R2024-0128
CM#:	4267
Vendor Name:	The Children's Museum of Cleveland
Time Period:	4/1/2024 – 12/31/2025 EXT 3/31/2027
Amount:	\$38,969.67
History/CE:	OK
EL:	OK
Purchasing Notes:	Master documents listed under CNTR 4265 (briefing memo, justification, master cover, matrix law screen)
Purchasing Agents Initials and date of approval	EB 10/28/25

CONTRACT EVALUATION FORM

Contractor	Children's Museum of Cleveland				
Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#:	213147				
RQ#	13809				
Time Period of Original Contract	April 1, 2021 thru March 31, 2024				
Background Statement					
Service Description	Fatherhood Initiative provides fatherhood programming for fathers and children at the Children's Museum with special recruiting emphasis on early learning centers and Domestic Relations Court.				
Performance Indicators	Quality of Programming at the Museum Quality of Reports Provided Number of attendees at the events				
Actual Performance versus performance indicators (include statistics):	The Children's Museum has done an excellent job of engaging fathers and their children in programming both at the museum. They have met all of reporting goals and objectives established at the beginning of the contract period. During the first 17 months this contract period 1,295 fathers and children have attended Dads Count events with four months left on the contract (Out of a total goal of 1,300 for the 21 months). This program at their new facility has been very well received by the community.				
Rating of Overall Performance of Contractor	Superior	Above Average	Average	Below Average	Poor
Select One (X)		X			
Justification of Rating	See Above				
Department Contact	Aldonis Grimes				
User Department	Cuyahoga County Fatherhood Initiative				
Date	09/16/2025				

Department of Purchasing – Required Documents Checklist

Upload as “word” document in OnBase Document Management

Infor/Lawson RQ# (if applicable):	RQ13809
Buyspeed RQ# (if applicable):	N/A
Infor/Lawson PO # Code (if applicable):	RFP
CM Contract#	CM# 4270

Late Submittal Required:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Why is the contract being submitted late?	N/A	
What is being done to prevent this from reoccurring?	N/A	

TAC or CTO Required or Authorized IT Standard	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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Contract Amendments Reviewed by Purchasing				
JDC Advertising – FTHD24 AMND 1			Department Initials	Purchasing
Briefing Memo			AL	EB
Justification Form			LS	EB
IG#	24-0068-REG exp. 12.31.2028		LS	EB
Annual Non-Competitive Bid Contract Statement (See Contracts Checklist Glossary on the intranet for form requirements).	Date:		N/A	N/A
Debarment/Suspension Verified	Date:	9.25.2025	LS	EB
Auditor's Findings	Date:	9.25.2025	LS	EB
Independent Contractor (I.C.) Form	Date:	8.10.2025	LS	EB
Cover - Master contracts only			DA	EB
Contract Evaluation – if required provide most recent CM history on contract history table (see pg 2)			LS	EB
TAC/CTO Approval or IT Standards (if required attach and identify relevant page #s or meeting approval number)			N/A	N/A
Checklist Verification			LS	EB

Other documentation may be required depending upon your specific item

Glossary of Terms at: <https://intranet.cuyahoga.cc/policies-procedures/procurement-information>

Reviewed by Law	
JDC Advertising – FTHD24 AMND 1	Department Initials
Agreement/Contract and Exhibits	LS
Matrix Law Screen shot	LS
COI	LS
Workers' Compensation Insurance	N/A - Waiver
Original Executed Contract (containing insurance terms) & all executed amendments	LS

Department of Purchasing – Required Documents Checklist

CONTRACT SPENDING PLAN

Time Period	Accounting Unit	Account Number	Activity Code	Account Category or Subaccount	Dollar Amount
1/1/2026 – 12/31/2026	HS280100	55130	UCH00000	55130	\$70,061.63
1/1/2027 – 3/31/2027	HS280100	55130	UCH00000	55130	\$15,749.41
			TOTAL		\$85,811.04

CONTRACT HISTORY (see Contract Evaluation, if applicable/ to be completed by Department)

CE/AG# (if applicable)		N/A			
Infor/Lawson PO# and PO Code (if applicable)		RFP			
Lawson RQ# (if applicable)		RQ13809			
CM Contract#		4270			
	Original Amount	Amendment Amount (if applicable)	Original Time Period/Amended End Date	BOC/ Resolution Approval Date	BOC/ Resolution Approval #
Original Amount	\$1,444,625.00		4/1/2024 – 12/31/2025	4/9/2024	R2024-0128
Prior Amendment Amounts (list separately) (A-#)		\$			
		\$			
		\$			
Pending Amendment AMND 1		\$971,812.50	1/1/2026 – 3/31/2027	Pending	Pending
Total Amendments		\$971,812.50			
Total Contract Amount		\$2,416,537.50			

PURCHASING USE ONLY

Prior Resolutions:	R2024-0128
CM#:	4270
Vendor Name:	JDC Advertising
Time Period:	4/1/2024 – 12/31/2025 EXT 3/31/2027
Amount:	\$85,811.04
History/CE:	OK
EL:	OK
Purchasing Notes:	Master documents listed under CNTR 4265 (briefing memo, justification, master cover, matrix law screen)
Purchasing Agents Initials and date of approval	EB 10/28/2025

CONTRACT EVALUATION FORM

Contractor	JDC Advertising					
Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#:	213148					
RQ#	13809					
Time Period of Original Contract	April 1, 2021 thru March 31, 2024					
Background Statement						
Service Description	The goal of the Public Awareness Campaign is to promote the message of the importance of responsible fatherhood in the lives of children. The Public Awareness Campaign includes developing ads and purchasing of advertising to promote the Cuyahoga County Fatherhood Initiative. Various media outlets are used including radio, television, billboards, and print ads in kiosks and buses.					
Performance Indicators	<p>1) Quality of advertisements developed especially for the Cuyahoga County Fatherhood Initiative as reflected in outreach and overall penetration into target population (fathers throughout Cuyahoga County).</p> <p>2) Quality of placement of Cuyahoga County Fatherhood Initiative advertisements as reflected in overall responses to those advertisements.</p> <p>3) Completion of all required monthly reports.</p>					
Actual Performance versus performance indicators (include statistics):	<p>JDC Advertising has continued to effectively conduct the public awareness campaign for The Cuyahoga County Fatherhood Initiative. JDC Advertising has continued to meet its contract goals by successfully penetrating the target population (over 37,000 calls to the 211 Fatherhood Line since inception) and providing the outreach necessary to maintain levels of participation in all Initiative funded programs. During the first 17 months of this contract period, the public awareness campaign generated 3,541 calls to the 211 Fatherhood line and the Fatherhood Initiative office. JDC Advertising continues to complete all required monthly reports.</p> <p>We also continue to get very positive feedback from the community on the quality of our ads. JDC is also able to negotiate discounted ad rates as a result their experience and the number of clients they represent, acquire a number of free PSA's for the Fatherhood Initiative and schedule appearances for the fatherhood director to highlight the Initiative on community programs such as Community Talk with Kaleidoscope, Harry Boomer, Urban Spotlight on Radio One, religious programming shows, drive time radio and others.</p>					
Rating of Overall Performance of Contractor	<table border="1" style="width: 100%; text-align: center;"> <tr> <td>Superior</td><td>Above Average</td><td>Average</td><td>Below Average</td><td>Poor</td></tr> </table>	Superior	Above Average	Average	Below Average	Poor
Superior	Above Average	Average	Below Average	Poor		

Select One (X)	x				
Justification of Rating	See above				
Department Contact	Aldonis Grimes				
User Department	Cuyahoga County Fatherhood Initiative				
Date	09/16/2025				

Department of Purchasing – Required Documents Checklist

Upload as “word” document in OnBase Document Management

Infor/Lawson RQ# (if applicable):	13809
Buyspeed RQ# (if applicable):	N/A
Infor/Lawson PO # Code (if applicable):	RFP
CM Contract#	4272

Late Submittal Required:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Why is the contract being submitted late?	N/A	
What is being done to prevent this from reoccurring?	N/A	

TAC or CTO Required or Authorized IT Standard	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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Contract Amendments Reviewed by Purchasing				
Fatherhood AMND1- Journey Center for Safety and Healing (5 of 11)			Department Initials	Purchasing
Briefing Memo			AL	EB
Justification Form			DA	EB
IG#	23-0466-REG	Exp. 12/31/27	AL	EB
Annual Non-Competitive Bid Contract Statement <i>(See Contracts Checklist Glossary on the intranet for form requirements).</i>	Date:		N/A	N/A
Debarment/Suspension Verified	Date:	10/21/2025	AL	EB
Auditor's Findings	Date:	10/21/2025	AL	EB
Independent Contractor (I.C.) Form	Date:	8/19/25	AL	EB
Cover - <i>Master contracts only</i>			LS	EB
Contract Evaluation – <i>if required provide most recent CM history on contract history table (see pg 2)</i>			AG	EB
TAC/CTO Approval or IT Standards <i>(if required attach and identify relevant page #s or meeting approval number)</i>			N/A	N/A
Checklist Verification			AL	EB

Other documentation may be required depending upon your specific item

Glossary of Terms at: <https://intranet.cuyahoga.cc/policies-procedures/procurement-information>

Reviewed by Law	
	Department Initials
Agreement/Contract and Exhibits	AL
Matrix Law Screen shot	AL
COI	AL
Workers' Compensation Insurance	AL
Original Executed Contract (containing insurance terms) & all executed amendments	AL

Department of Purchasing – Required Documents Checklist

CONTRACT SPENDING PLAN

Time Period	Accounting Unit	Account Number	Activity Code	Account Category or Subaccount	Dollar Amount
1/1/2026 - 12/31/2026	HS280100	55130	UCH00000	55130	\$115,208.94
1/1/2027 - 3/31/2027	HS280100	55130	UCH00000	55130	\$25,898.23
			TOTAL		\$141,107.17

CONTRACT HISTORY (see Contract Evaluation, if applicable/ to be completed by Department)

CE/AG# (if applicable)		N/A			
Infor/Lawson PO# and PO Code (if applicable)		213149 / RFP			
Lawson RQ# (if applicable)		13809			
CM Contract#		4272			
	Original Amount	Amendment Amount (if applicable)	Original Time Period/Amended End Date	BOC/ Resolution Approval Date	BOC/ Resolution Approval #
Original Amount	\$1,444,625.00		4/1/2024 – 12/31/2025	4/9/2024	R2024-0128
Prior Amendment Amounts (list separately) (A-#)		\$			
		\$			
		\$			
Pending Amendment	AMND1	\$971,812.50	1/1/2026- 3/31/2027	Pending	Pending
Total Amendments		\$971,812.50			
Total Contract Amount		\$2,416,437.50			

PURCHASING USE ONLY

Prior Resolutions:	R2024-0128
CM#:	4272
Vendor Name:	Journey Center for Safety and Healing
Time Period:	4/1/2024 – 12/31/2025 EXT 3/31/2027
Amount:	\$141,107.17
History/CE:	OK
EL:	OK
Purchasing Notes:	Master documents listed under CNTR 4265 (briefing memo, justification, master cover, matrix law screen)
Purchasing Agents Initials and date of approval	EB 10/28/2025

CONTRACT EVALUATION FORM

Contractor	Journey Center for Safety and Healing				
Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#:	213149				
RQ#	13809				
Time Period of Original Contract	4/1/2024 - 12/31/2025				
Background Statement					
Service Description	The Supervised Visitation Program provides services for families currently mandated to participate in a supervised visitation program. In addition to ongoing supervised visitation, fathers who participate in the program will attend fathering classes designed to build the skills that lead to successful parenting and stronger families. Supervised visitation and the fathering classes are presented at the Community Care Network Building.				
Performance Indicators	1) Outreach and management of referrals for program services. 2) Successfully connect fathers with their child/ren through supervised visitation services. 3) Successful scheduling of all supervised visits or supervised exchanges. 4) Completion of all contract specified supervised visitation sessions. 5) Completion of all required monthly reports.				
Actual Performance versus performance indicators (include statistics):	During this contract period, the Journey Center's goal is to provide supervised visitation services to 48 new families. During the 17 months of this contract period, the Journey Center has served (51) new families and provided 790 supervised visits by leveraging funds received through the Cuyahoga County Fatherhood Initiative. The supervised visitation program has also conducted 316 monitored exchanges. The Journey Center for Safety and Healing has also been compliant in completing all monthly reporting requirements. This the only free supervised visitation program in the county.				
Rating of Overall Performance of Contractor	Superior	Above Average	Average	Below Average	Poor
Select One (X)	X				
Justification of Rating	See above				
Department Contact	Aldonis C, Grimes				
User Department	Cuyahoga County Fatherhood Initiative				
Date	09/16/2025				

Department of Purchasing – Required Documents Checklist

Upload as “word” document in OnBase Document Management

Infor/Lawson RQ# (if applicable):	RQ13809
Buyspeed RQ# (if applicable):	N/A
Infor/Lawson PO # Code (if applicable):	RFP
CM Contract#	CM# 4278

Late Submittal Required:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Why is the contract being submitted late?	N/A	
What is being done to prevent this from reoccurring?	N/A	

TAC or CTO Required or Authorized IT Standard	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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Contract Amendments Reviewed by Purchasing				
Metrohealth Systems -FTHD24 – AMND 1			Department Initials	Purchasing
Briefing Memo			AL	EB
Justification Form			LS	EB
IG#			N/A	N/A
Annual Non-Competitive Bid Contract Statement (<i>See Contracts Checklist Glossary on the intranet for form requirements</i>).	Date:		N/A	N/A
Debarment/Suspension Verified	Date:	10.14.2025	LS	EB
Auditor's Findings	Date:	10.14.25	LS	EB
Independent Contractor (I.C.) Form	Date:	8.13.2025 2/14/2025	LS	EB
Cover - Master contracts only			DA	EB
Contract Evaluation – if required provide most recent CM history on contract history table (see pg 2)			LS	EB
TAC/CTO Approval or IT Standards (if required attach and identify relevant page #s or meeting approval number)			N/A	N/A
Checklist Verification			LS	EB

Other documentation may be required depending upon your specific item

Glossary of Terms at: <https://intranet.cuyahoga.cc/policies-procedures/procurement-information>

Reviewed by Law	
Metrohealth Systems -FTHD24 – AMND 1	
Agreement/Contract and Exhibits	LS
Matrix Law Screen shot	LS
COI	LS
Workers' Compensation Insurance	LS
Original Executed Contract (containing insurance terms) & all executed amendments	LS

Department of Purchasing – Required Documents Checklist

CONTRACT SPENDING PLAN

Time Period	Accounting Unit	Account Number	Activity Code	Account Category or Subaccount	Dollar Amount
1/1/2026 – 12/31/2026	HS280100	55130	UCH00000	55130	\$42,766.95
1/1/2027 – 3/31/2027	HS280100	55130	UCH00000	55130	\$9,613.74
			TOTAL		\$52,380.69

CONTRACT HISTORY (see Contract Evaluation, if applicable/ to be completed by Department)

CE/AG# (if applicable)		N/A			
Infor/Lawson PO# and PO Code (if applicable)		RFP			
Lawson RQ# (if applicable)		RQ13809			
CM Contract#		4278			
	Original Amount	Amendment Amount (if applicable)	Original Time Period/Amended End Date	BOC/ Resolution Approval Date	BOC/ Resolution Approval #
Original Amount	\$1,444,625.00		4/1/2024 – 12/31/2025	4/9/2024	R2024-0128
Prior Amendment Amounts (list separately) (A-#)		\$			
		\$			
		\$			
Pending Amendment (AMND 1)		\$971,812.50	1/1/2026 – 3/31/2027	Pending	Pending
Total Amendments		\$971,812.50			
Total Contract Amount		\$2,416,437.50			

PURCHASING USE ONLY

Prior Resolutions:	R2024-0128
CM#:	4278
Vendor Name:	The MetroHealth System
Time Period:	4/1/2024 – 12/31/2025 EXT 3/31/2027
Amount:	\$52,380.69
History/CE:	OK
EL:	OK
Purchasing Notes:	Master documents listed under CNTR 4265 (briefing memo, justification, master cover, matrix law screen)
Purchasing Agents Initials and date of approval	EB 10/28/2025

CONTRACT EVALUATION FORM

Contractor	MetroHealth System				
Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#:	213151				
RQ#	13809				
Time Period of Original Contract	April 1, 2021 thru March 31, 2024				
Background Statement					
Service Description	MetroHealth partners with hospitals within the Cleveland Clinic and University Hospital systems to provide the Boot Camps for New Dads program. Locations included in the collaboration are Fairview Hospital, Hillcrest Hospital, Stephanie Tubbs Jones Health Center, Parma General Hospital, MetroHealth, Southwest General Hospital, St. John's Medical Center, Garfield Heights Womankind and University Hospitals MacDonald Women's Hospital and Rainbow Babies and Children's Hospital.				
Performance Indicators	1) Continued delivery of nationally recognized and award-winning Boot Camp for New Dads curriculum, complete with all related program evaluations. 2) Successful recruitment of appropriate candidates at each program sites. 3) Number of program attendees completing the curriculum. 4) Delivery of high quality program services as evidenced through program evaluations. 5) Completion of all required monthly reports within constraints of HIPAA regulations				
Actual Performance versus performance indicators (include statistics):	The Cuyahoga County Fatherhood Initiative contracted with MetroHealth to conduct ninety (90) Boot Camp for New Dads sessions spread across all nine (9) program locations to service a total of 1,300 fathers. During the first 17 months of this contract period, the Boot Camp for New Dads program has provided its curriculum to 1,540 new fathers or fathers-to-be. Further, program evaluations indicate that over ninety percent (93%) of program participants continue to rank this program with the highest quality level and would recommend it to their friends and family members. MetroHealth has also completed all required monthly reports within HIPAA constraints.				
Rating of Overall Performance of Contractor	Superior	Above Average	Average	Below Average	Poor
Select One (X)	x				
Justification of Rating	See above				

Department Contact	Aldonis Grimes
User Department	Cuyahoga County Fatherhood Initiative
Date	09/16/2025

Department of Purchasing – Required Documents Checklist

Upload as “word” document in OnBase Document Management

Infor/Lawson RQ# (if applicable):	RQ 13809
Buyspeed RQ# (if applicable):	N/A
Infor/Lawson PO # Code (if applicable):	AMND
CM Contract#	CM 4279

Late Submittal Required:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Why is the contract being submitted late?		
What is being done to prevent this from reoccurring?		

