



CUYAHOGA COUNTY COUNCIL

HEALTH, HUMAN SERVICES & AGING COMMITTEE

CUYAHOGA COUNTY ADMINISTRATIVE HEADQUARTERS

4th FLOOR

MEETING AGENDA

WEDNESDAY, OCTOBER 21, 2026— 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 SEPTEMBER 30, 2026 MEETING

5. MATTERS REFERRED TO COMMITTEE

- a) R2026-0297: A Resolution authorizing a contract with Emerald Development and Economic Network, Inc. in the amount not-to-exceed \$962,896.00 for facility management services at (3) emergency shelters serving adult women: the Norma Herr Women's Shelters, located at 2227 Payne Avenue and 1600 East 23rd Street, Cleveland, and the Walton Avenue Facility, located at 2710 Walton Avenue, Cleveland, for the period 11/1/2026 – 10/31/2027; authorizing the County Executive to execute Contract No. 6435 and all other documents consistent with said award and this Resolution; and declaring the necessity that this Resolution become immediately effective.
- b) R2026-0298: A Resolution making awards on RQ16336 to various providers in the total amount not-to-exceed \$9,469,852.00 to provide emergency shelter operations and support services to individuals and families experiencing homelessness in Cuyahoga County, for the period 11/1/2026 – 10/31/2027; authorizing the County Executive to execute the contracts and all other documents consistent with said awards and this Resolution; and declaring the necessity that this Resolution become immediately effective:
 - 1) Contract No. 6391 with Family Promise of Greater Cleveland in the amount not-to-exceed \$50,000.00 for emergency shelter services for families experiencing homelessness.
 - 2) Contract No. 6392 with Stella Maris, Inc. in the amount not-to-exceed \$265,000.00 for short-term residential substance use disorder treatment and recovery services for adult men experiencing homelessness.
 - 3) Contract No. 6423 with Lutheran Metropolitan Ministry in the amount not-to-exceed \$968,650.00 for overflow shelter services for families experiencing homelessness.

- 4) Contract No. 6424 with Lutheran Metropolitan Ministry in the amount not-to-exceed \$4,031,350.00 for operational and case management services at the men's emergency shelter and to facilitate and coordinate overflow shelter services for single adults and families.
- 5) Contract No. 6432 with Joseph's Home dba Joseph and Mary's Home in the amount not-to-exceed \$267,547.00 for medical respite shelter and supportive services for adult men experiencing homelessness.
- 6) Contract No. 6433 with Joseph's Home dba Joseph and Mary's Home in the amount not-to-exceed \$168,670.00 for medical respite shelter and supportive services for adult women experiencing homelessness.
- 7) Contract No. 6434 with The Young Women's Christian Association of Greater Cleveland in the amount not-to-exceed \$3,200,000.00 for emergency shelter services for women experiencing homelessness.
- 8) Contract No. 6437 with The Salvation Army in the amount not-to-exceed \$250,000.00 for short-term residential substance use disorder treatment and recovery services for adult men experiencing homelessness.
- 9) Contract No. 6438 with The Salvation Army – Zelma George in the amount not-to-exceed \$200,000.00 for emergency shelter services for families experiencing homelessness.
- 10) Contract No. 6445 with West Side Catholic Center in the amount not-to-exceed \$68,635.00 for emergency shelter services for families experiencing homelessness.

6. PRESENTATIONS

- a) Beech Brook – Prevention and Early Intervention –
Thomas P. Royer, President & Chief Executive Officer
- b) Overview of Client Support Services –
Arnell Hurt, Social Program Administrator, Shared Services,
Department of Health & Human Services
- c) Update on House Resolution H.R. 1 –
David Merriman, Director, Department of Health, Human Services
Kevin Gowan, Director, Cuyahoga Job and Family Services

7. MISCELLANEOUS BUSINESS

8. ADJOURNMENT

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



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Committee Members

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Robert E. Schleper, Jr. | Dist. 6

1. CALL TO ORDER

Chairwoman Conwell called the meeting to order at 1:02 p.m.

2. ROLL CALL

Ms. Conwell asked Clerk Richardson to call the roll. Committee members Conwell, Sweeney, Casselberry and Schleper were in attendance and a quorum was determined. Committee member Houser was absent. Council President Miller was also in attendance.

A motion was made by Ms. Conwell, seconded by Mr. Casselberry, and approved by unanimous vote to excuse Committee member Houser from the meeting.

3. PUBLIC COMMENT

There were no public comments given.

4. APPROVAL OF MINUTES FROM THE SEPTEMBER 16, 2026 MEETING

A motion was made by Mr. Casselberry, seconded by Mr. Schleper and approved by unanimous vote to approve the minutes from the September 16, 2026 meeting.