TAC or CTO Required or Authorized IT Standard	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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Contract Amendments Reviewed by Purchasing				
Murtis Taylor Human Services System – AMND 1			Department Initials	Purchasing
Briefing Memo			DA	EB
Justification Form			DA	EB
IG#	24-0317-REG; EXP. 12/31/2028		DA	EB
Annual Non-Competitive Bid Contract Statement (See Contracts Checklist Glossary on the intranet for form requirements).	Date:		N/A	N/A
Debarment/Suspension Verified	Date:	10/20/2025	AL	EB
Auditor's Findings	Date:	10/20/2025	AL	EB
Independent Contractor (I.C.) Form	Date:	8.19.2025	DA	EB
Cover - Master contracts only			DA	EB
Contract Evaluation – if required provide most recent CM history on contract history table (see pg 2)			DA	EB
TAC/CTO Approval or IT Standards (if required attach and identify relevant page #s or meeting approval number)			N/A	N/A
Checklist Verification			DA	EB

Other documentation may be required depending upon your specific item

Glossary of Terms at: <https://intranet.cuyahoga.cc/policies-procedures/procurement-information>

Reviewed by Law	
Murtis Taylor Human Services System – AMND 1	Department Initials
Agreement/Contract and Exhibits	AL
Matrix Law Screen shot	AL
COI	DA
Workers' Compensation Insurance	DA
Original Executed Contract (containing insurance terms) & all executed amendments	DA

Department of Purchasing – Required Documents Checklist

CONTRACT SPENDING PLAN

Time Period	Accounting Unit	Account Number	Activity Code	Account Category or Subaccount	Dollar Amount
1/1/2026-12/31/2026	HS280100	55130	UCH00000	55130	\$59,350.06
1/1/2027-3/31/2027	HS280100	55130	UCH00000	55130	\$13,341.51
			TOTAL		\$72,691.57

CONTRACT HISTORY (see Contract Evaluation, if applicable/ to be completed by Department)

CE/AG# (if applicable)		N/A			
Infor/Lawson PO# and PO Code (if applicable)		213152/RFP			
Lawson RQ# (if applicable)		RQ 13809			
CM Contract#		4279			
	Original Amount	Amendment Amount (if applicable)	Original Time Period/Amended End Date	BOC/ Resolution Approval Date	BOC/ Resolution Approval #
Original Amount	\$1,444,625.00		4/1/2024-12/31/2025	4/9/2024	R2024-0128
Prior Amendment Amounts (list separately)		\$			
		\$			
		\$			
Pending Amendment (A-#1)		\$971,812.50	1/1/2026-3/31/2027	Pending	Pending
Total Amendments		\$971,812.50			
Total Contract Amount		\$2,416,437.50			

PURCHASING USE ONLY

Prior Resolutions:	R2024-0128
CM#:	4279
Vendor Name:	Murtis Taylor Human Services System
Time Period:	4/1/2024 – 12/31/2025 EXT 3/31/2027
Amount:	\$72,691.57
History/CE:	OK
EL:	OK
Purchasing Notes:	Master documents listed under CNTR 4265 (briefing memo, justification, master cover, matrix law screen)
Purchasing Agents Initials and date of approval	EB 10/28/2025

CONTRACT EVALUATION FORM

Contractor	Murtis Taylor Human Services System
Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#:	213152
RQ#	13809
Time Period of Original Contract	4/1/2024-12/31/2025
Background Statement	
Service Description	Murtis Taylor's Fatherhood Program is targeted at low-income males 25 or younger who reside in Cuyahoga County. The Strong Fathers Program uses the 24/7 Dad and Active Parenting curriculums integrated with organized league sports to teach young men what it means to be a strong supportive father.
Performance Indicators	<ol style="list-style-type: none"> 1) Successful outreach, recruitment and engagement of fathers. 2) Number of program participants within who complete the program as outlined in the contract specifications. 3) Quality of program delivered as evidenced through formal program evaluations. 4) Compliance with all required monthly reporting.
Actual Performance versus performance indicators (include statistics):	<p>The Cuyahoga County Fatherhood Initiative contracted with Murtis Taylor to provide its 24/7 Dads and Active Parenting Curriculum to fathers within Cuyahoga County with a minimum of sixty-five (65) unduplicated fathers completing the six-week class. The contract also includes standards of deliverables for those completing the program including increased self-esteem, engagement and availability with their children, increase in participation by children and their fathers in community activities and increased knowledge of non-violent conflict management as measured by nationally recognized tools.</p> <p>During the first 17 months of this contract period the Murtis Taylor Fatherhood Program had 67 fathers complete (graduated) the six-week curriculum. Additionally, the program has reached out beyond the Murtis Taylor Center to Harbor Lights, the Community Assessment and Treatment Center and the Garfield Heights Neighborhood Collaborative to serve fathers. Further, the program completed all the monthly reporting requirements and demonstrated high ratings in meeting the deliverables based on program evaluations among participants</p>

Rating of Overall Performance of Contractor	Superior	Above Average	Average	Below Average	Poor
Select One (X)		X			
Justification of Rating	See above.				
Department Contact	Aldonis Grimes				
User Department	Cuyahoga County Fatherhood Initiative				
Date	09/16/2025				

Department of Purchasing – Required Documents Checklist

Upload as “word” document in OnBase Document Management

Infor/Lawson RQ# (if applicable):	13809
Buyspeed RQ# (if applicable):	N/A
Infor/Lawson PO # Code (if applicable):	RFP
CM Contract#	4274

Late Submittal Required:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Why is the contract being submitted late?	N/A	
What is being done to prevent this from reoccurring?	N/A	

TAC or CTO Required or Authorized IT Standard	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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Contract Amendments Reviewed by Purchasing				
Fatherhood AMND1- Nueva Luz Urban Resource Center (8 of 11)			Department Initials	Purchasing
Briefing Memo			AL	EB
Justification Form			DA	EB
IG#	25-0240-REG Exp.12/31/29		AL	EB
Annual Non-Competitive Bid Contract Statement (See Contracts Checklist Glossary on the intranet for form requirements).	Date:		N/A	N/A
Debarment/Suspension Verified	Date:	10/10/2025	AL	EB
Auditor's Findings	Date:	10/10/2025	AL	EB
Independent Contractor (I.C.) Form	Date:	8/27/2025	AL	EB
Cover - Master contracts only			LS	EB
Contract Evaluation – if required provide most recent CM history on contract history table (see pg 2)			AG	EB
TAC/CTO Approval or IT Standards (if required attach and identify relevant page #s or meeting approval number)			N/A	N/A
Checklist Verification			AL	EB

Other documentation may be required depending upon your specific item

Glossary of Terms at: <https://intranet.cuyahoga.cc/policies-procedures/procurement-information>

Reviewed by Law	
	Department Initials
Agreement/Contract and Exhibits	AL
Matrix Law Screen shot	AL
COI	AL
Workers' Compensation Insurance	AL
Original Executed Contract (containing insurance terms) & all executed amendments	AL

Department of Purchasing – Required Documents Checklist

CONTRACT SPENDING PLAN

Time Period	Accounting Unit	Account Number	Activity Code	Account Category or Subaccount	Dollar Amount
1/1/2026 - 12/31/2026	HS280100	55130	UCH00000	55130	\$43,957.15
1/1/2027 - 3/31/2027	HS280100	55130	UCH00000	55130	\$9,881.40
			TOTAL		\$53,838.55

CONTRACT HISTORY (see Contract Evaluation, if applicable/ to be completed by Department)

CE/AG# (if applicable)		N/A			
Infor/Lawson PO# and PO Code (if applicable)		213149 / RFP			
Lawson RQ# (if applicable)		13809			
CM Contract#		4274			
	Original Amount	Amendment Amount (if applicable)	Original Time Period/Amended End Date	BOC/ Resolution Approval Date	BOC/ Resolution Approval #
Original Amount	\$1,444,625.00		4/1/2024 – 12/31/2025	4/9/2024	R2024-0128
Prior Amendment Amounts (list separately) (A-#)		\$			
		\$			
		\$			
Pending Amendment	AMND1	\$971,812.50	1/1/2026-3/31/2027	Pending	Pending
Total Amendments		\$971,812.50			
Total Contract Amount		\$2,416,437.50			

PURCHASING USE ONLY

Prior Resolutions:	R2024-0128
CM#:	4274
Vendor Name:	Nueva Luz Urban Resource Center
Time Period:	4/1/2024 – 12/31/2025 EXT 3/31/2027
Amount:	\$53,838.55
History/CE:	OK
EL:	OK
Purchasing Notes:	Master documents listed under CNTR 4265 (briefing memo, justification, master cover, matrix law screen)
Purchasing Agents Initials and date of approval	EB 10/28/2025

CONTRACT EVALUATION FORM

Contractor	Nueva Luz Urban Resource Center				
Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#:	213174				
RQ#	13809				
Time Period of Original Contract	4/1/2024 - 12/31/2025				
Background Statement					
Service Description	This program will offer martial arts lessons that fathers and children of all ages can attend in a supportive environment that promotes collaboration, growth and positivity. Additionally, at-risk teens /young adult men will be invited to attend hybrid martial arts and healthy sexual reproductive health classes while working to reduce premature fatherhood				
Performance Indicators	1) Recruitment of fathers and children for program services. 2) Successfully connect fathers with their child/ren. 3) Scheduling consistent and convenient times for services. 4) Completion of all contract specified goals. 5) Completion of all required monthly reports				
Actual Performance versus performance indicators (include statistics):	During this contract period, the program's goal is to serve 90 fathers and teens through the Fathers in the Ring Program. During the 17 months of this 21month contract period, Nueva Luz has had 94 fathers and teens participate in the program. The program has grown over the course of the contract. Nueva Luz has also been compliant in completing all monthly reporting requirements				
Rating of Overall Performance of Contractor	Superior	Above Average	Average	Below Average	Poor
Select One (X)		X			
Justification of Rating	See above.				
Department Contact	Aldonis C. Grimes				
User Department	Cuyahoga County Fatherhood Initiative				
Date	09/16/2025				

Department of Purchasing – Required Documents Checklist

Upload as “word” document in OnBase Document Management

Infor/Lawson RQ# (if applicable):	RQ 13809
BuySpeed RQ# (if applicable):	N/A
Infor/Lawson PO # Code (if applicable):	AMND
CM Contract#	CM 4271

Late Submittal Required:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Why is the contract being submitted late?		
What is being done to prevent this from reoccurring?		

TAC or CTO Required or Authorized IT Standard	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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Contract Amendments Reviewed by Purchasing				
Passages Connecting Fathers and Sons, Inc. - AMND 1			Department Initials	Purchasing
Briefing Memo			DA	EB
Justification Form			DA	EB
IG#	23-0341-REG; EXP. 12/31/2028		DA	EB
Annual Non-Competitive Bid Contract Statement (See Contracts Checklist Glossary on the intranet for form requirements).	Date:		N/A	N/A
Debarment/Suspension Verified	Date:	10/20/2025	AL	EB
Auditor's Findings	Date:	10/20/2025	AL	EB
Independent Contractor (I.C.) Form	Date:	8.20.2025	DA	EB
Cover - Master contracts only			DA	EB
Contract Evaluation – if required provide most recent CM history on contract history table (see pg 2)			DA	EB
TAC/CTO Approval or IT Standards (if required attach and identify relevant page #s or meeting approval number)			N/A	N/A
Checklist Verification			DA	EB

Other documentation may be required depending upon your specific item

Glossary of Terms at: <https://intranet.cuyahoga.cc/policies-procedures/procurement-information>

Reviewed by Law	
Passages Connecting Fathers and Sons, Inc. - AMND 1	Department Initials
Agreement/Contract and Exhibits	AL
Matrix Law Screen shot	AL
COI	DA
Workers' Compensation Insurance	DA
Original Executed Contract (containing insurance terms) & all executed amendments	DA

Department of Purchasing – Required Documents Checklist

CONTRACT SPENDING PLAN

Time Period	Accounting Unit	Account Number	Activity Code	Account Category or Subaccount	Dollar Amount
1/1/2026-12/31/2026	HS280100	55130	UCH00000	55130	\$98,863.87
1/1/2027-3/31/2027	HS280100	55130	UCH00000	55130	\$22,223.92
			TOTAL		\$121,087.79

CONTRACT HISTORY (see Contract Evaluation, if applicable/ to be completed by Department)

CE/AG# (if applicable)		N/A			
Infor/Lawson PO# and PO Code (if applicable)		213154/RFP			
Lawson RQ# (if applicable)		RQ 13809			
CM Contract#		4271			
	Original Amount	Amendment Amount (if applicable)	Original Time Period/Amended End Date	BOC/ Resolution Approval Date	BOC/ Resolution Approval #
Original Amount	\$1,444,625.00		4/1/2024-12/31/2025	4/9/2024	R2024-0128
Prior Amendment Amounts (list separately)		\$			
		\$			
		\$			
Pending Amendment (A-#1)		\$971,812.50	1/1/2026-3/31/2027	Pending	Pending
Total Amendments		\$971,812.50			
Total Contract Amount		\$2,416,437.50			

PURCHASING USE ONLY

Prior Resolutions:	R2024-0128
CM#:	4271
Vendor Name:	Passages Connecting Fathers and Families, Inc.
Time Period:	4/1/2024 – 12/31/2025 EXT 3/31/2027
Amount:	\$121,087.79
History/CE:	OK
EL:	OK
Purchasing Notes:	Master documents listed under CNTR 4265 (briefing memo, justification, master cover, matrix law screen)
Purchasing Agents Initials and date of approval	EB 10/28/2025

CONTRACT EVALUATION FORM

Contractor	Passages Connecting Fathers and Sons, Inc.				
Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#:	213154				
RQ#	13809				
Time Period of Original Contract	4/1/2024 – 12/31/2025				
Background Statement					
Service Description	This program provides counseling, job referral/employment readiness services, development of individualized plans for strategic steps toward employment and independence, crisis intervention and mentoring for young fathers. This program focuses on the population of ex-offenders and men with limited skills. Passages has extensive experience working with incarcerated or newly released ex-offenders and provides career planning and re-entry counseling for these fathers.				
Performance Indicators	1) Ability to successfully recruit contract specified number of program participants. 2) Ability to successfully enroll contract specified number of program participants. 3) Program completion by contract specified number of program participants. 4) Successful job placement of a percentage of individuals completing the program. 5) Program quality demonstrated by formal program evaluations. 6) Completion of all required monthly reports.				
Actual Performance versus performance indicators (include statistics):	According to the terms of this contract period, Passages' goal was to recruit and serve one hundred and thirty (130) fathers through its job referral/employment readiness services with 55 fathers securing employment. During the 17 months of this 21-month contract period, Passages has assessed and served a total of 146 fathers with 52 securing employment. Further, Passages' program has received excellent evaluations from program participants. Passages also have completed all required monthly reports.				
Rating of Overall Performance of Contractor	Superior	Above Average	Average	Below Average	Poor
Select One (X)		X			

Justification of Rating	See above.
Department Contact	Aldonis Grimes
User Department	Cuyahoga County Fatherhood Initiative
Date	09/16/2025

Department of Purchasing – Required Documents Checklist

Upload as “word” document in OnBase Document Management

Infor/Lawson RQ# (if applicable):	RQ 13809
Buyspeed RQ# (if applicable):	N/A
Infor/Lawson PO # Code (if applicable):	AMND
CM Contract#	CM 4273

Late Submittal Required:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Why is the contract being submitted late?		
What is being done to prevent this from reoccurring?		

TAC or CTO Required or Authorized IT Standard	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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Contract Amendments Reviewed by Purchasing				
Towards Employment, Inc. – AMND 1 (10 of 11)			Department Initials	Purchasing
Briefing Memo			DA	EB
Justification Form			DA	EB
IG#	24-0388-REG; EXP.12/31/2028		DA	EB
Annual Non-Competitive Bid Contract Statement (See Contracts Checklist Glossary on the intranet for form requirements).	Date:		N/A	N/A
Debarment/Suspension Verified	Date:	10/16/2025	AL	EB
Auditor’s Findings	Date:	10/16/2025	AL	EB
Independent Contractor (I.C.) Form	Date:	6.13.2025	DA	EB
Cover - Master contracts only			DA	EB
Contract Evaluation – if required provide most recent CM history on contract history table (see pg 2)			DA	EB
TAC/CTO Approval or IT Standards (if required attach and identify relevant page #s or meeting approval number)			N/A	N/A
Checklist Verification			DA	EB

Other documentation may be required depending upon your specific item

Glossary of Terms at: <https://intranet.cuyahoga.cc/policies-procedures/procurement-information>

Reviewed by Law	
Towards Employment, Inc. – AMND 1	Department Initials
Agreement/Contract and Exhibits	AL
Matrix Law Screen shot	AL
COI	DA
Workers’ Compensation Insurance	DA
Original Executed Contract (containing insurance terms) & all executed amendments	DA

Department of Purchasing – Required Documents Checklist

CONTRACT SPENDING PLAN

Time Period	Accounting Unit	Account Number	Activity Code	Account Category or Subaccount	Dollar Amount
1/1/2026-12/31/2026	HS280100	55130	UCH00000	55130	\$98,863.87
1/1/2027-3/31/2027	HS280100	55130	UCH00000	55130	\$22,223.92
			TOTAL		\$121,087.79

CONTRACT HISTORY (see Contract Evaluation, if applicable/ to be completed by Department)

CE/AG# (if applicable)		N/A			
Infor/Lawson PO# and PO Code (if applicable)		213181/RFP			
Lawson RQ# (if applicable)		RQ 13809			
CM Contract#		4273			
	Original Amount	Amendment Amount (if applicable)	Original Time Period/Amended End Date	BOC/ Resolution Approval Date	BOC/ Resolution Approval #
Original Amount	\$1,444,625.00		4/1/2024-12/31/2025	4/9/2024	R2024-0128
Prior Amendment Amounts (list separately)		\$			
		\$			
		\$			
Pending Amendment (A-#1)		\$971,812.50	1/1/2026-3/31/2027	Pending	Pending
Total Amendments		\$971,812.50			
Total Contract Amount		\$2,416,437.50			

PURCHASING USE ONLY

Prior Resolutions:	R2024-0128
CM#:	4273
Vendor Name:	Towards Employment, Incorporated
Time Period:	4/1/2024 – 12/31/2025 EXT 3/31/2027
Amount:	\$121,087.79
History/CE:	OK
EL:	OK
Purchasing Notes:	Master documents listed under CNTR 4265 (briefing memo, justification, master cover, matrix law screen)
Purchasing Agents Initials and date of approval	EB 10/28/2025

CONTRACT EVALUATION FORM

Contractor	Towards Employment, Inc.				
Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#:	213181				
RQ#	13809				
Time Period of Original Contract	4/1/2024 – 12/31/2025				
Background Statement					
Service Description	<p>This is a Workforce Development/Training program at Towards Employment aimed at previously incarcerated fathers. It is a six-week training program with the goal of assisting fathers to reconnect with their families and preparing them to be a productive part of the workforce. This amendment component of the contract adds activities outlined in the Families Forward Demonstration Project which is designed to test a new employment-focused program for low-income noncustodial parents (NCPs) who are unable to fully meet their child support obligations. The key objective is to identify effective strategies to improve earning capacity and financial capacity-building of NCPs, thereby increasing their ability to support their children.</p>				
Performance Indicators	<p>1) Ability to successfully recruit number of contracts specified program participants. 2) Number of program participants to successfully complete the program curriculum. 3) Number of program participants successfully achieving employment. 4) Overall quality of program as indicated on formal program evaluations. 5) Successful completion of all required monthly reports.</p>				
Actual Performance versus performance indicators (include statistics):	<p>The Towards Employment program is contracted to recruit and serve 138 fathers with 97 of those program participants completing the curriculum and 73 to be successfully employed for the new contract period... The Towards Employment program has been able to provide the following services during the past 17 months of the current contract period: 149 fathers have been assessed; 124 fathers have completed the program and 76 have been successfully placed in jobs. The Towards Employment has also met all monthly reporting requirements. goals.</p>				
Rating of Overall Performance of Contractor	Superior	Above Average	Average	Below Average	Poor
Select One (X)	X				

Justification of Rating	See above.
Department Contact	Aldonis Grimes
User Department	Cuyahoga County Fatherhood Initiative
Date	09/16/2025

Department of Purchasing – Required Documents Checklist

Upload as “word” document in OnBase Document Management

Infor/Lawson RQ# (if applicable):	RQ13809
Buyspeed RQ# (if applicable):	N/A
Infor/Lawson PO # Code (if applicable):	RFP
CM Contract#	CM# 4275

Late Submittal Required:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Why is the contract being submitted late?	N/A	
What is being done to prevent this from reoccurring?	N/A	

TAC or CTO Required or Authorized IT Standard	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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Contract Amendments Reviewed by Purchasing				
University Settlement – FTHD24 AMND 1			Department Initials	Purchasing
Briefing Memo			AL	EB
Justification Form			LS	EB
IG#	23-0424-REG exp. 12.31.2027		LS	EB
Annual Non-Competitive Bid Contract Statement (<i>See Contracts Checklist Glossary on the intranet for form requirements</i>).	Date:		N/A	N/A
Debarment/Suspension Verified	Date:	9.25.2025 10/21/2025	LS	EB
Auditor’s Findings	Date:	9.25.2025 10/21/2025	LS	EB
Independent Contractor (I.C.) Form	Date:	8.13.2025	LS	EB
Cover - <i>Master contracts only</i>			DA	EB
Contract Evaluation – <i>if required provide most recent CM history on contract history table (see pg 2)</i>			LS	EB
TAC/CTO Approval or IT Standards (<i>if required attach and identify relevant page #s or meeting approval number</i>)			N/A	N/A
Checklist Verification			LS	EB

Other documentation may be required depending upon your specific item

Glossary of Terms at: <https://intranet.cuyahoga.cc/policies-procedures/procurement-information>

Reviewed by Law	
University Settlement – FTHD24 AMND 1	Department Initials
Agreement/Contract and Exhibits	LS
Matrix Law Screen shot	LS
COI	LS
Workers’ Compensation Insurance	LS
Original Executed Contract (containing insurance terms) & all executed amendments	LS

Department of Purchasing – Required Documents Checklist

CONTRACT SPENDING PLAN

Time Period	Accounting Unit	Account Number	Activity Code	Account Category or Subaccount	Dollar Amount
1/1/2026 – 12/31/2026	HS280100	55130	UCH00000	55130	\$53,954.60
1/1/2027 – 3/31/2027	HS280100	55130	UCH00000	55130	\$12,128.65
			TOTAL		\$66,083.25

CONTRACT HISTORY (see Contract Evaluation, if applicable/ to be completed by Department)

CE/AG# (if applicable)		N/A			
Infor/Lawson PO# and PO Code (if applicable)		RFP			
Lawson RQ# (if applicable)		RQ13809			
CM Contract#		4275			
	Original Amount	Amendment Amount (if applicable)	Original Time Period/Amended End Date	BOC/ Resolution Approval Date	BOC/ Resolution Approval #
Original Amount	\$1,444,625.00		4/1/2024 – 12/31/2025	4/9/2024	R2024-0128
Prior Amendment Amounts (list separately) (A-#)		\$			
		\$			
		\$			
Pending Amendment (AMND 1)		\$971,812.50	1/1/2026 – 3/31/2027	Pending	Pending
Total Amendments		\$971,812.50			
Total Contract Amount		\$2,416,437.50			

PURCHASING USE ONLY

Prior Resolutions:	R2024-0128
CM#:	4275
Vendor Name:	University Settlement Slavic Village, LLC
Time Period:	4/1/2024 – 12/31/2025 EXT 3/31/2027
Amount:	\$66,083.25
History/CE:	OK
EL:	OK
Purchasing Notes:	Master documents listed under CNTR 4265 (briefing memo, justification, master cover, matrix law screen)
Purchasing Agents Initials and date of approval	EB 10/28/2025

CONTRACT EVALUATION FORM

Contractor	University Settlement Slavic Village LLC				
Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#:	213150				
RQ#	13809				
Time Period of Original Contract	April 1, 2021 thru March 31, 2024				
Background Statement					
Service Description	The Healthy Fathers Program engages fathers in school-based fatherhood programming at three K-8 CMSD schools; A.B. Hart, Mound and Warner Girls Leadership Academy in addition to fatherhood programs at University Settlement.				
Performance Indicators	1) Outreach, recruitment and enrollment of fathers with children attending each of the targeted schools. 2) Attendance at father/child focused events. 3) Volunteer participation rates by fathers in targeted schools. 4) Completion of all required monthly reports.				
Actual Performance versus performance indicators (include statistics):	<p>During this contract period, University Settlement's Healthy Fathers program has continued to be extremely successful in getting fathers engaged in their children's educational process in their three targeted K-8 schools (A.B. Hart, Mound and Warner Girls Leadership Academy). The Cuyahoga County Fatherhood Initiative specified a goal of serving four hundred and ninety (490) fathers in its three targeted schools for this contact period. During the past 17 months of the current contract period the Healthy Fathers program has served five hundred and seventy five (575) community fathers.</p> <p>The Healthy Fathers program has also continued to successfully sponsor multiple family orientated programs at each of its three targeted schools, while also increasing the father's volunteer rate at each school. Further, the Healthy Fathers program has also complied with all monthly reporting requirements. In addition to the high evaluations the program has received from the participating fathers, the program has also received very positive reviews and accolades from the administrators at each of the schools.</p>				
Rating of Overall Performance of Contractor	Superior	Above Average	Average	Below Average	Poor
Select One (X)	X				
Justification of Rating	See Above				

Department Contact	Aldonis Grimes
User Department	Cuyahoga County Fatherhood Initiative
Date	09/16/2025

County Council of Cuyahoga County, Ohio

Resolution No. R2025-0341

Sponsored by: County Executive Ronayne/Department of Health and Human Services/Cuyahoga Job and Family Services	A Resolution authorizing a contract with United Way of Greater Cleveland in the amount not-to-exceed \$2,034,158.00 for fiscal agent services and emergency food purchase assistance by hunger centers serving eligible Cuyahoga County residents for the period 1/1/2026 – 12/31/2027; authorizing the County Executive to execute the Contract No. 5739 and all other documents consistent with said award and this Resolution; and declaring the necessity that this Resolution become immediately effective..
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WHEREAS, the County Executive/Department of Health and Human Services/Cuyahoga Job and Family Services recommend entering into a contract with United Way of Greater Cleveland in the amount not-to-exceed \$2,034,158.00 for fiscal agent services and emergency food purchase assistance by hunger centers serving eligible Cuyahoga County residents for the period 1/1/2026 – 12/31/2027; and

WHEREAS, the primary goal for this project is to serve as fiscal agent and to provide emergency food assistance to eligible residents of the County; and

WHEREAS, the project is funded 100% by Health and Human Services Levy; and

WHEREAS, it is necessary that this Resolution become immediately effective in order that critical services provided by Cuyahoga County can continue.

NOW, THEREFORE, BE IT RESOLVED BY THE COUNTY COUNCIL OF CUYAHOGA COUNTY, OHIO:

SECTION 1. That the Cuyahoga County Council hereby authorizes a contract with United Way of Greater Cleveland in the amount not-to-exceed \$2,034,158.00 for fiscal agent services and emergency food purchase assistance by hunger centers serving eligible Cuyahoga County residents for the period 1/1/2026 – 12/31/2027.

SECTION 2. That the County Executive is authorized to execute Contract No. 5739 and all other documents consistent with said award and this Resolution.

To the extent that any exemptions are necessary under the County Code and contracting procedures, they shall be deemed approved by the adoption of this Resolution.

SECTION 3. It is necessary that this Resolution become immediately effective for the usual daily operation of the County; the preservation of public peace, health or safety in the County; and any additional reasons set forth in the preamble. Provided that this Resolution receives the affirmative vote of at least eight members of Council, it shall take effect and be in force immediately upon the earliest occurrence of any of the following: (1) its approval by the County Executive through signature, (2) the expiration of the time during which it may be disapproved by the County Executive under Section 3.10(6) of the Cuyahoga County Charter, or (3) its passage by at least eight members of Council after disapproval pursuant to Section 3.10(7) of the Cuyahoga County Charter. Otherwise, it shall take effect and be in force from and after the earliest period allowed by law.

SECTION 4. It is found and determined that all formal actions of this Council relating to the adoption of this Resolution were adopted in an open meeting of the Council, and that all deliberations of this Council and of any of its committees that resulted in such formal action were in meetings open to the public, in compliance with all legal requirements, including Section 121.22 of the Ohio Revised Code.

On a motion by _____, seconded by _____, the foregoing Resolution was duly adopted.

Yeas:

Nays:

County Council President

Date

County Executive

Date

Clerk of Council

Date

First Reading/Referred to Committee: November 25, 2025
Committee(s) Assigned: Health, Human Services & Aging

Journal _____
_____, 20____

PURCHASE-RELATED TRANSACTIONS

Title	RQ# N/A – 2026 – United Way of Greater Cleveland – RFP Exemption – Emergency Food Program 2026-2027
Department or Agency Name	Cuyahoga County Job and Family Services
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	5739	United Way of Greater Cleveland	1/1/2026- 12/31/2027	\$2,034,158.00	Pending	Pending

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

Cuyahoga Job and Family Services is requesting approval of a contract with **United Way of Greater Cleveland** to provide professional services related to the **Emergency Food Program** for the anticipated cost of **\$2,034,158.00** for the time period of **1/1/2026 – 12/31/2027**.

United Way will provide services related to coordinating the allocation of funds for the purchase of food by the hunger centers serving eligible individuals and families residing in Cuyahoga County.

The Federal Emergency Management Agency/Emergency Food and Shelter Program (FEMA/EFSP) Cuyahoga County Local Board, which is staffed by United Way of Greater Cleveland has the capability to administer these resources and can ensure funds will be allocated based upon community need.

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

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

Project Goals, Outcomes or Purpose (list 3):

- To provide eligible individuals and families residing in Cuyahoga County with a diverse inventory of food at a variety of Hunger Network Centers.
- To coordinate the allocation of funds for the purchase of food.
- To provide on-going evaluation of the success of this method of distribution

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

Vendor Name and address:	Owner, executive director, other (specify):
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United Way of Greater Cleveland 1331 Euclid Avenue Cleveland, OH 44115	Sharon Sobol Jordan, President & CEO
Vendor Council District:	Project Council District:
07	Countywide
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. RFP Exemption pursuant to Cuyahoga County Code Section 501.12 (B)(2). This falls under Professional Services, sub – type financial. United Way is the fiscal manager of these dollars that will be disbursed to over 30 hunger centers across the County. *See Justification for additional information.
The total value of the solicitation: N/A	<input checked="" type="checkbox"/> Exemption - RFP Exemption/CM 5739
Number of Solicitations (sent/received) / N/A	<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. N/A 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: N/A	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? N/A	<input type="checkbox"/> Contract Amendment - (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe:

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

List date of TAC approval

Date:

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

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

N/A

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

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

100% Health and Human Services Levy dollars

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.

HS260185 55130 UCH06018 \$2,034,158.00

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

Provide status of project. Recurring service or purchase. New vendor
Ongoing

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

Reason: N/A

Timeline N/A

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) N/A

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.
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O	3824	United Way ER Food	1/1/2024 – 12/31/2025	\$2,440,900.00	11/29/2023	R2023-0329
A-1	3824	United Way ER Food	1/1/2024 – 12/31/2025	\$250,000.00	8/19/2024	BC2024-610

Department of Purchasing – Required Documents Checklist

Upload as “word” document in OnBase Document Management

Infor/Lawson RQ# (if applicable):	N/A
Infor/Lawson PO # Code (if applicable):	EXMT
CM Contract#	5739

Late Submittal Required:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Why is the contract being submitted late?	N/A	
What is being done to prevent this from reoccurring?	N/A	

TAC or CTO Required or Authorized IT Standard	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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OTHER THAN FULL AND OPEN COMPETITION				
Exemptions (Contract)				
Reviewed by Purchasing				
United Way of Greater Cleveland – Emergency Food 2026			Department Initials	Purchasing
Briefing Memo			AL	EB
Justification Form			AL	EB
IG#	25-0212-REG	Exp12.31.29	AL	EB
Annual Non-Competitive Bid Contract Statement (See Contracts Checklist Glossary on the intranet for form requirements).	Date:		N/A	N/A
Debarment/Suspension Verified	Date:	10/28/2025	AL	EB
Auditor’s Findings	Date:	10/28/2025	AL	EB
Vendor’s Submission			N/A	N/A
Independent Contractor (I.C.) Form	Date:	9.23.25	AL	EB
Cover - Master contracts only			N/A	N/A
Contract Evaluation – if required provide most recent CM history on contract history table (see pg 2)			SM	EB
TAC/CTO Approval or IT Standards (if required attach and identify relevant page #s or meeting approval number)			N/A	N/A
Checklist Verification			AL	EB

Other documentation may be required depending upon your specific item

Glossary of Terms at: <https://intranet.cuyahoga.cc/policies-procedures/procurement-information>

Reviewed by Law	
	Department Initials
Agreement/Contract and Exhibits	AL
Matrix Law Screen shot	AL
COI	AL
Workers’ Compensation Insurance	AL

CONTRACT SPENDING PLAN

1 | Page
Revised 7/3/2025

Department of Purchasing – Required Documents Checklist

Time Period	Accounting Unit	Account Number	Activity Code	Account Category or Subaccount	Dollar Amount
1/1/2026-12/31/2026	HS260185	55130	UCH06018	55130	\$1,017,079.00
1/1/2027-12/31/2027	HS260185	55130	UCH06018	55130	\$1,017,079.00
			TOTAL		\$2,034,158.00

CONTRACT HISTORY (see Contract Evaluation, if applicable/ to be completed by Department)

CE/AG# (if applicable)		N/A			
Infor/Lawson PO# and PO Code (if applicable)		EXMT			
Lawson RQ# (if applicable)		N/A			
CM Contract#		5739 3824			
	Original Amount	Amendment Amount (if applicable)	Original Time Period/Amended End Date	BOC/ Resolution Approval Date	BOC/ Resolution Approval #
Original Amount <i>(CM3824 – Previous Contract)</i>	\$2,440,900.00		1/1/2024-12/31/2025	11/29/2023	R2023-0329
Prior Amendment Amounts (list separately) (A-#)	AMND1	\$250,000.00	1/1/2024-12/31/2025	8/19/2024	BC2024-610
		\$			
		\$			
Pending Amendment		\$			
Total Amendments		\$250,000.00			
Total Contract Amount		\$2,690,900.00			
New Contract Action: RFP Exemption CM5739		\$2,034,158.00	1/1/2026-12/31/2027	Pending	Pending

PURCHASING USE ONLY

Prior Resolutions:	R2023-0329; BC2024-610
CM#:	5739
Vendor Name:	United Way of Greater Cleveland
Time Period:	January 1, 2026- December 31, 2027
Amount:	\$2,034,158.00
History/CE:	OK
EL:	OK
Purchasing Notes:	N/A
Purchasing Agents Initials and date of approval	EB 11/6/2025