5. MATTERS REFERRED TO COMMITTEE

- a) R2026-0282: A Resolution authorizing acceptance of a grant award from the U.S. Department of Housing and Urban Development in the amount of \$1,500,000.00 for Continuum of Care planning activities in connection with the Cuyahoga Planning Project 2024 Renewal for the period 1/1/2027 – 12/31/2027; and authorizing awards via amendments to various providers utilizing the proceeds of the grant award; authorizing the County Executive to execute the grant award and all other documents consistent with said awards and this Resolution; and declaring the necessity that this Resolution become immediately effective:

- a) A Place for Me Collaborative, in an anticipated amount of \$423,976.00
b) Housing Innovations, in an anticipated amount of \$295,000.00
c) Enterprise Community Partners, in an anticipate amount of \$332,408.00

d) Bitfocus, Inc., in an anticipated amount of \$81,800.00

e) Cleveland Mediation Center, in an anticipated amount of \$56,160.00

Mr. David Merriman, Director of the Department of Health and Human Services and Ms. LeVine Ross, Director of the Office of Homeless Services, addressed the Committee regarding Resolution No. R2026-0282. Discussion ensued.

Committee members and Council President Miller asked questions of Mr. Merriman and Ms. Ross pertaining to the item, which they answered accordingly.

Ms. Ayonna Blue Donald, Vice President, of the Mid-West Region for Enterprise Community Partners; Ms. Katherine Unger, Program Manager for the Homeless Program for Enterprise Community Partners; Ms. Kate Lodge, Executive Director, for A Place for Me Collaborative; Ms. Christie Sozio, Assistant Director for a Place for Me Collaborative; and Ms. Danielle Cosgrove, Executive Director for the Cleveland Mediation Center, addressed the Committee regarding the work they do on behalf of the Continuum of Care.

On a motion by Mr. Schleper with a second by Ms. Casselberry, Resolution No. R2026-0282 was considered and approved by unanimous vote to be referred to the full Council agenda with a recommendation for passage under second reading suspension of the rules.

- b) R2026-0283: A Resolution authorizing acceptance of a grant award from the U.S. Department of Housing and Urban Development in the amount of \$1,740,179.00 to support eligible activities associated with joint transitional housing and rapid re-housing services to prevent and end youth homelessness in connection with the Cuyahoga Youth Homelessness Demonstration Program-Joint Transitional Housing-Rapid Rehousing 2024 Renewal for the period 1/1/2027 - 12/31/2027; and authorizing an award to Lutheran Metropolitan Ministry via amendment in the amount of the grant funds for the period 1/1/2027 -12/31/2027; authorizing the County Executive to execute the grant award and all other documents consistent with said award and this Resolution; and declaring the necessity that this Resolution become immediately effective.

Ms. LeVine Ross, Director of the Office of Homeless Services, addressed the Committee regarding Resolution No. R2026-0283. Discussion ensued.

Committee members and Council President Miller asked questions of Ms. Ross pertaining to the item, which she answered accordingly.

Ms. Maria Foschia, President and Chief Executive Officer; Mr. David Blunt Interim Director of Housing & Shelter; and Claire Billingsly Associate Director of Housing & Shelter, for Lutheran Metropolitan Ministry, addressed the Committee regarding the services they provide to address and end youth homelessness.

On a motion by Ms. Conwell with a second by Mr. Casselberry, Resolution No. R2026-0283 was considered and approved by unanimous vote to be referred to the full Council agenda with a recommendation for passage under second reading suspension of the rules.

6. PRESENTATIONS

- a) Cuyahoga Job and Family Services – Inquiries Resolution Team
– Christy Nicholls, Interim Executive Officer, Kevin Gowan, Director

Mr. David Merriman, Director, Department of Health and Human Services; Ms. Christy Nicholls, Interim Executive Officer; and Mr. Kevin Gowan, Director, Cuyahoga Job and Family Services, addressed the Committee and provided a presentation regarding the Inquiries Resolution Team and spoke about inquiries prior to July 27, 2026; Creation of the Inquiries Resolution Team; the Inquiry assignments process; and Weekly actions taken by the program.

Committee members and Council President Miller asked questions of Mr. Merriman; Mr. Gowan; and Ms. Nicholls; pertaining to the presentation, which they answered accordingly.

- b) United Way of Greater Cleveland – From Crisis to Stability to Possibility –
Jen Kons, Vice President, Community Impact and Maryam Kiefer, Senior Director, Public Policy

Ms. Maryam Kiefer, Senior Director, Public Policy; and Ms. Jen Kons, Vice President, of Community Impact for United Way, gave a presentation and provided an overview of United Way and the 211 Program; United Way's goal of helping anyone in crises; Building financial stability; Opening doors to opportunity; Stated the four ways that United Way creates impact; provided data on the 211 Program and the Resource Database which houses over 30,000 programs; highlighted data regarding 220,000 calls answered in Calendar Year 2025, that amounted to 620 calls a day, and connected 9 out of 10 callers to the right resources for assistance; spoke about the 211 needs across Cuyahoga County, which includes housing and food. Ms. Kiefer spoke about the Asset Limited, Income Constrained Employed Households Report (ALICE), which is a national statewide and local data set published annually, and referenced the cost of living in Cuyahoga County.

Committee members and Council President Miller asked questions of Ms. Kiefer and Ms. Kons, pertaining to the presentation, which they answered accordingly.

7. MISCELLANEOUS BUSINESS

Ms. Conwell rescinded the motions made by Committee members Casselberry and Schleper to excuse Committee member Houser from the meeting, as Mr. Houser joined the meeting after the roll call was taken.

8. ADJOURNMENT

With no further business to discuss, Chairwoman Conwell adjourned the meeting at 2:53 p.m., without objection.

County Council of Cuyahoga County, Ohio

Resolution No. R2026-0297

Sponsored by: County Executive Ronayne/Department of Health and Human Services/Division of Community Initiatives/Office of Homeless Services	A Resolution authorizing a contract with Emerald Development and Economic Network, Inc. in the amount not-to-exceed \$962,896.00 for facility management services at three emergency shelters serving adult women: the Norma Herr Women's Shelters, located at 2227 Payne Avenue and 1600 East 23rd Street, Cleveland, and the Walton Avenue Facility, located at 2710 Walton Avenue, Cleveland, for the period 11/1/2026 - 10/31/2027; authorizing the County Executive to execute Contract No. 6435 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, County Executive Ronayne/Department of Health and Human Services/Division of Community Initiatives/Office of Homeless Services recommend entering into a contract with Emerald Development and Economic Network, Inc. in the amount not-to-exceed \$962,896.00 for facility management services at three emergency shelters serving adult women: the Norma Herr Women's Shelters, located at 2227 Payne Avenue and 1600 East 23rd Street, Cleveland, and the Walton Avenue Facility, located at 2710 Walton Avenue, Cleveland, for the period 11/1/2026 - 10/31/2027; and

WHEREAS, the primary goal of this project is to provide operation and case management services for the Norma Herr Women's Shelter and Walton Road Women's Shelters; and

WHEREAS, this project is funded 100% 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 entering into a contract with Emerald Development and Economic Network, Inc. in the amount not-to-exceed \$962,896.00 for facility management services at three emergency shelters serving adult women: the Norma Herr Women’s Shelters, located at 2227 Payne Avenue and 1600 East 23rd Street, Cleveland, and the Walton Avenue Facility, located at 2710 Walton Avenue, Cleveland, for the period 11/1/2026 - 10/31/2027.

SECTION 2. That the County Executive is authorized to execute Contract No. 6435 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: October 13, 2026
Committee(s) Assigned: Health, Human Services & Aging

Journal _____
_____, 20____

OPURCHASE-RELATED TRANSACTIONS

Title	OHS; EMERALD DEVELOPMENT AND ECONOMIC NETWORK, INC.; 2026-2027 CONTRACT FOR WOMEN'S SHELTER FACILITIES MANAGEMENT
Department or Agency Name	Office of Homeless Services
Requested Action	☒ Contract ☐ Agreement ☐ Lease ☐ Amendment ☐ Revenue Generating ☐ Purchase Order ☐ Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	6435	Emerald Development and Economic Network, Inc.	11/1/26- 10/31/27	\$962,896.00	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.

OHS is requesting a new contract for an existing service with **Emerald Development and Economic Network, Inc. (EDEN)** for facilities management of women's emergency shelter for the period **11/1/2026 - 10/31/27** in the amount of **\$962,896.00**. This new contract will combine two previously separate contracts for Norma Herr and Walton Avenue.

Emerald Development and Economic Network (EDEN), Inc. owns and manages the properties located at 2227 Payne Ave, Cleveland, OH 44114; 1600 East 23rd, Cleveland, OH 44114; and 2710 Walton Avenue, Cleveland, OH 44113, which serves as a swing site shelter during the construction of Norma Herr.

As the owner of the buildings, EDEN, Inc. will provide property management services to ensure the building remain in compliance with local requirements as well as OHS Advisory Board-approved shelter standards. Services will include ongoing maintenance of the facilities, 24/7 on-call response for emergency repairs, normal maintenance and repairs, staffing and services for custodial and housekeeping, insurance coverage, utility costs, asset management, and groundskeeping.