CONTRACT EVALUATION FORM

Contractor	United Way of Greater Cleveland				
Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#:	CM# 3824/ CM# 5739				
RQ#	N/A				
Time Period of Original Contract	1.1.2025-12.31.2025				
Background Statement	<p>United Way of Greater Cleveland serves as the fiscal agent to perform the administrative duties related to the distribution, monitoring, and oversight of Cuyahoga County funds to meet the emergency food needs in the County. Through these funds, Hunger Network, on behalf of their 30+ affiliated hunger centers, purchases food and non-food hygiene items directly from the Greater Cleveland Food Bank. The Food Bank ensures that there is a diverse inventory of food that meets community needs, preferences, and cultural values. The Food Bank and Hunger Network also conduct annual hunger center site visits to ensure compliance with food safety and nondiscrimination requirements. Finally, United Way is responsible for providing administrative oversight of County funds, ensuring on-going evaluation of the success and accurate reporting of outcomes.</p>				
Service Description	To provide professional services related to coordinating the allocation of funds for the purchase of food by the hunger centers serving eligible individuals and families residing in Cuyahoga County.				
Performance Indicators	See page 2				
Actual Performance versus performance indicators (include statistics):	<p>See page 2</p> <p>A total of 145,021 unique households obtained food from the HN Hunger Centers in the 2nd quarter in 2025.</p> <p>Of those consumers that obtained food from Hunger Centers, they completed a survey. 190 surveys were completed from ten sites. 69% of respondents agreed the food they received would last three days.</p>				
Rating of Overall Performance of Contractor	Superior	Above Average	Average	Below Average	Poor
Select One (X)		X			

Justification of Rating	Global supply chain issues and national inflation rates left more people in need of emergency support from food pantries, hence the increased number of people served over Q2. The vendor along with the Foodbank and Hunger network have done a good job meeting the needs of the community.
Department Contact	Sharonda Mason
User Department	Division of Contract Administration and Performance
Date	10/29/2025

Performance Indicators and Data

	Q3 2023	Q4 2023	Q1 2024	Q2 2024	Q3 2024	Q4 2024	Q1 2025	Q2 2025
Total Individuals Served	87,480	91,220	79,649	84,684	85,241	98,645	136,774	145,021
Pounds of Food	1,603,938	1,712,697	1,476,567	1,484,040	1,528,464	1,780,524	1,716,544	1,799,518
% of Food Nutritious	54%	65%	66%	65%	64%	67%	64%	65%
Pounds of Non-Food Hygiene Items	88,806	83,268	68,828	65,643	87,463	73,525	69,967	82,477
Non-Food Hygiene Items Cost	\$20,534.47	\$22,718.18	\$23,690.60	\$26,912.30	\$29,067.87	\$33,035.18	\$31,593.83	\$30,750.37
Total Cost:	\$372,894	\$349,781.06	\$348,175.11	\$344,593.95	\$421,932.82	\$432,559.47	\$376,783.62	\$400,432.21
Average Cost Per Pound	\$0.23	\$0.27	\$0.24	\$0.23	\$0.28	\$0.24	\$0.22	\$0.22

County Council of Cuyahoga County, Ohio

Resolution No. R2025-0342

Sponsored by: **County Executive Ronayne/Department of Health and Human Services/Division of Senior and Adult Services**

A Resolution making an award on RQ15957 with various municipalities and providers in the total amount not-to-exceed \$6,955,043.10 for the Community Social Services Program, effective 1/1/2026 – 3/31/2028; authorizing the County Executive to execute the Master Contract and all other documents consistent with said awards and this Resolution; and declaring the necessity that this Resolution become immediately effective..

WHEREAS, the County Executive/Department of Health and Human Services/ Division of Senior and Adult Services recommends an award on RQ15957 with various municipalities and providers and entering into a Master Contract in the total amount not-to-exceed \$6,955,043.10 for the Community Social Services Program, effective 1/1/2026 – 3/31/2028 as follows:

- 1) Contract No. 5553 with Ashbury Community Services, Inc., (dba) Ashbury Senior Computer Community Center in an anticipated amount of \$278,775.00 for Digital Literacy services;
- 2) Contract No. 5557 with Catholic Charities Corporation - Fatima Family Center in an anticipated amount of \$387,550.00 for Adult Development and Meals services;
- 3) Contract No. 5558 with Catholic Charities Corporation - Good Shepherd Family Center in an anticipated amount of \$70,998.75 for Adult Development and Meals services;
- 4) Contract No. 5559 with Catholic Charities Corporation - Hispanic Senior Center in an anticipated amount of \$299,547.50 for Adult Development, Meals, Transportation, and Community Outreach services;
- 5) Contract No. 5560 with Catholic Charities Corporation - St. Martin De Porres Family Center in an anticipated amount of \$297,325.00 for Adult Development and Transportation services;
- 6) Contract No. 5561 with City of Bedford in an anticipated amount of \$217,181.25 for Adult Development, Meals, and Transportation services;
- 7) Contract No. 5562 with City of Berea in an anticipated amount of \$175,082.50 for Adult Development and Transportation services;
- 8) Contract No. 5568 with City of Euclid in an anticipated amount of \$113,040.00 for Adult Development, Meals, and Transportation services;

- 9) Contract No. 5574 with City of Lakewood in an anticipated amount of \$128,250.00 for Adult Development and Transportation services;
- 10) Contract No. 5575 with City of Maple Heights in an anticipated amount of \$133,362.50 for Adult Development, Meals, and Transportation services;
- 11) Contract No. 5576 with City of Parma-Donna Smallwood Activities Center in an anticipated amount of \$28,620.00 for Adult Development services;
- 12) Contract No. 5580 with City of Parma Heights in an anticipated amount of \$476,875.00 for Adult Development, Meals, Transportation, and Community Outreach services;
- 13) Contract No. 5578 with City of Solon in an anticipated amount of \$241,846.88 for Adult Development and Meals services;
- 14) Contract No. 5599 with City of Strongsville in an anticipated amount of \$261,112.50 for Adult Development and Transportation services;
- 15) Contract No. 5589 with Community Partnership on Aging in an anticipated amount of \$305,709.75 for Adult Development, Innovation, and Transportation services;
- 16) Contract No. 5554 with East End Neighborhood House Association in an anticipated amount of \$225,745.97 for Adult Development, Meals and Transportation services;
- 17) Contract No. 5572 with Fairhill Partners in an anticipated amount of \$192,825.00 for Adult Development and Meals services;
- 18) Contract No. 5556 with Famicos Foundation, Inc. in an anticipated amount of \$185,622.75 for Adult Development, Transportation, and Community Outreach services;
- 19) Contract No. 5563 with Harvard Community Services Center, Inc. in an anticipated amount of \$244,794.38 for Adult Development, Meals, Transportation, and Community Outreach services;
- 20) Contract No. 5565 with Jennings Center for Older Adults in an anticipated amount of \$32,298.75 for Adult Development and Transportation services;
- 21) Contract No. 5566 with Linking Employment, Abilities and Potential in an anticipated amount of \$94,500.00 for Adult Development services;
- 22) Contract No. 5590 with The Mandel Jewish Community Center of Cleveland in an anticipated amount of \$120,375.00 for Adult Development, Meals and Transportation services;
- 23) Contract No. 5600 with Murtis Taylor Human Services System in an anticipated amount of \$264,028.50 for Adult Development, Meals and Transportation services;
- 24) Contract No. 5571 with Near West Side Multi Service Corporation dba May Dugan Center in an anticipated amount of \$56,700.00 for Adult Development services;
- 25) Contract No. 5601 with Rose Centers for Aging Well, LLC in an anticipated amount of \$722,949.75 for Adult Development, Meals and Transportation services;
- 26) Contract No. 5569 with S.T.A.R.S LLC in an anticipated amount of \$223,875.00 for Adult Day Care and Adult Development services;
- 27) Contract No. 5573 with Senior Transportation Connection in an anticipated amount of \$510,300.00 for Transportation services;

- 28) Contract No. 5570 with Silver Connections, LLC in an anticipated amount of \$68,632.31 for Adult Development, Meals and Transportation services;
- 29) Contract No. 5602 with The Phillis Wheatley Association in an anticipated amount of \$24,300.00 for Adult Development and Meals services;
- 30) Contract No. 5603 with The Salvation Army in an anticipated amount of \$158,829.75 for Adult Development, Meals and Transportation services;
- 31) Contract No. 5604 with Thea Bowman Center in an anticipated amount of \$47,250.00 for Adult Development services;
- 32) Contract No. 5605 with West Side Community House in an anticipated amount of \$366,739.31 for Adult Development, Meals and Transportation services; and

WHEREAS, the primary goal of this project is to provide programming at senior centers throughout Cuyahoga County; and

WHEREAS, this project is funded 100% by Health and Human Service Levy Fund; and

WHEREAS, it is necessary that this Resolution become immediately effective in order that critical services provided by Cuyahoga County can continue.

NOW, THEREFORE, BE IT RESOLVED BY THE COUNTY COUNCIL OF CUYAHOGA COUNTY, OHIO:

SECTION 1. That the Cuyahoga County Council hereby makes an award on RQ15957 with various municipalities and providers and authorizes entering into a Master Contract in the total amount not-to-exceed \$6,955,043.10 for the Community Social Services Program, effective 1/1/2026 – 3/31/2028 as follows:

- 1) Contract No. 5553 with Ashbury Community Services, Inc., (dba) Ashbury Senior Computer Community Center in an anticipated amount of \$278,775.00 for Digital Literacy services;
- 2) Contract No. 5557 with Catholic Charities Corporation - Fatima Family Center in an anticipated amount of \$387,550.00 for Adult Development and Meals services;
- 3) Contract No. 5558 with Catholic Charities Corporation - Good Shepherd Family Center in an anticipated amount of \$70,998.75 for Adult Development and Meals services;
- 4) Contract No. 5559 with Catholic Charities Corporation - Hispanic Senior Center in an anticipated amount of \$299,547.50 for Adult Development, Meals, Transportation, and Community Outreach services;
- 5) Contract No. 5560 with Catholic Charities Corporation - St. Martin De Porres Family Center in an anticipated amount of \$297,325.00 for Adult Development and Transportation services;
- 6) Contract No. 5561 with City of Bedford in an anticipated amount of \$217,181.25 for Adult Development, Meals, and Transportation services;
- 7) Contract No. 5562 with City of Berea in an anticipated amount of \$175,082.50 for Adult Development and Transportation services;

- 8) Contract No. 5568 with City of Euclid in an anticipated amount of \$113,040.00 for Adult Development, Meals, and Transportation services;
- 9) Contract No. 5574 with City of Lakewood in an anticipated amount of \$128,250.00 for Adult Development and Transportation services;
- 10) Contract No. 5575 with City of Maple Heights in an anticipated amount of \$133,362.50 for Adult Development, Meals, and Transportation services;
- 11) Contract No. 5576 with City of Parma-Donna Smallwood Activities Center in an anticipated amount of \$28,620.00 for Adult Development services;
- 12) Contract No. 5580 with City of Parma Heights in an anticipated amount of \$476,875.00 for Adult Development, Meals, Transportation, and Community Outreach services;
- 13) Contract No. 5578 with City of Solon in an anticipated amount of \$241,846.88 for Adult Development and Meals services;
- 14) Contract No. 5599 with City of Strongsville in an anticipated amount of \$261,112.50 for Adult Development and Transportation services;
- 15) Contract No. 5589 with Community Partnership on Aging in an anticipated amount of \$305,709.75 for Adult Development, Innovation, and Transportation services;
- 16) Contract No. 5554 with East End Neighborhood House Association in an anticipated amount of \$225,745.97 for Adult Development, Meals and Transportation services;
- 17) Contract No. 5572 with Fairhill Partners in an anticipated amount of \$192,825.00 for Adult Development and Meals services;
- 18) Contract No. 5556 with Famicos Foundation, Inc. in an anticipated amount of \$185,622.75 for Adult Development, Transportation, and Community Outreach services;
- 19) Contract No. 5563 with Harvard Community Services Center, Inc. in an anticipated amount of \$244,794.38 for Adult Development, Meals, Transportation, and Community Outreach services;
- 20) Contract No. 5565 with Jennings Center for Older Adults in an anticipated amount of \$32,298.75 for Adult Development and Transportation services;
- 21) Contract No. 5566 with Linking Employment, Abilities and Potential in an anticipated amount of \$94,500.00 for Adult Development services;
- 22) Contract No. 5590 with The Mandel Jewish Community Center of Cleveland in an anticipated amount of \$120,375.00 for Adult Development, Meals and Transportation services;
- 23) Contract No. 5600 with Murtis Taylor Human Services System in an anticipated amount of \$264,028.50 for Adult Development, Meals and Transportation services;
- 24) Contract No. 5571 with Near West Side Multi Service Corporation dba May Dugan Center in an anticipated amount of \$56,700.00 for Adult Development services;
- 25) Contract No. 5601 with Rose Centers for Aging Well, LLC in an anticipated amount of \$722,949.75 for Adult Development, Meals and Transportation services;
- 26) Contract No. 5569 with S.T.A.R.S LLC in an anticipated amount of \$223,875.00 for Adult Day Care and Adult Development services;

- 27) Contract No. 5573 with Senior Transportation Connection in an anticipated amount of \$510,300.00 for Transportation services;
- 28) Contract No. 5570 with Silver Connections, LLC in an anticipated amount of \$68,632.31 for Adult Development, Meals and Transportation services;
- 29) Contract No. 5602 with The Phillis Wheatley Association in an anticipated amount of \$24,300.00 for Adult Development and Meals services;
- 30) Contract No. 5603 with The Salvation Army in an anticipated amount of \$158,829.75 for Adult Development, Meals and Transportation services;
- 31) Contract No. 5604 with Thea Bowman Center in an anticipated amount of \$47,250.00 for Adult Development services;
- 32) Contract No. 5605 with West Side Community House in an anticipated amount of \$366,739.31 for Adult Development, Meals and Transportation services.

SECTION 2. That the County Executive is authorized to execute the Master Contract and all other documents consistent with said awards and this Resolution.

SECTION 3. It is necessary that this Resolution become immediately effective for the usual daily operation of the County; the preservation of public peace, health or safety in the County; and any additional reasons set forth in the preamble. Provided that this Resolution receives the affirmative vote of at least eight members of Council, it shall take effect and be in force immediately upon the earliest occurrence of any of the following: (1) its approval by the County Executive through signature, (2) the expiration of the time during which it may be disapproved by the County Executive under Section 3.10(6) of the Cuyahoga County Charter, or (3) its passage by at least eight members of Council after disapproval pursuant to Section 3.10(7) of the Cuyahoga County Charter. Otherwise, it shall take effect and be in force from and after the earliest period allowed by law.

SECTION 4. It is found and determined that all formal actions of this Council relating to the adoption of this Resolution were adopted in an open meeting of the Council, and that all deliberations of this Council and of any of its committees that resulted in such formal action were in meetings open to the public, in compliance with all legal requirements, including Section 121.22 of the Ohio Revised Code.

On a motion by _____, seconded by _____, the foregoing Resolution was duly adopted.

Yeas:

Nays:

County Council President

Date

County Executive

Date

Clerk of Council

Date

First Reading/Referred to Committee: November 25, 2025

Committee(s) Assigned: Health, Human Services & Aging

Journal _____
_____, 20____

PURCHASE-RELATED TRANSACTIONS

Title	2026 Community Social Services Program (CSSP) Master Agreement
Department or Agency Name	Division of Senior and Adult Services (DSAS)
Requested Action	<input checked="" type="checkbox"/> Contract <input checked="" type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O			1/1/2026 – 3/31/2028	\$6,955,043.09	Pending	Pending
	5553	Ashbury Community Services, Inc., (dba) Ashbury Senior Computer Community Center		\$278,775.00		
	5557	Catholic Charities Corporation - Fatima Family Center		\$387,550.00		
	5558	Catholic Charities Corporation - Good Shepherd Family Center		\$70,998.75		
	5559	Catholic Charities Corporation - Hispanic Senior Center		\$299,547.50		
	5560	Catholic Charities Corporation - St. Martin De Porres Family Center		\$297,325.00		
	5561	City of Bedford		\$217,181.25		
	5562	City of Berea		\$175,082.50		
	5568	City of Euclid		\$113,040.00		
	5574	City of Lakewood		\$128,250.00		
	5575	City of Maple Heights		\$133,362.50		
	5576	City of Parma - Donna Smallwood Activities Center		\$28,620.00		
	5580	City of Parma Heights		\$476,875.00		
	5578	City of Solon		\$241,846.88		
	5599	City of Strongsville		\$261,112.50		
	5589	Community Partnership on Aging		\$305,709.75		
	5554	East End Neighborhood House Association		\$225,745.96		
	5572	Fairhill Partners		\$192,825.00		
	5556	Famicos Foundation, Inc.		\$185,622.75		
	5563	Harvard Community Services Center, Inc.		\$244,794.38		
	5565	Jennings Center for Older Adults		\$32,298.75		
	5566	Linking Employment, Abilities and Potential		\$94,500.00		

	5590	The Mandel Jewish Community Center of Cleveland	\$120,375.00		
	5600	Murtis Taylor Human Services System	\$264,028.50		
	5571	Near West Side Multi Service Corporation dba May Dugan Center	\$56,700.00		
	5601	Rose Centers for Aging Well, LLC	\$722,949.75		
	5569	S.T.A.R.S LLC	\$223,875.00		
	5573	Senior Transportation Connection	\$510,300.00		
	5570	Silver Connections, LLC	\$68,632.31		
	5602	The Phillis Wheatley Asociation	\$24,300.00		
	5603	The Salvation Army	\$158,829.75		
	5604	Thea Bowman Center	\$47,250.00		
	5605	West Side Community House	\$366,739.31		

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

Adult Day Service, Adult Development, Transportation, Meals, Community Outreach, Senior Service and Innovative Program, Digital Literacy for Seniors and Adults with disabilities in Cuyahoga County.