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: N/A **How will replaced items be disposed of** N/A

Project Goals, Outcomes or Purpose (list 3):

- Ensure a safe and clean environment for shelter guests, visitors, and service provider staff
- Maintain building in compliance with local requirements & approved shelter standards
- Coordinate with shelter service provider to ensure continuity of operations

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: Emerald Development and Economic Network, Inc. 7812 Madison Avenue Cleveland, Ohio 44102	Owner, executive director, other (specify): Elaine Gimmel, Executive Director
Vendor Council District: 7	Project Council District: County-Wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	N/A

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ ☐ RFB ☐ RFP ☐ RFQ ☐ Informal ☐ Formal Closing Date:	Provide a short summary for not using competitive bid process. EDEN is the owner of the building and is a housing development agency that already does facilities management county-wide. They have the existing infrastructure to provide these services cost-effectively. *See Justification for additional information.
The total value of the solicitation:	☒ Exemption
Number of Solicitations (sent/received) /	☐ State Contract, list STS number and expiration date ☐ Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? ☐ Yes ☐ No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	☐ Sole Source ☐ Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: ☐ Yes ☐ No, please explain:	☐ Government Purchase ☐ Alternative Procurement Process
How did pricing compare among bids received?	☐ Contract Amendment - (list original procurement) ☐ Other Procurement Method, please describe:

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

List date of TAC approval

Date:

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

☐ Check if item is ERP related? ☐ No ☐ Yes. N/A

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

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

100% Health and Human Services Levy

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

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

HS260350; 55130; UCH09999; 55130

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

Provide status of project. Services are being provided currently to this vulnerable population.

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	3879	Emerald Development and Economic Network, Inc.	1/1/24-12/31/25	\$993,190.00	11/30/23	R2023-0348
A-1	4200 fka 3879	Emerald Development and Economic Network, Inc.	1/1/24-12/31/25	\$150,000.00	12/1/25	BC2025-753
A-2	4200	Emerald Development and Economic Network, Inc.	1/1/26 – 10/31/26	\$504,316.54	4/13/26	BC2026-189
O	4981	Emerald Development and Economic Network, Inc.	4/1/24–3/31/25	\$350,000.00	12/2/24	BC2024-900
A-1	4981	Emerald Development and Economic Network, Inc.	4/1/25–3/31/26	\$458,585.00	4/7/25	BC2025-247
A-2	4981	Emerald Development and Economic Network, Inc.	4/1/26 – 10/31/26	\$291,666.67	3/30/26	BC2026-152

Department of Purchasing – Required Documents Checklist

Upload as “word” document in OnBase Document Management

RQ# (if applicable)	N/A
PO Code	EXMT
CM Contract #	CM 6435

Late Submittal Required:	Yes ☐	No ☒
Why is the contract being submitted late?		
What is being done to prevent this from reoccurring?		

TAC Approval/Request Item?	Yes ☐	No ☒
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OTHER THAN FULL AND OPEN COMPETITION				
Exemptions (Contract)				
Reviewed by Purchasing				
Emerald Development of Economic Network – NHWC Facilities			Department Initials	Purchasing
Briefing Memo			DA	BRM
Justification Form			DA	BRM
IG#	25-0102-REG; Exp: 12/31/2029		DA	BRM
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:	8.27.2026	DA	BRM
Auditor's Findings	Date:	8.27.2026	DA	BRM
Vendor's Submission			N/A	N/A
Independent Contractor (I.C.) Form	Date:	8.28.2026	DA	BRM
Cover - Master contracts only			N/A	N/A
Contract Evaluation – if required provide most recent CM history on contract history table (see pg 2)			DA	BRM
TAC/CTO Approval or TAC Request Communication (if required attach and identify relevant page # or meeting approval number)			N/A	N/A
Checklist Verification			DA	BRM

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	
Emerald Development of Economic Network – NHWC Facilities	Department Initials
Agreement/Contract and Exhibits	DA
Matrix Law Screen shot	DA
COI	DA
Workers' Compensation Insurance	DA

Department of Purchasing – Required Documents Checklist

CONTRACT SPENDING PLAN

Time Period	Accounting Unit	Budget Edit Group	Activity Code	Amount
11/1/2026- 12/31/2026	HS260350	Other Expenditures	UCH09999	\$0.00
1/1/2027-10/31/2027	HS260350	Other Expenditures	UCH09999	\$962,896.00
			TOTAL	\$962,896.00

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

CE/AG# (if applicable)		N/A			
RQ# (if applicable)		EXMT			
CM Contract#		4200 (fka 3879) & 4981			
	Original Amount	Amendment Amount (if applicable)	Original Time Period/Amended End Date	BOC/ Resolution Approval Date	BOC/ Resolution Approval #
Original Amount CM 3879	\$993,190.00		1/1/2024-12/31/2025	11/30/2023	R2023-0348
Prior Amendment Amounts (list separately) CM 4200 (Copy of 3879) (A-1)		\$150,000.00	1/1/2024-12/31/2025	12/1/2025	BC2025-753
CM 4200 (A-2)		\$504,316.54	1/1/2026-10/31/2026	4/13/2026	BC2026-189
Total Amendments		\$654,316.54			
Total Contract Amount		\$1,647,506.54			
Original Amount CM 4981	\$350,000.00		4/1/2024-3/31/2025	12/2/2024	BC2024-900
Prior Amendment Amounts (list separately) CM 4981 (A-1)		\$458,585.00	4/1/2025-3/31/2026	4/7/2025	BC2025-247
CM 4981 (A-2)		\$291,666.67	4/1/2026-10/31/2026	3/30/2026	BC2026-152
Total Amendments		\$750,251.67			
Total Contract Amount		\$1,100,251.67			
New Contract CM 6435	\$962,896.00		11/1/2026-10/31/2027	Pending	Pending

PURCHASING USE ONLY

Prior Resolutions:	R2023-0348, BC2025-753, BC2026-189, BC2024-900, BC2025-247, BC2026-152
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Department of Purchasing – Required Documents Checklist

Current CM#:	6435
Vendor Name: <i>(if applicable include any fka, dba, or aka's)</i>	Emerald Development and Economic Network, Inc.
Time Period:	11/1/2026-10/31/2027
Amount:	\$962,896.00
History/Contract Evaluation:	YES
Electronic Language:	☒ Yes If No, ☐ select box to indicate "WET" signature required
Purchasing Notes:	
Purchasing Agents Initials and date of approval	BRM 9/10/2026



JUSTIFICATION FOR USE OF NON-COMPETITIVE PROCESS

The County requires submitting departments to provide a business case which includes specific details supporting the contract/purchase being made.

As a consequence, departments need to provide detailed information justifying any purchases to be made non-competitively. The County has developed a justification packet for completion. If submitting a request for a non-competitive purchase, the department must complete this form, and attach it (along with supporting documentation) in the procurement software system.

A review of the contract/purchase request will not be completed without a signed completed justification packet uploaded as an attachment when submitting the contract/purchase request in the procurement software system. It is critically important, and incumbent upon the department to fully and accurately complete the form in order to avoid any lengthy and unnecessary delays in processing the contract/purchase request.

Requestor	LeVine Ross
Requestor Phone Number	216-443-8421
Date	8/13/2026
Requisition Number	N/A

OPERATING DEPARTMENT & ACTIVITY: (Choose 1)

The Department of Health and Human Services, Office of Homeless Services, plans to contract with Emerald Development and Economic Network, Inc. (EDEN), for women's shelter facilities management for the term of 11/1/2026-10/31/2027 in the amount of \$962,896.00.

Check the appropriate box:

Governmental Purchase - County Code 501.12 (B)(2)(vi)

State Contract Purchase – County Code 501.12(B)(2)(x)

Lower than State Contract Purchase - County Code 501.12(B)(2)(ix)

Cooperative Purchasing - County Code 501.12(B)(2)(ix)

Federal Contracts

Joint Purchasing Programs (includes GSA)

☐ **Contract Amendment**

Contract # _____ RQ# _____

X RFP Exemption – County Code 501.12(B)(2)(xi)

Community Rehabilitation Program (CRP) - O.R.C. 125.60 - O.R.C. 125.607

Public Utility (911 System) - O.R.C. 128.03(F)

Exemption from Aggregation of Contracts -County Code 501.05(C)(2)

Alternative Procurement Process – County Code 501.12(B)(2)(vii)

Federal, State, or Other Grant Application Program (County Code 501.12(B)(2)(viii))

1. Description of Supplies or Services, amount of purchase; if a contract or an amendment list start date and end date, and/or scope change if an amendment.

OHS is requesting a new contract for an existing service with Emerald Development and Economic Network, Inc. (EDEN) for facilities management of women's emergency shelter for the period 11/1/2026 - 10/31/27 in the amount of \$926,896.00. This new contract will combine two previously separate contracts for Norma Herr and Walton Avenue.

Emerald Development and Economic Network (EDEN), Inc. owns and manages the properties located at 2227 Payne Ave, Cleveland, OH 44114; 1600 East 23rd, Cleveland, OH 44114; and 2710 Walton Avenue, Cleveland, OH 44113, which serves as a swing site shelter during the construction of Norma Herr.

As the owner of the buildings, EDEN, Inc. will provide property management services to ensure the building remain in compliance with local requirements as well as OHS Advisory Board-approved shelter standards. Services will include ongoing maintenance of the facilities, 24/7 on-call response for emergency repairs, normal maintenance and repairs, staffing and services for custodial and housekeeping, insurance coverage, utility costs, asset management, and groundskeeping.

If contract or contract amendment term has begun, please respond to questions 1a. and 1b below:

1a. Why is the contract/amendment being submitted late?

N/A

1b. What is being done to prevent this from reoccurring?