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

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

Project Goals, Outcomes or Purpose (list 3):

1. To reduce loneliness and isolation
2. To improve physical, social, and mental health
3. To reduce food insecurity
4. To provide access to safe and affordable transportation services

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

Vendor Name and address: Ashbury Community Services, Inc., (dba) Ashbury Senior Computer Community Center	Owner, executive director, other (specify): Wanda Davis
11011 Ashbury Avenue Cleveland, OH 44106	
Vendor Council District: 7	Project Council District: 7

If applicable provide the full address or list the municipality(ies) impacted by the project.	
Vendor Name and address: Catholic Charities Corporation - Fatima Family Center	Owner, executive director, other (specify): Joan Hinkelman
6600 Lexington Avenue Cleveland, OH 44103	
Vendor Council District: 7	Project Council District: 7
If applicable provide the full address or list the municipality(ies) impacted by the project.	
Vendor Name and address: Catholic Charities Corporation - Good Sheperd	Owner, executive director, other (specify): Joan Hinkelman
140 Richmond Road Euclid, OH 44143	
Vendor Council District: 11	Project Council District: 11
If applicable provide the full address or list the municipality(ies) impacted by the project.	
Vendor Name and address: Catholic Charities Corporation - Hispanic Senior Center	Owner, executive director, other (specify): Joan Hinkelman
3115 Scranton Road Cleveland, OH 44109	
Vendor Council District: 8	Project Council District: 8
If applicable provide the full address or list the municipality(ies) impacted by the project.	
Vendor Name and address: Catholic Charities Corporation - St. Martin De Porres	Owner, executive director, other (specify): Joan Hinkelman
1264 East 123rd Street Cleveland, OH 44108	
Vendor Council District: 7	Project Council District: 7
If applicable provide the full address or list the municipality(ies) impacted by the project.	

Vendor Name and address: City of Bedford	Owner, executive director, other (specify): Michael Callahan
124 Ellenwood Avenue Bedford, OH 44146	
Vendor Council District: 9	Project Council District: 9
Vendor Name and address: City of Berea	Owner, executive director, other (specify): Natalie Guzzo
11 Berea Commons Berea, OH 44107	
Vendor Council District: 5	Project Council District: 5
If applicable provide the full address or list the municipality(ies) impacted by the project.	
Vendor Name and address: City of Euclid	Owner, executive director, other (specify): Cassandra Bronson
1 Bliss Ln Euclid, OH 44123	
Vendor Council District: 11	Project Council District: 11
If applicable provide the full address or list the municipality(ies) impacted by the project.	
Vendor Name and address: City of Lakewood	Owner, executive director, other (specify): Chad Berry
12650 Detroit Ave. Lakewood, OH 44107	
Vendor Council District: 2	Project Council District: 2
If applicable provide the full address or list the municipality(ies) impacted by the project.	
Vendor Name and address: City of Maple Heights	Owner, executive director, other (specify): Jaimie Hasenohri
15901 Libby Rd Maple Heights, OH 44137	
Vendor Council District: 8	Project Council District: 8

If applicable provide the full address or list the municipality(ies) impacted by the project.	
Vendor Name and address: City of Parma - Donna Smallwood	Owner, executive director, other (specify): Erin Lally
6611 Ridge Rd Parma, OH 44129	
Vendor Council District: 4	Project Council District: 4
If applicable provide the full address or list the municipality(ies) impacted by the project.	
Vendor Name and address: City of Parma Heights	Owner, executive director, other (specify): Trish James
9275 N. Church Dr. Parma Heights, OH 44130	
Vendor Council District: 4	Project Council District: 4
If applicable provide the full address or list the municipality(ies) impacted by the project.	
Vendor Name and address: City of Solon	Owner, executive director, other (specify): Jill Frankel
35000 Portz Parkway Solon, OH 44139	
Vendor Council District: 6	Project Council District: 6
If applicable provide the full address or list the municipality(ies) impacted by the project.	
Vendor Name and address: City of Strongsville	Owner, executive director, other (specify): Sheena Wright
18100 Royalton Rd Strongsville, OH 44136	
Vendor Council District: 5	Project Council District: 5
If applicable provide the full address or list the municipality(ies) impacted by the project.	
Vendor Name and address: Community Partnership on Aging	Owner, executive director, other (specify): Wendy Albin-Sattin

1370 Victory Drive South Euclid, OH 44121	
Vendor Council District: 11	Project Council District: 11
If applicable provide the full address or list the municipality(ies) impacted by the project.	
Vendor Name and address: East End Neighborhood House Association	Owner, executive director, other (specify): Atunyese Vanessa Herron
2749 Woodhill Rd. Cleveland, OH 44104	
Vendor Council District: 7	Project Council District: 7
If applicable provide the full address or list the municipality(ies) impacted by the project.	
Vendor Name and address: Fairhill Partners	Owner, executive director, other (specify): Jeanna Davis
12200 Fairhill Road Cleveland, OH 44120	
Vendor Council District: 9	Project Council District: 9
If applicable provide the full address or list the municipality(ies) impacted by the project.	
Vendor Name and address: Famicos Foundation, Inc.	Owner, executive director, other (specify): John Anoliefo
1325 Ansel Rd Cleveland, OH 44106	
Vendor Council District: 7	Project Council District: 7
If applicable provide the full address or list the municipality(ies) impacted by the project.	
Vendor Name and address: Harvard Community Services Center, Inc.	Owner, executive director, other (specify): Elaine Gohlstin
18240 Harvard Ave Cleveland, OH 44128	
Vendor Council District: 9	Project Council District: 9

If applicable provide the full address or list the municipality(ies) impacted by the project.	
Vendor Name and address: Jennings Center for Older Adults	Owner, executive director, other (specify): Emily Taylor
10204 Granger Rd. Garfield Heights, OH 44125	
Vendor Council District: 8	Project Council District: 8
If applicable provide the full address or list the municipality(ies) impacted by the project.	
Vendor Name and address: Linking Employment, Abilities and Potential	Owner, executive director, other (specify): Beth Glas
2545 Lorain Ave. Cleveland, OH 44113	
Vendor Council District: 7	Project Council District: 7
If applicable provide the full address or list the municipality(ies) impacted by the project.	
Vendor Name and address: Mandel Jewish Community Center of Cleveland	Owner, executive director, other (specify): Traci Felder
26001 South Woodland Road Beachwood, OH 44122	
Vendor Council District: 11	Project Council District: 11
If applicable provide the full address or list the municipality(ies) impacted by the project.	
Vendor Name and address: Murtis Taylor Human Services System	Owner, executive director, other (specify): Lovell Custard
13422 Kinsman Road Cleveland, OH 44120	
Vendor Council District: 9	Project Council District: 9
If applicable provide the full address or list the municipality(ies) impacted by the project.	
Vendor Name and address: Near West Side Multi Service Corporation dba May Dugan Center	Owner, executive director, other (specify): Andy Trares

4115 Bridge Ave. Cleveland, OH 44113	
Vendor Council District: 7	Project Council District: 7
If applicable provide the full address or list the municipality(ies) impacted by the project.	
Vendor Name and address: Rose Centers for Aging Well, LLC	Owner, executive director, other (specify): Dabney Conwell
11890 Fairhill Road Cleveland, OH 44120	
Vendor Council District: 9	Project Council District: 9
If applicable provide the full address or list the municipality(ies) impacted by the project.	
Vendor Name and address: S.T.A.R.S LLC	Owner, executive director, other (specify): Ebony Warren
628/624 East 22nd Street Euclid, OH 44123	
Vendor Council District: 11	Project Council District: 11
If applicable provide the full address or list the municipality(ies) impacted by the project.	
Vendor Name and address: Senior Transportation Connection	Owner, executive director, other (specify): Laura Kleinman
4735 W. 150th., Suite A Cleveland, OH 44135	
Vendor Council District: 2	Project Council District: 2
If applicable provide the full address or list the municipality(ies) impacted by the project.	
Vendor Name and address: Silver Connections, LLC	Owner, executive director, other (specify): Veronica McGhee
15825 Lakeshore Boulevard Cleveland, OH 44110	
Vendor Council District: 10	Project Council District: 10

If applicable provide the full address or list the municipality(ies) impacted by the project.	
Vendor Name and address: The Phillis Wheatley Association	Owner, executive director, other (specify): Richard King
4450 Cedar Ave Cleveland, OH 44103	
Vendor Council District: 7	Project Council District: 7
If applicable provide the full address or list the municipality(ies) impacted by the project.	
Vendor Name and address: The Salvation Army	Owner, executive director, other (specify): Sharon Janasek
2507 E 22nd Steet Cleveland, OH 44115	
Vendor Council District: 7	Project Council District: 7
If applicable provide the full address or list the municipality(ies) impacted by the project.	
Vendor Name and address: Thea Bowman Center	Owner, executive director, other (specify): Jeremy Taylor
11901 Oakfield Ave Cleveland, OH 44105	
Vendor Council District: 8	Project Council District: 8
If applicable provide the full address or list the municipality(ies) impacted by the project.	
Vendor Name and address: West Side Community House	Owner, executive director, other (specify): Rachelle Milner
9300 Lorain Ave Cleveland, OH 44102	
Vendor Council District: 3	Project Council District: 3
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# __15957____ <input type="checkbox"/> RFB <input checked="" type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input checked="" type="checkbox"/> Formal Closing Date: 5/19/2025	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation: \$3,500,000.00	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 193 / 36	<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 (20%) SBE (0) MBE (0) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input checked="" 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: Awarded vendors were higher scored in the RFP review process with service geographical area and capacity considered.	<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"/> No <input type="checkbox"/> Yes If yes, list date of TAC approval and answer the questions below.
<div> <div>List date of TAC approval</div> <div>Date:</div> </div> <input type="checkbox"/> Check if item on IT Standard List of approved purchase and provide date of TAC approval. <input type="checkbox"/> Check if item is ERP related? <input type="checkbox"/> No <input type="checkbox"/> Yes.
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.

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

Accounting Unit:
HS260265

Account:
56110

Activity Codes:
UCH09303
UCH09304
UCH09306
UCH09309
UCH09310

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

Provide status of project.

Project set to begin January 1st, 2026. Previous Contract set to end 12/31/2025.

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

Reason:

Timeline

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

Date documents were requested from vendor:

Date of insurance approval from risk manager:

Date Department of Law approved Contract:

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

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

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

HISTORY (see instructions):

Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	Various	Various	1/1/2024 – 12/31/2025	\$6,063,762.00	11/28/2023	R2023-0336
A-1	Various	Various	5/06/2024 - 12/31/2025	\$2,923,154.00	7/30/2024	R2024-0301

David R. Coats
10.6.2025



Department of Purchasing Tabulation Sheet

REQUISITION NUMBER: RQ15957/EVENT 6414		TYPE: (RFB/RFP/RFQ): RFP		ESTIMATE: \$3,500,000.00	
CONTRACT PERIOD:		RFB/RFP/RFQ DUE DATE: May 30, 2025		SOLICITATIONS ISSUED: 193	
REQUESTING DEPARTMENT: JUVENILE COURT		COMMODITY DESCRIPTION: COMMUNITY SOCIAL SERVICES PROGRAM		MANUAL RESPONSES: 36	
DIVERSITY GOAL/SBE 20%		DIVERSITY GOAL/MBE 0%		ELECTRONIC RESPONSES: 0%	
Does CCBB Apply: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No-N/A -The procurement method was RFP or RFQ, JW 6/9/2025 LL 6/12/2025		CCBB: Low Non-CCBB Bid\$: n/a		Add 2%, Total is: n/a	
Does CCBEIP Apply: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No-N/A The procurement method was RFP or RFQ, JW 6/9/2025 LL 6/12/2025		CCBEIP: Non-CCBEIP Bid \$: n/a		Add 2%, Total is: n/a	
*PRICE PREFERENCE LOWEST BID REC'D \$n/a		RANGE OF LOWEST BID REC'D \$ n/a		Minus \$, = n/a	
PRICE PREF % & \$ LIMIT :n/a		MAX SBE/MBE/WBE PRICE PREF \$		DOES PRICE PREFERENCE APPLY? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No N/A - RFP/RFQ or No diversity goals LL 6/12/2025	

Updated DEI Review LL 8/12/2025

Bidder's / Vendors Name and Address	Bid Bond / Check	Actual Bid Amount (enter "N/A" if RFP or RFQ)	Buyer Administrative Review: Buyer Initials	Price Preference	CCBB / CCBEIP Registered	Diversity Program Review: SBE / MBE / WBE	Dept. Tech. Review	Award: (Y/N)
1. Ashbury Community Services 11011 Ashbury Rd Cleveland OH 44106			Compliant: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IG Registration Complete: <input checked="" type="checkbox"/> Yes IG Number: 22-0143-REG NCA: <input checked="" type="checkbox"/> Yes PH: <input checked="" type="checkbox"/> Yes COOP: (Form Attached) <input type="checkbox"/> Yes (Agree to Participate?) <input type="checkbox"/> No OPD Buyer Initials: AC	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	CCBB <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No CCBEIP <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Subcontractor Name(s): No subcontractors used SBE/MBE/WBE Prime: (Y/N) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No SBE: 0% MBE: 0% WBE: 0% Total % SBE/MBE/WBE Comply: (Y/N) <input checked="" type="checkbox"/> Yes LL 6/12/2025 <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Transaction ID:

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						SBE/MBE/WBE Comments and Initials: DIV-1 – Signed DIV-2 – Signed DIV-3 1 of 2 – Vendor requested waiver based on 501c3 status as a non-profit DIV-3 2 of 2 – Signed and notarized VH 6/6/2025 Vendor has verified 501c3 status-non profit verified via state of Ohio Business search. JW 6/9/2025 LL 6/12/2025		

Bidder's / Vendors Name and Address	Bid Bond / Check	Actual Bid Amount (enter "N/A" if RFP or RFQ)	Buyer Administrative Review: Buyer Initials	Price Preference	CCBB / CCBEIP Registered	Diversity Program Review: SBE / MBE / WBE	Dept. Tech. Review	Award: (Y/N)
2. Benjamin Rose Centers for Aging Well 11890 Fairhill Road Cleveland, OH 44120			Compliant: <input checked="" type="checkbox"/> Yes IG Registration Complete: <input checked="" type="checkbox"/> Yes IG Number: 23-0399-REG NCA: <input checked="" type="checkbox"/> Yes PH: <input checked="" type="checkbox"/> Yes COOP: (Form Attached) <input type="checkbox"/> Yes (Agree to Participate?) <input checked="" type="checkbox"/> No OPD Buyer Initials: AC	<input type="checkbox"/> Yes <input type="checkbox"/> No	CCBB <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No CCBEIP <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Subcontractor Name(s): No subcontractors used SBE/MBE/WBE Prime: (Y/N) <input type="checkbox"/> Yes <input type="checkbox"/> SBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input checked="" type="checkbox"/> No Total % SBE: 0 % MBE: 0% WBE: 0% SBE/MBE/WBE Comply: (Y/N) <input checked="" type="checkbox"/> Yes LL 6/12/2025 <input type="checkbox"/> No SBE/MBE/WBE Comments and Initials: DIV-1 – Signed DIV-2 – Submitted, vendor wrote, "N/A" DIV-3 1 of 2 – Vendor requested waiver based on 501c3 status as a non-profit DIV-3 2 of 2 – Signed and notarized VH 6/6/2025		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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						Vendor has verified 501©3 status-non profit verified via state of Ohio Business search. JW 6/9/2025 LL 6/12/2025		

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3. City of Bedford 165 Center Road Bedford, OH 44146			Compliant: <input checked="" type="checkbox"/> Yes IG Registration Complete: <input type="checkbox"/> Yes IG Number: N/A: <input checked="" type="checkbox"/> Yes PH: YES <input checked="" type="checkbox"/> Yes COOP: (Form Attached) <input type="checkbox"/> Yes (Agree to Participate?) <input checked="" type="checkbox"/> No OPD Buyer Initials: AC	<input type="checkbox"/> Yes <input type="checkbox"/> No	CCBB <input type="checkbox"/> Yes <input type="checkbox"/> No CCBEIP <input type="checkbox"/> Yes <input type="checkbox"/> No	Subcontractor Name(s): No subcontractors used SBE/MBE/WBE Prime: (Y/N) <input type="checkbox"/> Yes <input type="checkbox"/> SBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input checked="" type="checkbox"/> No Total % SBE: 0 % MBE: 0% WBE: 0% SBE/MBE/WBE Comply: (Y/N) <input checked="" type="checkbox"/> Yes LL 6/12/2025 <input type="checkbox"/> No SBE/MBE/WBE Comments and Initials: DIV-1 – Signed DIV-2 – Submitted, vendor wrote, "N/A Seeking participation exemption" DIV-3 1 of 2 – Vendor requested waiver based on status as a municipality DIV-3 2 of 2 – Signed and notarized VH 6/6/2025 Vendor is a municipality. JW 6/9/2025 LL 6/12/2025		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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4. City of Berea 11 Berea Commons Berea OH 44017			Compliant: <input checked="" type="checkbox"/> Yes IG Registration Complete: <input type="checkbox"/> Yes IG Number: NCA: <input checked="" type="checkbox"/> Yes PH: <input checked="" type="checkbox"/> Yes COOP: (Form Attached) <input type="checkbox"/> Yes (Agree to Participate?) <input checked="" type="checkbox"/> No OPD Buyer Initials: AC	<input type="checkbox"/> Yes <input type="checkbox"/> No CCBEIP <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Subcontractor Name(s): No subcontractors used SBE/MBE/WBE Prime: (Y/N) <input type="checkbox"/> Yes <input type="checkbox"/> SBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input checked="" type="checkbox"/> No Total % SBE: 0% MBE: 0% WBE: 0% SBE/MBE/WBE Comply: (Y/N) <input checked="" type="checkbox"/> Yes LL 6/12/2025 <input type="checkbox"/> No SBE/MBE/WBE Comments and Initials: DIV-1 – Signed DIV-2 – Submitted, portion of top area filled out DIV-3 1 of 2 – Vendor requested waiver based on status as a municipality DIV-3 2 of 2 – Signed and notarized VH 6/6/2025 Vendor is a municipality. JW 6/9/2025 LL 6/12/2025		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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5. City of Euclid 1 Bliss Lane Euclid OH 44123			Compliant: <input type="checkbox"/> Yes IG Registration Complete: <input type="checkbox"/> Yes IG Number:	<input type="checkbox"/> Yes <input type="checkbox"/> No CCBEIP <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Subcontractor Name(s): No subcontractors used		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Bidder's / Vendors Name and Address	Bid Bond / Check	Actual Bid Amount (enter "N/A" if RFP or RFQ)	Buyer Administrative Review: Buyer Initials	Price Preference	CCBB / CCBEIP Registered	Diversity Program Review: SBE / MBE / WBE	Dept. Tech. Review	Award: (Y/N)
			NCA: <input checked="" type="checkbox"/> Yes PH: <input checked="" type="checkbox"/> Yes COOP: (form Attached) YES <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Agree to Participate?) <input checked="" type="checkbox"/> No OPD Buyer Initials: AC			SBE/MBE/WBE Prime: (Y/N) <input type="checkbox"/> Yes <input type="checkbox"/> SBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input checked="" type="checkbox"/> No SBE: 0% MBE: 0% WBE: 0% Total % SBE/MBE/WBE Comply: (Y/N) <input checked="" type="checkbox"/> Yes LL 6/12/2025 <input type="checkbox"/> No SBE/MBE/WBE Comments and Initials: DIV-1 – Signed DIV-2 – Submitted, vendor wrote, "N/A" DIV-3 1 of 2 – Vendor requested waiver based on status as a municipality DIV-3 2 of 2 – Signed and notarized VH 6/6/2025 Vendor is a municipality. JW 6/9/2025 LL 6/12/2025		