N/A

2. Funding Source(s) including percentage breakdown and the actual fund name(s).

100% Health and Human Services Levy

3. Was the specific project funding included in OBM-approved budget for the current year? If not, please explain.

Yes

4. Rationale Supporting the Use of the Selected Procurement Method (include state contract # or cooperative purchasing contract # and expiration date)

This contract was awarded through an RFP exemption as EDEN is the owner of the building(s) and is a housing development agency that provides facilities management in its buildings county-wide. EDEN has the existing infrastructure to continue to provide these services cost-effectively.

5. What other available options and/or vendors were evaluated? If none, include the reasons why (*Attach supporting documentation such as other vendor quotes/pricing*).

No other vendors were solicited as EDEN is the owner of the buildings.

6. What ultimately led you to this product or service? Why was the recommended vendor selected? How was it determined that the anticipated cost is fair and reasonable? (*Attach supporting documentation*).

EDEN was selected based on its ownership of the building as well as the facilities management capacity as a housing development agency. They are able to invoice for services separately, per building at cost.

7. Provide an explanation of unacceptable delays in fulfilling the County's need that would be incurred if award was made through a competitive process. (*Attach supporting documentation*).

N/A

8. Describe what future plans, if any, your department can take to permit competition before any subsequent purchases of the required supplies or services. In none, please explain why.

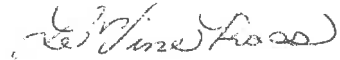
N/A – this will continue to be an exemption due to EDEN's ownership of the buildings.

CERTIFICATION REQUIREMENTS

I certify that the information contained in and attached to this Justification is accurate and complete to support the recommendation.

I further certify that the attached narrative justification verifies Cuyahoga County's minimum need or schedule requirements and any rationale used to justify the non-competitive request.

Signature of Director:



Date: 08/18/26

RQ# _____

Procurement software system title:

CONTRACT EVALUATION FORM

Contractor	Emerald Development and Economic Network, Inc. (EDEN)				
Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#:	4200 (fka 3879)				
RQ#	N/A				
Time Period of Original Contract	1/1/24-12/31/25				
Background Statement	Emerald Development and Economic Network, Inc. owns and manages properties at 2227 Payne Ave, Cleveland, OH 44114; 1600 East 23rd, Cleveland, OH 44114 which is used as the site for the publicly funded Emergency Shelter for Women.				
Service Description	EDEN is responsible for maintenance, repair, and upkeep at 2227 Payne Ave, Cleveland, OH 44114; 1600 East 23rd, Cleveland, OH 44114, ensuring that the site operates in compliance with CoC shelter standards				
Performance Indicators	Facility meets health, safety, and building codes as well as CoC shelter standards				
Actual Performance versus performance indicators (include statistics):	Facility is maintained according to city and CoC requirements/standards.				
Rating of Overall Performance of Contractor	Superior	Above Average	Average	Below Average	Poor
Select One (X)		X			
Justification of Rating	EDEN has maintained the facility well despite ongoing repair and maintenance issues due to the building's age and intensive usage. Repair and maintenance issues are addressed in a timely manner.				
Department Contact	Erin Rearden				
User Department	Office of Homeless Services				
Date	8/31/26				

CONTRACT EVALUATION FORM

Contractor	Emerald Development and Economic Network, Inc. (EDEN)				
Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#:	4981				
RQ#	N/A				
Time Period of Original Contract	4/1/24-10/31/26				
Background Statement	Emerald Development and Economic Network, Inc. owns and manages property at 2710 Walton Avenue, which serves as the swing site shelter for women during construction at Norma Herr Emergency Shelter for Women.				
Service Description	EDEN is responsible for maintenance, repair, and upkeep at 2710 Walton Avenue, ensuring that the site operates in compliance with CoC shelter standards				
Performance Indicators	Facility meets health, safety, and building codes as well as CoC shelter standards				
Actual Performance versus performance indicators (include statistics):	Facility is maintained according to city and CoC requirements/standards.				
Rating of Overall Performance of Contractor	Superior	Above Average	Average	Below Average	Poor
Select One (X)		X			
Justification of Rating	EDEN has maintained the facility well despite ongoing repair and maintenance issues due to the building's age and intensive usage. Repair and maintenance issues are addressed in a timely manner.				
Department Contact	Prentis Jackson Jr				

User Department	Office of Homeless Services
Date	8/18/26

County Council of Cuyahoga County, Ohio

Resolution No. R2026-0298

Sponsored by: **County Executive Ronayne/Department of Health and Human Services/Division of Community Initiative/Office of Homeless Services**

A Resolution making awards on RQ16336 and authorizing contracts with various providers in the total amount not-to-exceed \$9,469,852.00 to provide emergency shelter operations and support services to individuals and families experiencing homelessness in Cuyahoga County, for the period 11/1/2026 - 10/31/2027; authorizing the County Executive to execute various contracts 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 Community Initiative/Office of Homeless Services recommend making awards on RQ16336 and entering into contracts with various providers in the total amount not-to-exceed \$9,469,852.00 to provide emergency shelter operations and support services to individuals and families experiencing homelessness in Cuyahoga County, for the period 11/1/2026 -10/31/2027 as follows:

- 1) Contract No. 6391 with Family Promise of Greater Cleveland in the amount not-to-exceed \$50,000.00 for emergency shelter services for families experiencing homelessness;
- 2) Contract No. 6392 with Stella Maris, Inc. in the amount not-to-exceed \$265,000.00 for short-term residential substance use disorder treatment and recovery services for adult men experiencing homelessness;
- 3) Contract No. 6423 with Lutheran Metropolitan Ministry in the amount not-to-exceed \$968,650.00 for overflow shelter services for families experiencing homelessness;
- 4) Contract No. 6424 with Lutheran Metropolitan Ministry in the amount not-to-exceed \$4,031,350.00 for overflow shelter services for single adults;

- 5) Contract No. 6432 with Joseph's Home dba Joseph and Mary's Home in the amount not-to-exceed \$267,547.00 for medical respite shelter and supportive services for adult men experiencing homelessness;
- 6) Contract No. 6433 with Joseph's Home dba Joseph and Mary's Home in the amount not-to-exceed \$168,670.00 for medical respite shelter and supportive services for adult women experiencing homelessness;
- 7) Contract No. 6434 with The Young Women's Christian Association of Greater Cleveland in the amount not-to-exceed \$3,200,000.00 for emergency shelter services for women experiencing homelessness;
- 8) Contract No. 6437 with The Salvation Army in the amount not-to-exceed \$250,000.00 for short-term residential substance use disorder treatment and recovery services for adult men experiencing homelessness;
- 9) Contract No. 6438 with The Salvation Army in the amount not-to-exceed \$200,000.00 for emergency shelter services for families experiencing homelessness;
- 10) Contract No. 6445 with West Side Catholic Center in the amount not-to-exceed \$68,635.00 for emergency shelter services for families experiencing homelessness; 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% 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 awards on RQ16336 and authorizes the County Executive to enter into contracts with various providers in the total amount not-to-exceed \$9,469,852.00 to provide emergency shelter operations and support services to individuals and families experiencing homelessness in Cuyahoga County, for the period 11/1/2026 -10/31/2027 as follows:

- 1) Contract No. 6391 with Family Promise of Greater Cleveland in the amount not-to-exceed \$50,000.00 for emergency shelter services for families experiencing homelessness;

- 2) Contract No. 6392 with Stella Maris, Inc. in the amount not-to-exceed \$265,000.00 for short-term residential substance use disorder treatment and recovery services for adult men experiencing homelessness;
- 3) Contract No. 6423 with Lutheran Metropolitan Ministry in the amount not-to-exceed \$968,650.00 for overflow shelter services for families experiencing homelessness;
- 4) Contract No. 6424 with Lutheran Metropolitan Ministry in the amount not-to-exceed \$4,031,350.00 for operational and case management services at the men's emergency shelter and to facilitate and coordinate overflow shelter services for single adults and families;
- 5) Contract No. 6432 with Joseph's Home dba Joseph and Mary's Home in the amount not-to-exceed \$267,547.00 for medical respite shelter and supportive services for adult men experiencing homelessness;
- 6) Contract No. 6433 with Joseph's Home dba Joseph and Mary's Home in the amount not-to-exceed \$168,670.00 for medical respite shelter and supportive services for adult women experiencing homelessness;
- 7) Contract No. 6434 with The Young Women's Christian Association of Greater Cleveland in the amount not-to-exceed \$3,200,000.00 for emergency shelter services for women experiencing homelessness;
- 8) Contract No. 6437 with The Salvation Army in the amount not-to-exceed \$250,000.00 for short-term residential substance use disorder treatment and recovery services for adult men experiencing homelessness;
- 9) Contract No. 6438 with The Salvation Army in the amount not-to-exceed \$200,000.00 for emergency shelter services for families experiencing homelessness;
- 10) Contract No. 6445 with West Side Catholic Center in the amount not-to-exceed \$68,635.00 for emergency shelter services for families experiencing homelessness.