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6. City of Lakewood 16024 Madison Ave Lakewood OH 44107			Compliant: <input checked="" type="checkbox"/> Yes IG Registration Complete: <input type="checkbox"/> Yes IG Number: NCA: <input checked="" type="checkbox"/> Yes PH: <input checked="" type="checkbox"/> Yes COOP:	<input type="checkbox"/> Yes <input type="checkbox"/> No CCBEIP <input type="checkbox"/> Yes <input type="checkbox"/> No		Subcontractor Name(s): No subcontractors used SBE/MBE/WBE Prime: (Y/N) <input type="checkbox"/> Yes <input type="checkbox"/> SBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input checked="" type="checkbox"/> No Total % SBE: 0% MBE: 0% WBE: 0%		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Bidder's / Vendors Name and Address	Bid Bond / Check	Actual Bid Amount (enter "N/A" if RFP or RFQ)	Buyer Administrative Review: Buyer Initials	Price Preference	CCBB / CCBEIP Registered	Diversity Program Review: SBE / MBE / WBE	Dept. Tech. Review	Award: (Y/N)
			(Form Attached) <input type="checkbox"/> Yes (Agree to Participate?) <input checked="" type="checkbox"/> No OPD Buyer Initials: AC			<div> SBE/MBE/WBE Comply: (Y/N) <input checked="" type="checkbox"/> Yes LL 6/12/2025 <input type="checkbox"/> No </div> <div> SBE/MBE/WBE Comments and Initials: DIV-1 – Signed DIV-2 – Not submitted DIV-3 1 of 2 – Vendor requested waiver based on status as a municipality DIV-3 2 of 2 – Signed and notarized VH 6/6/2025 Vendor is a municipality. JW 6/9/2025 LL 6/12/2025 </div>		

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7. City of Maple Heights – Department of Human Services 15901 Libby Road Maple Heights, OH 44137			Compliant: <input checked="" type="checkbox"/> Yes IG Registration Complete: <input type="checkbox"/> Yes IG Number: NCA: <input checked="" type="checkbox"/> Yes PH: <input checked="" type="checkbox"/> Yes COOP: (Form Attached) <input type="checkbox"/> Yes (Agree to Participate?) <input checked="" type="checkbox"/> No OPD Buyer Initials: AC	<input type="checkbox"/> Yes <input type="checkbox"/> No	CCBB <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No CCBEIP <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<div> Subcontractor Name(s): No subcontractors used </div> <div> SBE/MBE/WBE Prime: (Y/N) <input type="checkbox"/> Yes <input type="checkbox"/> SBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input checked="" type="checkbox"/> No </div> <div> Total % SBE: 0% MBE: 0% WBE: 0% </div> <div> SBE/MBE/WBE Comply: (Y/N) <input checked="" type="checkbox"/> Yes LL 6/12/2025 <input type="checkbox"/> No </div>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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10. City of Solon 35000 Portz Parkway Solon OH 44139			Compliant: <input checked="" type="checkbox"/> Yes IG Registration Complete: <input type="checkbox"/> Yes IG Number: NCA: <input checked="" type="checkbox"/> Yes PH: <input checked="" type="checkbox"/> Yes COOP: (Form Attached) <input type="checkbox"/> Yes (Agree to Participate?) <input checked="" type="checkbox"/> No OPD Buyer Initials: AC	<input type="checkbox"/> Yes <input type="checkbox"/> No	CCBB <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No CCBEIP <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Subcontractor Name(s): No subcontractors used SBE/MBE/WBE Prime: (Y/N) <input type="checkbox"/> Yes <input type="checkbox"/> SBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input checked="" type="checkbox"/> No Total % SBE: 0% MBE: 0% WBE: 0% SBE/MBE/WBE Comply: (Y/N) <input checked="" type="checkbox"/> Yes LL 6/12/2025 <input type="checkbox"/> No SBE/MBE/WBE Comments and Initials: DIV-1 – Signed DIV-2 – Not submitted DIV-3 1 of 2 – Vendor requested waiver based on status as a municipality DIV-3 2 of 2 – Signed and notarized VH 6/6/2025 Vendor is a municipality. IW 6/9/2025 LL 6/12/2025		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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11. Cleveland Clergy Alliance 3130 Eastwick Drive Cleveland Heights, OH 44118			Compliant: <input checked="" type="checkbox"/> Yes IG Registration Complete: <input checked="" type="checkbox"/> Yes IG Number: 23-0314-REG	<input type="checkbox"/> Yes <input type="checkbox"/> No	CCBB <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No CCBEIP <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Subcontractor Name(s): No subcontractors used		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Transaction ID:

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			NCA: <input checked="" type="checkbox"/> Yes PH: <input checked="" type="checkbox"/> Yes COOP: (Form Attached) <input checked="" type="checkbox"/> Yes (Agree to Participate?) <input type="checkbox"/> No OPD Buyer Initials: AC			SBE/MBE/WBE Prime: (Y/N) <input type="checkbox"/> Yes <input type="checkbox"/> SBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input checked="" type="checkbox"/> No Total % SBE: 0% MBE: 0% WBE: 0% SBE/MBE/WBE Comply: (Y/N) <input checked="" type="checkbox"/> Yes LL 6/12/2025 <input type="checkbox"/> No SBE/MBE/WBE Comments and Initials: DIV-1 – Signed DIV-2 – Signed DIV-3 1 of 2 – Vendor requested waiver based on 501c3 status as a non-profit DIV-3 2 of 2 – Submitted, but blank VH 6/6/2025 Vendor has verified 501c3 status-non profit verified via state of Ohio Business search. IW 6/9/2025 LL 6/12/2025		

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12. Cleveland Society for the Blind dba Cleveland Sight Center 1909 East 101 st Street Cleveland OH 44106-4110			Compliant: <input checked="" type="checkbox"/> Yes IG Registration Complete: <input checked="" type="checkbox"/> Yes IG Number: 24-0248-REG NCA: <input checked="" type="checkbox"/> Yes PH: <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No	CCBB <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No CCBEIP <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Subcontractor Name(s): No subcontractors used SBE/MBE/WBE Prime: (Y/N) <input type="checkbox"/> Yes <input type="checkbox"/> SBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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			COOP: (Form Attached) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Agree to Participate?) OPD Buyer Initials: AC			<table border="1"> <tr> <td>Total %</td><td>SBE: 0% MBE: 0% WBE: 0%</td></tr> <tr> <td>SBE/MBE/WBE Comply: (Y/N)</td><td><input checked="" type="checkbox"/> Yes LL 6/12/2025 <input type="checkbox"/> No</td></tr> <tr> <td>SBE/MBE/WBE Comments and Initials:</td><td>DIV-1 – Signed DIV-2 – Signed DIV-3 1 of 2 – Vendor requested waiver based on 501c3 status as a non-profit DIV-3 2 of 2 – Signed and notarized VH 6/6/2025 Vendor has provided verified 501c3 status-non profit verified via state of Ohio Business search . JW 6/9/2025 LL 6/12/2025</td></tr> </table>	Total %	SBE: 0% MBE: 0% WBE: 0%	SBE/MBE/WBE Comply: (Y/N)	<input checked="" type="checkbox"/> Yes LL 6/12/2025 <input type="checkbox"/> No	SBE/MBE/WBE Comments and Initials:	DIV-1 – Signed DIV-2 – Signed DIV-3 1 of 2 – Vendor requested waiver based on 501c3 status as a non-profit DIV-3 2 of 2 – Signed and notarized VH 6/6/2025 Vendor has provided verified 501c3 status-non profit verified via state of Ohio Business search . JW 6/9/2025 LL 6/12/2025		
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13. Community Partnership on Aging 1370 Victory Drive South Euclid, OH 44121			Compliant: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IG Registration Complete: <input checked="" type="checkbox"/> Yes IG Number: 21-0146-REG NCA: <input checked="" type="checkbox"/> Yes PH: <input checked="" type="checkbox"/> Yes COOP: (Form Attached) <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No	<table border="1"> <tr> <td>CCBB</td><td><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td><td>CCBEIP</td><td><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td></tr> </table>	CCBB	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	CCBEIP	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<table border="1"> <tr> <td>Subcontractor Name(s):</td><td>No subcontractors used</td></tr> <tr> <td>SBE/MBE/WBE Prime: (Y/N)</td><td><input type="checkbox"/> Yes <input type="checkbox"/> SBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input checked="" type="checkbox"/> No</td></tr> <tr> <td>Total %</td><td>SBE: 0% MBE: 0% WBE: 0%</td></tr> </table>	Subcontractor Name(s):	No subcontractors used	SBE/MBE/WBE Prime: (Y/N)	<input type="checkbox"/> Yes <input type="checkbox"/> SBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input checked="" type="checkbox"/> No	Total %	SBE: 0% MBE: 0% WBE: 0%		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
CCBB	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	CCBEIP	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No															
Subcontractor Name(s):	No subcontractors used																	
SBE/MBE/WBE Prime: (Y/N)	<input type="checkbox"/> Yes <input type="checkbox"/> SBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input checked="" type="checkbox"/> No																	
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			(Agree to Participate?) <input type="checkbox"/> No OPD Buyer Initials: AC			<div>SBE/MBE/WBE Comply: (Y/N) <input checked="" type="checkbox"/> Yes LL 6/12/2025 <input type="checkbox"/> No</div> <div>SBE/MBE/WBE Comments and Initials: DIV-1 – Signed DIV-2 – Submitted, vendor wrote, "N/A" DIV-3 1 of 2 – Vendor requested waiver based on status as a non-profit governmental affiliation DIV-3 2 of 2 – Signed and notarized VH 6/6/2025 LL 6/12/2025 Vendor has provided verified 501©3 status-non profit verified via state of Ohio Business search. JW 6/9/2025</div>		

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14. East End Neighborhood House Association 2749 Woodhill Cleveland, OH 44104			Compliant: <input checked="" type="checkbox"/> Yes IG Registration Complete: <input checked="" type="checkbox"/> Yes IG Number: 22-0245-REG NCA: <input checked="" type="checkbox"/> Yes PH: <input checked="" type="checkbox"/> Yes COOP: (Form Attached) <input checked="" type="checkbox"/> Yes (Agree to Participate?) <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	CCBB <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No CCBEIP <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<div>Subcontractor Name(s): No subcontractors used</div> <div>SBE/MBE/WBE Prime: (Y/N) <input type="checkbox"/> Yes <input type="checkbox"/> SBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input checked="" type="checkbox"/> No</div> <div>Total % SBE: 0 % MBE: 0% WBE: 0%</div>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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			OPD Buyer Initials: AC			<div> SBE/MBE/WBE Comply: (Y/N) <input checked="" type="checkbox"/> Yes LL 6/12/2025 <input type="checkbox"/> No </div> <div> SBE/MBE/WBE Comments and Initials: DIV-1 – Signed DIV-2 – Submitted, vendor wrote, "N/A" DIV-3 1 of 2 – Vendor requested waiver based on non-profit status DIV-3 2 of 2 – Signed and notarized VH 6/6/2025 Vendor has provided verified 501©3 status-non profit verified via state of Ohio Business search. JW 6/9/2025 LL 6/12/2025 </div>		

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15. Fairhill Partners 12200 Fairhill Road Cleveland, OH 44120			Compliant: <input checked="" type="checkbox"/> Yes IG Registration Complete: <input checked="" type="checkbox"/> Yes IG Number: 23-0216-REG NCA: <input checked="" type="checkbox"/> Yes PH: <input checked="" type="checkbox"/> Yes COOP: (Form Attached) <input type="checkbox"/> Yes (Agree to Participate?) <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	CCBB <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No CCBEIP <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<div> Subcontractor Name(s): No subcontractors used </div> <div> SBE/MBE/WBE Prime: (Y/N) <input type="checkbox"/> Yes <input type="checkbox"/> SBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input checked="" type="checkbox"/> No </div> <div> Total % SBE: 0% MBE: 0% WBE: 0% </div> <div> SBE/MBE/WBE Comply: (Y/N) <input checked="" type="checkbox"/> Yes LL 6/12/2025 <input type="checkbox"/> No </div>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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Bidder's / Vendors Name and Address	Bid Bond / Check	Actual Bid Amount (enter "N/A" if RFP or RFQ)	Buyer Administrative Review: Buyer Initials	Price Preference	CCBB / CCBEIP Registered	Diversity Program Review: SBE / MBE / WBE	Dept. Tech. Review	Award: (Y/N)
			Initials: AC			SBE/MBE/WBE Comments and Initials: DIV-1 – Not submitted DIV-2 – Not submitted DIV-3 1 of 2 – Vendor requested waiver based on 501c3 status as a non-profit DIV-3 2 of 2 – Signed and notarized VH 6/6/2025 Vendor has provided verified 501c3 status-non profit verified via state of Ohio Business search. JW 6/9/2025 LL 6/12/2025 LL 6/12/2025		

Bidder's / Vendors Name and Address	Bid Bond / Check	Actual Bid Amount (enter "N/A" if RFP or RFQ)	Buyer Administrative Review: Buyer Initials	Price Preference	CCBB / CCBEIP Registered	Diversity Program Review: SBE / MBE / WBE	Dept. Tech. Review	Award: (Y/N)
16. Famicos Foundation 1325 Ansel Road Cleveland OH 44106			Compliant: <input type="checkbox"/> Yes <input type="checkbox"/> No IG Registration Complete: <input checked="" type="checkbox"/> Yes IG Number: 21-0206-REG NCA: <input checked="" type="checkbox"/> Yes PH: <input checked="" type="checkbox"/> Yes COOP: (Form Attached) <input type="checkbox"/> Yes (Agree to Participate?) <input type="checkbox"/> No OPD Buyer Initials: AC	<input type="checkbox"/> Yes <input type="checkbox"/> No	CCBB <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No CCBEIP <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Subcontractor Name(s): No subcontractors used SBE/MBE/WBE Prime: (Y/N) <input type="checkbox"/> Yes <input type="checkbox"/> SBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input checked="" type="checkbox"/> No Total % SBE: 0 % MBE: 0 % WBE: 0 % SBE/MBE/WBE Comply: (Y/N) <input checked="" type="checkbox"/> Yes LL 6/12/2025 <input type="checkbox"/> No SBE/MBE/WBE Comments and Initials: DIV-1 – Not submitted DIV-2 – Not submitted DIV-3 1 of 2 – Not submitted DIV-3 2 of 2 – Not submitted VH 6/6/2025 No div-1 provided, prime is considered non-responsive, JW 6/9/2025		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Bidder's / Vendors Name and Address	Bid Bond / Check	Actual Bid Amount (enter "N/A" if RFP or RFQ)	Buyer Administrative Review: Buyer Initials	Price Preference	CCBB / CCBEIP Registered	Diversity Program Review: SBE / MBE / WBE	Dept. Tech. Review	Award: (Y/N)
						LL 6/12/2025		

Bidder's / Vendors Name and Address	Bid Bond / Check	Actual Bid Amount (enter "N/A" if RFP or RFQ)	Buyer Administrative Review: Buyer Initials	Price Preference	CCBB / CCBEIP Registered	Diversity Program Review: SBE / MBE / WBE	Dept. Tech. Review	Award: (Y/N)
17. Fatima Family Center Catholic Charities- 6600 Lexington Ave Cleveland, OH 44103			Compliant: <input checked="" type="checkbox"/> Yes IG Registration Complete: <input checked="" type="checkbox"/> Yes IG Number: 24-0079-REG NCA: <input checked="" type="checkbox"/> Yes PH: <input checked="" type="checkbox"/> Yes COOP: (Form Attached) <input type="checkbox"/> Yes (Agree to Participate?) <input checked="" type="checkbox"/> No OPD Buyer Initials: AC	<input type="checkbox"/> Yes <input type="checkbox"/> No	CCBB <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No CCBEIP <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Subcontractor Name(s): No subcontractors used SBE/MBE/WBE Prime: (Y/N) <input type="checkbox"/> Yes <input type="checkbox"/> SBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input checked="" type="checkbox"/> No Total % SBE: 0% MBE: 0% WBE: 0% SBE/MBE/WBE Comply: (Y/N) <input checked="" type="checkbox"/> Yes LL 6/12/2025 <input type="checkbox"/> No SBE/MBE/WBE Comments and Initials: DIV-1 – Signed DIV-2 – Not submitted DIV-3 1 of 2 – Vendor requested waiver based on non-profit status DIV-3 2 of 2 – Signed and notarized VH 6/6/2025 Vendor has provided verified 501©3 status-non profit for catholic charities corp(CCC) and the locations under the catholic charities diocese of cleveland. verified via state of Ohio Business search JW 6/9/2025 LL 6/12/2025		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Transaction ID:

Bidder's / Vendors Name and Address	Bid Bond / Check	Actual Bid Amount (enter "N/A" if RFP or RFQ)	Buyer Administrative Review: Buyer Initials	Price Preference	CCBB / CCBEIP Registered	Diversity Program Review: SBE / MBE / WBE	Dept. Tech. Review	Award: (Y/N)
18. Good Shepard Family Center Catholic Charities- 140 Richmond Road Euclid, OH 44143			Compliant: <input checked="" type="checkbox"/> Yes IG Registration Complete: <input checked="" type="checkbox"/> Yes IG Number: 24-0079-REG NCA: <input checked="" type="checkbox"/> Yes PH: NO <input checked="" type="checkbox"/> Yes COOP: (Form Attached) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Agree to Participate?) <input checked="" type="checkbox"/> No OPD Buyer Initials: AC	<input type="checkbox"/> Yes <input type="checkbox"/> No	CCBB <input type="checkbox"/> Yes CCBEIP <input checked="" type="checkbox"/> No CCBB <input type="checkbox"/> Yes CCBEIP <input checked="" type="checkbox"/> No	Subcontractor Name(s): No subcontractors used SBE/MBE/WBE Prime: (Y/N) <input type="checkbox"/> Yes <input type="checkbox"/> SBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input checked="" type="checkbox"/> No Total % SBE: 0 % MBE: 0% WBE: 0% SBE/MBE/WBE Comply: (Y/N) <input checked="" type="checkbox"/> Yes LL 6/12/2025 <input type="checkbox"/> No SBE/MBE/WBE Comments and Initials: DIV-1 – Signed DIV-2 – Not submitted DIV-3 1 of 2 – Vendor requested waiver based on non-profit status DIV-3 2 of 2 – Signed and notarized VH 6/6/2025 Vendor has provided verified 501©3 status-non profit for catholic charities corp(CCC) and the locations under the catholic charities diocese of cleveland. verified via state of Ohio Business search JW 6/9/2025 LL 6/12/2025		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Bidder's / Vendors Name and Address	Bid Bond / Check	Actual Bid Amount (enter "N/A" if RFP or RFQ)	Buyer Administrative Review: Buyer Initials	Price Preference	CCRB / CCBEIP Registered	Diversity Program Review: SBE / MBE / WBE	Dept. Tech. Review	Award: (Y/N)
19. Greater Cleveland Neighborhood Centers Association 1814 East 40th Street, Suite 4 D Cleveland, OH 44103			Compliant: <input checked="" type="checkbox"/> Yes IG Registration Complete: <input checked="" type="checkbox"/> Yes IG Number: 22-0141-REG NCA: <input checked="" type="checkbox"/> Yes PH: <input checked="" type="checkbox"/> Yes COOP: (form Attached) <input type="checkbox"/> Yes (Agree to Participate?) <input checked="" type="checkbox"/> No OPD Buyer Initials: AC	<input type="checkbox"/> Yes <input type="checkbox"/> No	CCRB <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No CCBEIP <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Subcontractor Name(s): No subcontractors used SBE/MBE/WBE Prime: (Y/N) <input type="checkbox"/> Yes <input type="checkbox"/> SBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input checked="" type="checkbox"/> No Total % SBE: 0% MBE: 0% WBE: 0% SBE/MBE/WBE Comply: (Y/N) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No LL 6/12/2025 SBE/MBE/WBE Comments and Initials: DIV-1 – Not submitted DIV-2 – Not submitted DIV-3 1 of 2 – Vendor requested waiver based on 501c3 status as a non-profit DIV-3 2 of 2 – Signed and notarized VH 6/6/2025 Vendor has provided verified 501c3 non-profit status- verified via state of Ohio Business search JW 6/9/2025 LL 6/12/2025		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

20. Harvard Community Services Center 18240 Harvard Avenue Cleveland, OH 44128			Compliant: <input checked="" type="checkbox"/> Yes IG Registration Complete: <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No	CCRB <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No CCBEIP <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Subcontractor Name(s): No subcontractors used		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Transaction ID:

Bidder's / Vendors Name and Address	Bid Bond / Check	Actual Bid Amount (enter "N/A" if RFP or RFQ)	Buyer Administrative Review: Buyer Initials	Price Preference	CCBB / CCBEIP Registered	Diversity Program Review: SBE / MBE / WBE	Dept. Tech. Review	Award: (Y/N)
			IG Number: 24-0091-REG NCA: <input checked="" type="checkbox"/> Yes PH: <input checked="" type="checkbox"/> Yes COOP: (Form Attached) <input type="checkbox"/> Yes (Agree to Participate?) <input checked="" type="checkbox"/> No OPD Buyer Initials: AC			SBE/MBE/WBE Prime: (Y/N) <input type="checkbox"/> Yes <input type="checkbox"/> SBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input checked="" type="checkbox"/> No Total % SBE: 0% MBE: 0% WBE: 0% SBE/MBE/WBE Comply: (Y/N) <input checked="" type="checkbox"/> Yes LL 6/12/2025 <input type="checkbox"/> No SBE/MBE/WBE Comments and Initials: DIV-1 – Signed DIV-2 – Submitted, portion of top area filled out DIV-3 1 of 2 – Vendor requested waiver based on 501c3 status as a non-profit DIV-3 2 of 2 – Signed and notarized, no stamp VH 6/6/2025 Vendor has provided verified 501c3 status-nonprofit, verified via state of Ohio Business search JW 6/9/2025 LL 6/12/2025		

Bidder's / Vendors Name and Address	Bid Bond / Check	Actual Bid Amount (enter "N/A" if RFP or RFQ)	Buyer Administrative Review: Buyer Initials	Price Preference	CCBB / CCBEIP Registered	Diversity Program Review: SBE / MBE / WBE	Dept. Tech. Review	Award: (Y/N)
21. Hispanic Senior Center Catholic Charities- 3115 Scranton Road Cleveland, OH 44109			Compliant: <input checked="" type="checkbox"/> Yes IG Registration Complete: <input checked="" type="checkbox"/> Yes IG Number: 24-0079-REG NCA: <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No	CCBB <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No CCBEIP <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Subcontractor Name(s): No subcontractors used SBE/MBE/WBE Prime: (Y/N) <input type="checkbox"/> Yes <input type="checkbox"/> SBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Transaction ID:

Bidder's / Vendors Name and Address	Bid Bond / Check	Actual Bid Amount (enter "N/A" if RFP or RFQ)	Buyer Administrative Review: Buyer Initials	Price Preference	CCBB / CCBEIP Registered	Diversity Program Review: SBE / MBE / WBE	Dept. Tech. Review	Award: (Y/N)
			PH: <input checked="" type="checkbox"/> Yes COOP: (Form Attached) <input type="checkbox"/> Yes (Agree to Participate?) <input checked="" type="checkbox"/> No OPD Buyer Initials: AC			SBE: 0% MBE: 0% WBE: 0% Total % SBE/MBE/WBE Comply: (Y/N) <input checked="" type="checkbox"/> Yes LL 6/12/2025 <input type="checkbox"/> No SBE/MBE/WBE Comments and Initials: DIV-1 – Signed DIV-2 – Not submitted DIV-3 1 of 2 – Vendor requested waiver based on non-profit status DIV-3 2 of 2 – Signed and notarized VH 6/6/2025 Vendor has provided verified 501©3 status-non profit for catholic charities corp(CCC) and the locations under the catholic charities' diocese of cleveland. verified via state of Ohio Business search IW 6/9/2025 LL 6/12/2025		

Bidder's / Vendors Name and Address	Bid Bond / Check	Actual Bid Amount (enter "N/A" if RFP or RFQ)	Buyer Administrative Review: Buyer Initials	Price Preference	CCBB / CCBEIP Registered	Diversity Program Review: SBE / MBE / WBE	Dept. Tech. Review	Award: (Y/N)
22. Jennings Center for Older Adults 10204 Granger Rd Garfield OH 44125			Compliant: <input type="checkbox"/> Yes IG Registration Complete: <input checked="" type="checkbox"/> Yes IG Number: 24-0044-REG NCA: <input type="checkbox"/> Yes PH: <input checked="" type="checkbox"/> Yes COOP: (Form Attached)	<input type="checkbox"/> Yes <input type="checkbox"/> No	CCBB <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No CCBEIP <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	SBE: 0% MBE: 0% WBE: 0% Subcontractor Name(s): No subcontractors used SBE/MBE/WBE Prime: (Y/N) <input type="checkbox"/> Yes <input type="checkbox"/> SBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input checked="" type="checkbox"/> No Total % SBE: 0% MBE: 0% WBE: 0%		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Transaction ID:

Bidder's / Vendors Name and Address	Bid Bond / Check	Actual Bid Amount (enter "N/A" if RFP or RFQ)	Buyer Administrative Review: Buyer Initials	Price Preference	CCBB / CCBEIP Registered	Diversity Program Review: SBE / MBE / WBE	Dept. Tech. Review	Award: (Y/N)
			<input type="checkbox"/> Yes (Agree to Participate?) <input checked="" type="checkbox"/> No OPD Buyer Initials: AC			SBE/MBE/WBE Comply: (Y/N) <input checked="" type="checkbox"/> Yes LL 6/12/2025 <input type="checkbox"/> No SBE/MBE/WBE Comments and Initials: DIV-1 – Signed DIV-2 – Signed DIV-3 1 of 2 – Vendor requested waiver based on 501c3 status as a non-profit DIV-3 2 of 2 – Signed and notarized VH 6/6/2025 Vendor has provided verified 501©3 status-nonprofit, verified via state of Ohio Business search JW 6/9/2025 LL 6/12/2025		

Bidder's / Vendors Name and Address	Bid Bond / Check	Actual Bid Amount (enter "N/A" if RFP or RFQ)	Buyer Administrative Review: Buyer Initials	Price Preference	CCBB / CCBEIP Registered	Diversity Program Review: SBE / MBE / WBE	Dept. Tech. Review	Award: (Y/N)
23. Linking Employment Abilities and Potential (LEAP) 2545 Lorain Ave Cleveland OH 44113			Compliant: <input checked="" type="checkbox"/> Yes IG Registration Complete: <input checked="" type="checkbox"/> Yes IG Number: 23-0410-REG NCA: <input type="checkbox"/> Yes PH: <input checked="" type="checkbox"/> Yes COOP: (Form Attached) <input checked="" type="checkbox"/> Yes (Agree to Participate?) <input type="checkbox"/> No OPD Buyer	<input type="checkbox"/> Yes <input type="checkbox"/> No	CCBB <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No CCBEIP <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Subcontractor Name(s): No subcontractors used SBE/MBE/WBE Prime: (Y/N) <input type="checkbox"/> Yes <input type="checkbox"/> SBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input checked="" type="checkbox"/> No Total % SBE: <u>0</u> % MBE: <u>0</u> % WBE: <u>0</u> % SBE/MBE/WBE Comply: (Y/N) <input checked="" type="checkbox"/> Yes LL 8/12/2025 <input checked="" type="checkbox"/> No LL 6/12/2025		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Transaction ID:

Bidder's / Vendors Name and Address	Bid Bond / Check	Actual Bid Amount (enter "N/A" if RFP or RFQ)	Buyer Administrative Review: Buyer Initials	Price Preference	CCBB / CCBEIP Registered	Diversity Program Review: SBE / MBE / WBE	Dept. Tech. Review	Award: (Y/N)
			Initials: AC			<div>SBE/MBE/WBE Comments and Initials:</div> <div> DIV-1 – Submitted, vendor wrote, "N/A" DIV-2 – Submitted, vendor wrote, "N/A" DIV-3 1 of 2 – Vendor requested waiver based on 501c3 status as a non-profit DIV-3 2 of 2 – Signed and notarized VH 6/6/2025 No div-1 provided by vendor-vendor considered non-responsive. Vendor did provide verified 501c3 status-nonprofit, verified via state of Ohio Business search JW 6/9/2025 LL 6/12/2025 Vendor submitted signed DIV-1 form VH 8/8/2025 LL 8/12/2025 </div>		

Bidder's / Vendors Name and Address	Bid Bond / Check	Actual Bid Amount (enter "N/A" if RFP or RFQ)	Buyer Administrative Review: Buyer Initials	Price Preference	CCBB / CCBEIP Registered	Diversity Program Review: SBE / MBE / WBE	Dept. Tech. Review	Award: (Y/N)
24. Mandel-JCC 26001 South Woodland Road Beachwood, OH 44122			Compliant: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IG Registration Complete: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IG Number: NCA: <input checked="" type="checkbox"/> Yes PH: <input checked="" type="checkbox"/> Yes COOP: (Form Attached) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Agree to Participate?) <input type="checkbox"/> No OPD Buyer Initials: AC	<input type="checkbox"/> Yes <input type="checkbox"/> No	CCBB <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No CCBEIP <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<div>Subcontractor Name(s):</div> <div>No subcontractors used</div> <div>SBE/MBE/WBE Prime: (Y/N)</div> <div> <input type="checkbox"/> Yes <input type="checkbox"/> SBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input checked="" type="checkbox"/> No </div> <div>Total %</div> <div> SBE: 0 % MBE: 0% WBE: 0% </div> <div>SBE/MBE/WBE Comply: (Y/N)</div> <div> <input checked="" type="checkbox"/> Yes LL 6/12/2025 <input type="checkbox"/> No </div>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Transaction ID:

Bidder's / Vendors Name and Address	Bid Bond / Check	Actual Bid Amount (enter "N/A" if RFP or RFQ)	Buyer Administrative Review: Buyer Initials	Price Preference	CCBB / CCBEIP Registered	Diversity Program Review: SBE / MBE / WBE	Dept. Tech. Review	Award: (Y/N)
						SBE/MBE/WBE Comments and Initials: DIV-1 – Signed DIV-2 – Submitted, vendor wrote, "N/A" DIV-3 1 of 2 – Vendor requested waiver based on 501c3 status as a non-profit DIV-3 2 of 2 – Signed and notarized VH 6/6/2025 Vendor provided verified 501c3 status-nonprofit, verified via state of Ohio Business search JW 6/9/2025 LL 6/12/2025		

Bidder's / Vendors Name and Address	Bid Bond / Check	Actual Bid Amount (enter "N/A" if RFP or RFQ)	Buyer Administrative Review: Buyer Initials	Price Preference	CCBB / CCBEIP Registered	Diversity Program Review: SBE / MBE / WBE	Dept. Tech. Review	Award: (Y/N)
25. Murtis Taylor Human Services System 13422 Kinsman Road Cleveland, OH 4410			Compliant: <input checked="" type="checkbox"/> Yes IG Registration Complete: <input checked="" type="checkbox"/> Yes IG Number: 24-0317-REG NCA: <input checked="" type="checkbox"/> Yes PH: <input checked="" type="checkbox"/> Yes COOP: (Form Attached) <input checked="" type="checkbox"/> Yes (Agree to Participate?) <input type="checkbox"/> No OPD Buyer Initials: AC	<input type="checkbox"/> Yes <input type="checkbox"/> No	CCBB <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No CCBEIP <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Subcontractor Name(s): No subcontractors used SBE/MBE/WBE Prime: (Y/N) <input type="checkbox"/> Yes <input type="checkbox"/> SBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input checked="" type="checkbox"/> No Total % SBE: <u>0</u> % MBE: <u>0</u> % WBE: <u>0</u> % SBE/MBE/WBE Comply: (Y/N) <input checked="" type="checkbox"/> Yes LL 6/12/2025 <input type="checkbox"/> No SBE/MBE/WBE Comments and Initials: DIV-1 – Signed DIV-2 – Submitted, vendor wrote, "N/A" DIV-3 1 of 2 – Vendor requested waiver based on non-profit status DIV-3 2 of 2 – Signed, but not notarized VH 6/6/2025		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Transaction ID:

	Bidder's / Vendors Name and Address	Bid Bond / Check	Actual Bid Amount (enter "N/A" if RFP or RFQ)	Buyer Administrative Review: Buyer Initials	Price Preference	CCBB / CCBEIP Registered	Diversity Program Review: SBE / MBE / WBE	Dept. Tech. Review	Award: (Y/N)
							Vendor provided verified 501©3 status-nonprofit, verified via state of Ohio Business search JW 6/9/2025 LL 6/12/2025		

26.	Near West Side Multi Service Corp 4115 Bridge Ave Cleveland, OH 44113			Buyer Administrative Review: Buyer Initials Compliant: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IG Registration Complete: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IG Number: 24-0002-REG NCA: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No PH: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No COOP: (Form Attached) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Agree to Participate?) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No OPD Buyer Initials: AC	Price Preference: <input type="checkbox"/> Yes <input type="checkbox"/> No CCBB <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No CCBEIP <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Diversity Program Review: SBE / MBE / WBE Subcontractor Name(s): No subcontractors used SBE/MBE/WBE Prime: (Y/N) <input type="checkbox"/> Yes <input type="checkbox"/> SBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input checked="" type="checkbox"/> No Total % SBE: 0% MBE: 0% WBE: 0% SBE/MBE/WBE Comply: (Y/N) <input checked="" type="checkbox"/> Yes LL 6/12/2025 <input type="checkbox"/> No SBE/MBE/WBE Comments and Initials: DIV-1 – Signed DIV-2 – Signed DIV-3 1 of 2 – Vendor requested waiver based on 501c3 status as a non-profit DIV-3 2 of 2 – Signed and notarized VH 6/6/2025 Vendor provided verified 501©3 status-nonprofit, verified via state of Ohio Business search JW 6/9/2025 LL 6/12/2025	Dept. Tech. Review	Award: (Y/N) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Bidder's / Vendors Name and Address	Bid Bond / Check	Actual Bid Amount (enter "N/A" if RFP or RFQ)	Buyer Administrative Review: Buyer Initials	Price Preference	CCBB / CCBEIP Registered	Diversity Program Review: SBE / MBE / WBE	Dept. Tech. Review	Award: (Y/N)
27. The Phillis Wheatley Association 4450 Cedar Ave Cleveland OH 44103			Compliant: <input checked="" type="checkbox"/> Yes IG Registration Complete: <input checked="" type="checkbox"/> Yes IG Number: 23-0279-REG NCA: <input checked="" type="checkbox"/> Yes PH: <input checked="" type="checkbox"/> Yes COOP: (Form Attached) <input checked="" type="checkbox"/> Yes (Agree to Participate?) <input checked="" type="checkbox"/> No OPD Buyer Initials: AC	<input type="checkbox"/> Yes <input type="checkbox"/> No	CCBB <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No CCBEIP <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Subcontractor Name(s): No subcontractors used SBE/MBE/WBE Prime: (Y/N) <input type="checkbox"/> Yes <input type="checkbox"/> SBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input checked="" type="checkbox"/> No Total % SBE: 0 % MBE: 0% WBE: 0% SBE/MBE/WBE Comply: (Y/N) <input checked="" type="checkbox"/> Yes LL 6/12/2025 <input type="checkbox"/> No SBE/MBE/WBE Comments and Initials: DIV-1 – Signed DIV-2 – Submitted, vendor wrote, "To Be Determined" DIV-3 1 of 2 – Not submitted DIV-3 2 of 2 – Not submitted VH 6/6/2025 Vendor provided verified 501©3 status-nonprofit, verified via state of Ohio Business search JW 6/9/2025 LL 6/12/2025		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Bidder's / Vendors Name and Address	Bid Bond / Check	Actual Bid Amount (enter "N/A" if RFP or RFQ)	Buyer Administrative Review: Buyer Initials	Price Preference	CCBB / CCBEIP Registered	Diversity Program Review: SBE / MBE / WBE	Dept. Tech. Review	Award: (Y/N)
28. Rec2Connect 2814 Detroit Ave Cleveland OH 44113			Compliant: <input type="checkbox"/> Yes IG Registration Complete: <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No	CCBB <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No CCBEIP <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Subcontractor Name(s): No subcontractors used		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Transaction ID:

Bidder's / Vendors Name and Address	Bid Bond / Check	Actual Bid Amount (enter "N/A" if RFP or RFQ)	Buyer Administrative Review: Buyer Initials	Price Preference	CCBB / CCBEIP Registered	Diversity Program Review: SBE / MBE / WBE	Dept. Tech. Review	Award: (Y/N)
			IG Number: 24-0314-REG NCA: <input type="checkbox"/> Yes PH: <input checked="" type="checkbox"/> Yes COOP: (Form Attached) <input type="checkbox"/> Yes (Agree to Participate?) <input type="checkbox"/> No OPD Buyer Initials: AC			SBE/MBE/WBE Prime: (Y/N) <input type="checkbox"/> Yes <input type="checkbox"/> SBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input checked="" type="checkbox"/> No Total % SBE: 0% MBE: 0% WBE: 0% SBE/MBE/WBE Comply: (Y/N) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No LL 6/12/2025 SBE/MBE/WBE Comments and Initials: DIV-1 – Not submitted DIV-2 – Not submitted DIV-3 1 of 2 – Not submitted DIV-3 2 of 2 – Not submitted No div-1 provided by vendor-vendor considered non-responsive. JW 6/9/2025 LL 6/12/2025		

Bidder's / Vendors Name and Address	Bid Bond / Check	Actual Bid Amount (enter "N/A" if RFP or RFQ)	Buyer Administrative Review: Buyer Initials	Price Preference	CCBB / CCBEIP Registered	Diversity Program Review: SBE / MBE / WBE	Dept. Tech. Review	Award: (Y/N)
29. The Salvation Army 2507 E. 22 nd Street Cleveland, OH 44115			Compliant: <input checked="" type="checkbox"/> Yes IG Registration Complete: <input checked="" type="checkbox"/> Yes IG Number: 23-0271-REG NCA: <input checked="" type="checkbox"/> Yes PH: <input checked="" type="checkbox"/> Yes COOP: (Form Attached)	<input type="checkbox"/> Yes <input type="checkbox"/> No	CCBB <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No CCBEIP <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Subcontractor Name(s): No subcontractors used SBE/MBE/WBE Prime: (Y/N) <input type="checkbox"/> Yes <input type="checkbox"/> SBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input checked="" type="checkbox"/> No Total % SBE: 0% MBE: 0% WBE: 0%		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Bidder's / Vendors Name and Address	Bid Bond / Check	Actual Bid Amount (enter "N/A" if RFP or RFQ)	Buyer Administrative Review: Buyer Initials	Price Preference	CCBB / CCBEIP Registered	Diversity Program Review: SBE / MBE / WBE	Dept. Tech. Review	Award: (Y/N)
			<input type="checkbox"/> Yes (Agree to Participate?) <input checked="" type="checkbox"/> No OPD Buyer Initials: AC			SBE/MBE/WBE Comply: (Y/N) <input checked="" type="checkbox"/> Yes LL 6/12/2025 <input type="checkbox"/> No SBE/MBE/WBE Comments and Initials: DIV-1 – Signed DIV-2 – Signed DIV-3 1 of 2 – Vendor requested waiver based on 501c3 status as a non-profit DIV-3 2 of 2 – Signed and notarized VH 6/6/2025 Vendor provided verified 501c3 status-nonprofit, verified via state of Ohio JW 6/9/2025 LL 6/12/2025		

Bidder's / Vendors Name and Address	Bid Bond / Check	Actual Bid Amount (enter "N/A" if RFP or RFQ)	Buyer Administrative Review: Buyer Initials	Price Preference	CCBB / CCBEIP Registered	Diversity Program Review: SBE / MBE / WBE	Dept. Tech. Review	Award: (Y/N)
30. Senior Transportation Connection 4735 West 150 th St Suite A Cleveland, OH 44135			Buyer Initials: <input checked="" type="checkbox"/> Yes IG Registration Complete: <input checked="" type="checkbox"/> Yes IG Number: 25-0053-REG NCA: <input checked="" type="checkbox"/> Yes PH: <input checked="" type="checkbox"/> Yes COOP: (Form Attached) <input type="checkbox"/> Yes <input type="checkbox"/> No (Agree to Participate?) <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	CCBB <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No CCBEIP <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Subcontractor Name(s): No subcontractors used SBE/MBE/WBE Prime: (Y/N) <input type="checkbox"/> Yes <input type="checkbox"/> SBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input checked="" type="checkbox"/> No Total % SBE: 0% MBE: 0% WBE: 0% SBE/MBE/WBE Comply: (Y/N) <input checked="" type="checkbox"/> Yes LL 6/12/2025 <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Transaction ID:

Bidder's / Vendors Name and Address	Bid Bond / Check	Actual Bid Amount (enter "N/A" if RFP or RFQ)	Buyer Administrative Review: Buyer Initials	Price Preference	CCBB / CCBEIP Registered	Diversity Program Review: SBE / MBE / WBE	Dept. Tech. Review	Award: (Y/N)
						LL 6/12/2025		

Bidder's / Vendors Name and Address	Bid Bond / Check	Actual Bid Amount (enter "N/A" if RFP or RFQ)	Buyer Administrative Review: Buyer Initials	Price Preference	CCBB / CCBEIP Registered	Diversity Program Review: SBE / MBE / WBE	Dept. Tech. Review	Award: (Y/N)
32. S.T.A.R.S. 628/624 East 222 nd St Euclid OH 44123			Compliant: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IG Registration Complete: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IG Number: NCA: <input checked="" type="checkbox"/> Yes PH: <input checked="" type="checkbox"/> Yes COOP: (Form Attached) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No OPD Buyer Initials: AC	<input type="checkbox"/> Yes <input type="checkbox"/> No	CCBB <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No CCBEIP <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Subcontractor Name(s): (FAA) Stars, LLC, SBE/MBE/WBE 20% SBE/MBE/WBE Prime: (Y/N) <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> SBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> No Total % SBE: 20 % MBE: 0% WBE: 0% SBE/MBE/WBE Comply: (Y/N) <input checked="" type="checkbox"/> Yes LL 6/12/2025 <input type="checkbox"/> No SBE/MBE/WBE Comments and Initials: DIV-1 – Signed DIV-2 – Signed DIV-3 1 of 2 – Submitted, vendor wrote, "N/A" DIV-3 2 of 2 – Signed and notarized VH 6/6/2025 Goals met, JW 6/9/2025 LL 6/12/2025		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Bidder's / Vendors Name and Address	Bid Bond / Check	Actual Bid Amount (enter "N/A" if RFP or RFQ)	Buyer Administrative Review: Buyer Initials	Price Preference	CCBB / CCBEIP Registered	Diversity Program Review: SBE / MBE / WBE	Dept. Tech. Review	Award: (Y/N)
33. St. MartinDe Porres Family Center Catholic Charities- 1264 East 123 rd Cleveland, OH 44108			Compliant: <input checked="" type="checkbox"/> Yes IG Registration Complete: <input checked="" type="checkbox"/> Yes IG Number: 24-0079-REG NCA: <input checked="" type="checkbox"/> Yes PH: <input checked="" type="checkbox"/> Yes COOP: (Form Attached) <input type="checkbox"/> Yes (Agree to Participate?) <input checked="" type="checkbox"/> No OPD Buyer Initials: AC	<input type="checkbox"/> Yes <input type="checkbox"/> No	CCBB <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No CCBEIP <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Subcontractor Name(s): No subcontractors used SBE/MBE/WBE Prime: (Y/N) <input type="checkbox"/> Yes <input type="checkbox"/> SBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input checked="" type="checkbox"/> No Total % SBE: 0% MBE: 0% WBE: 0% SBE/MBE/WBE Comply: (Y/N) <input checked="" type="checkbox"/> Yes LL 6/12/2025 <input type="checkbox"/> No SBE/MBE/WBE Comments and Initials: DIV-1 – Signed DIV-2 – Not submitted DIV-3 1 of 2 – Vendor requested waiver based on non-profit status DIV-3 2 of 2 – Signed and notarized VH 6/6/2025 Vendor has provided verified 501©3 status-non profit for catholic charities corp(CCC) and this locations under the catholic charities' diocese of Cleveland. verified via state of Ohio business search. JW 6/9/2025 LL 6/12/2025		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Transaction ID:

Bidder's / Vendors Name and Address	Bid Bond / Check	Actual Bid Amount (enter "N/A" if RFP or RFQ)	Buyer Administrative Review:	Price Preference	CCBB / CCBEIP Registered	Diversity Program Review:	Dept. Tech. Review	Award: (Y/N)
34. Strongsville Recreation and Senior Department 18100 Royalton Road Strongsville, OH 44136			Buyer Initials: Compliant: <input type="checkbox"/> Yes <input type="checkbox"/> No IG Registration Complete: <input type="checkbox"/> Yes <input type="checkbox"/> No IG Number: NCA: <input checked="" type="checkbox"/> Yes PH: <input checked="" type="checkbox"/> Yes COOP: (Form Attached) <input type="checkbox"/> Yes <input type="checkbox"/> No (Agree to Participate?) <input type="checkbox"/> No OPD Buyer Initials: AC	<input type="checkbox"/> Yes <input type="checkbox"/> No	CCBB <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No CCBEIP <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	SBE / MBE / WBE Subcontractor Name(s): No subcontractors used SBE/MBE/WBE Prime: (Y/N) <input type="checkbox"/> Yes <input type="checkbox"/> SBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input checked="" type="checkbox"/> No Total %: SBE: 0 % MBE: 0% WBE: 0% SBE/MBE/WBE Comply: (Y/N) <input checked="" type="checkbox"/> Yes LL 6/12/2025 <input type="checkbox"/> No SBE/MBE/WBE Comments and Initials: DIV-1 – Signed DIV-2 – Submitted, but blank DIV-3 1 of 2 – Vendor requested waiver based on status as a municipality DIV-3 2 of 2 – Signed and notarized VH 6/6/2025 Vendor is a municipality. JW 6/9/2025 LL 6/12/2025		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Bidder's / Vendors Name and Address	Bid Bond / Check	Actual Bid Amount (enter "N/A" if RFP or RFQ)	Buyer Administrative Review:	Price Preference	CCBB / CCBEIP Registered	Diversity Program Review:	Dept. Tech. Review	Award: (Y/N)
35. Thea Bowman Center 11901 Oakfield Ave Cleveland OH 44105			Buyer Initials: Compliant: <input type="checkbox"/> Yes <input type="checkbox"/> No IG Registration Complete: <input type="checkbox"/> Yes <input type="checkbox"/> No IG Number:	<input type="checkbox"/> Yes <input type="checkbox"/> No	CCBB <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No CCBEIP <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	SBE / MBE / WBE Subcontractor Name(s): No subcontractors used		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Bidder's / Vendors Name and Address	Bid Bond / Check	Actual Bid Amount (enter "N/A" if RFP or RFQ)	Buyer Administrative Review: Buyer Initials	Price Preference	CCBB / CCBEIP Registered	Diversity Program Review: SBE / MBE / WBE	Dept. Tech. Review	Award: (Y/N)
			NCA: <input checked="" type="checkbox"/> Yes PH: <input checked="" type="checkbox"/> Yes COOP: (Form Attached) <input checked="" type="checkbox"/> Yes (Agree to Participate?) <input type="checkbox"/> No OPD Buyer Initials: AC			SBE/MBE/WBE Prime: (Y/N) <input type="checkbox"/> Yes <input type="checkbox"/> SBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input checked="" type="checkbox"/> No Total % SBE: 0% MBE: 0% WBE: 0% SBE/MBE/WBE Comply: (Y/N) <input checked="" type="checkbox"/> Yes LL 6/12/2025 <input type="checkbox"/> No SBE/MBE/WBE Comments and Initials: DIV-1 – Signed DIV-2 – Signed DIV-3 1 of 2 – Vendor requested waiver based on non-profit status DIV-3 2 of 2 – Signed and notarized VH 6/6/2025 Vendor has provided verified 501©3 status-non profit. Verified via state of Ohio business search. JW 6/9/2025 LL 6/12/2025		

Bidder's / Vendors Name and Address	Bid Bond / Check	Actual Bid Amount (enter "N/A" if RFP or RFQ)	Buyer Administrative Review: Buyer Initials	Price Preference	CCBB / CCBEIP Registered	Diversity Program Review: SBE / MBE / WBE	Dept. Tech. Review	Award: (Y/N)
36. West Side Community House 9300 Lorain Ave Cleveland OH 44102			Compliant: <input checked="" type="checkbox"/> Yes IG Registration Complete: <input checked="" type="checkbox"/> Yes IG Number: 23-0412-REG NCA: <input checked="" type="checkbox"/> Yes PH: <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No	CCBB <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No CCBEIP <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Subcontractor Name(s): No subcontractors used SBE/MBE/WBE Prime: (Y/N) <input type="checkbox"/> Yes <input type="checkbox"/> SBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Transaction ID:

Bidder's / Vendors Name and Address	Bid Bond / Check	Actual Bid Amount (enter "N/A" if RFP or RFQ)	Buyer Administrative Review: Buyer Initials	Price Preference	CCBB / CCBEIP Registered	Diversity Program Review: SBE / MBE / WBE	Dept. Tech. Review	Award: (Y/N)
			COOP: (Form Attached) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Agree to Participate?) OPD Buyer Initials: AC			SBE: 0% MBE: 0% WBE: 0% Total % SBE/MBE/WBE Comply: (Y/N) <input checked="" type="checkbox"/> Yes LL 6/12/2025 <input type="checkbox"/> No SBE/MBE/WBE Comments and Initials: DIV-1 – Signed DIV-2 – Not submitted DIV-3 1 of 2 – Submitted, but blank DIV-3 2 of 2 – Signed and notarized, no stamp VH 6/6/2025 Vendor has provided verified 501©3 status-non profit. Verified via state of Ohio business search. JW 6/9/2025 LL 6/12/2025		

Transaction ID:

GOAL SETTING WORKSHEET

Department Name:

Contact Name:

Contact Phone#:

Contact Email:

RQ#:

RQ Description:

Division of Senior and Adult Services

Daphne James

216-698-4731

daphne_kelker@dfs.ohio.gov

RQ15957

2026 Community Social Services Program

NOTE: User Department completes the YELLOW AREAS ONLY.

Work Category/Scope	NIGP Code (5 digits)	Work/Scope Amount (\$)	Disparity Study Work/Scope Availability # (All Vendors)	Disparity Study Work/Scope Availability # (MBE)	Disparity Study Work/Scope Availability % (MBE)	Disparity Study Work/Scope Availability \$ (MBE)	Disparity Study Work/Scope Availability # (WBE)	Disparity Study Work/Scope Availability % (WBE)	Disparity Study Work/Scope Availability \$ (WBE)
Human Services	95200	35000000.00	1		0.00	0.00		0.00	0.00
Totals (\$):		35000000.00	1		0.00	0.00		0.00	0.00

Project Diversity Goals:

Comments:

NIGP 95200:

0t/0m/0w

WBE Goal

0%

MBE Goal

0%

WBE Goal (not calculated)

20%

LL 4/9/2025