SECTION 2. That the County Executive is authorized to execute various contracts 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: October 13, 2026

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

Journal _____
_____, 20____

PURCHASE-RELATED TRANSACTIONS

Title	OHS; 2026-2027 CONTRACT WITH FAMILY PROMISE OF GREATER CLEVELAND FOR EMERGENCY SHELTER SERVICES FOR FAMILIES					
Department or Agency Name		The Department of Health and Human Services, Office of Homeless Services				
Requested Action		☒ Contract ☐ Agreement ☐ Lease ☐ Amendment ☐ Revenue Generating ☐ Purchase Order ☐ Other (please specify):				
Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	6391	Family Promise of Greater Cleveland	11/1/26-10/31/27	\$50,000.00	Pending	Pending
Service/Item Description (include quantity if applicable). When submitting an amendment, address any changes to the time period of the agreement, reduction or addition of funds, changes to the existing scope of services, changes to service rates/costs, and retroactive applicability of the changes, if any. Requesting approval of contract with Family Promise of Greater Cleveland for in the amount of \$50,000.00 for the period of 11/1/26-10/31/27. Family Promise of Greater Cleveland operates a year-round Emergency Family Shelter serving households comprised of at least one adult (18 years or older) and one dependent child (18 years or younger) experiencing literal homelessness in Cuyahoga County. The shelter operates 21 family units and 65 beds. Family Promise provides emergency shelter and housing-focused supportive services designed to assist families in addressing immediate crisis needs while rapidly resolving their housing crisis through coordinated assessment, Housing Problem Solving, and connection to safe, appropriate permanent housing opportunities consistent with each household's needs, goals, and abilities. Services are delivered in a trauma-responsive, client-centered environment that promotes housing stability and connection to community resources. The shelter operates in compliance with all Cleveland/Cuyahoga Continuum of Care standards.						
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: N/A How will replaced items be disposed of N/A						
Project Goals, Outcomes or Purpose (list 3): - Provide safe, decent shelter for families facing homelessness - Move families from homelessness into permanent housing as quickly as possible - Link families with ongoing community supports to ensure housing stability.						
In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify). If there are multiple vendors copy this table and complete for each vendor.						
Vendor Name and address:				Owner, executive director, other (specify):		

Family Promise of Greater Cleveland 3470 E. 152nd Street Cleveland, OH 44102	Jacqueline Salter, Executive Director
Vendor Council District: 9	Project Council District: County-Wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# <u>16336</u> ☐ RFB ☐ RFP ☒ RFQ ☐ Informal ☒ Formal Closing Date: 3/20/2026	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation: \$9,057,567.00	☐ Exemption
Number of Solicitations (sent/received) 42/12	☐ State Contract, list STS number and expiration date ☐ Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? ☐ Yes ☐ No, please explain. N/A If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	☐ Sole Source ☐ Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: ☐ Yes ☒ No, please explain: Vendor was chosen based on capacity to provide services within the Continuum of Care	☐ Government Purchase ☐ Alternative Procurement Process
How did pricing compare among bids received? Final price was negotiated due to budget constraints	☐ Contract Amendment - (list original procurement) ☐ Other Procurement Method, please describe:

Is Purchase/Services technology related ☐ No ☐ Yes If yes, list date of TAC approval and answer the questions below.		
<table border="1" style="width: 100%;"> <tr> <td style="width: 70%;">List date of TAC approval</td> <td style="width: 30%;">Date:</td> </tr> </table>	List date of TAC approval	Date:
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.

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 Funds

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

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

HS260350 HHS Levy

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

Provide status of project.

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

Reason:

Timeline

Project/Procurement Start Date (date your team started working on this item):	6/6/2026 (OHS); 6/23/2026 (DCAP)
Date documents were requested from vendor:	6/6/2026 (OHS); 6/23/2026 (DCAP)
Date of insurance approval from risk manager:	1/16/2026
Date Department of Law approved Contract:	9/9/2026

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

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

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

HISTORY (see instructions):

Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	3178	Family Promise of Greater Cleveland	9/1/2022 – 8/31/2023	\$68,800.00	3/26/2023	BC2023-153
(A-1)	3178	Family Promise of Greater Cleveland	Ext. 8/31/2024	\$68,800.00	2/5/2024	BC2024-90

(A-2)	5184 (FKA 3178)	Family Promise of Greater Cleveland	9/1/2024 – 8/31/2025	\$68,800.00	4/7/2025	BC2025- 248/59116424
(A-3)	6166 (FKA 5184)	Family Promise of Greater Cleveland	Ext. 8/31/2026	\$74,650.00	5/4/2026	BC2026-229

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

RQ# (if applicable)	16336
PO Code	RFQ
Event(s) #	6845
CM Contract #	6391

Late Submittal Required:	Yes ☐	No ☒
Why is the contract being submitted late?	N/A	
What is being done to prevent this from reoccurring?	N/A	

TAC Approval/Request Item?	Yes ☐	No ☒
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FULL AND OPEN COMPETITION

Formal RFQ

Reviewed by Purchasing

Emergency Shelter – Family Promise of Greater Cleveland				Department Initials	Purchasing
Briefing Memo				LS	BRM
Notice of Intent to Award (sent to all responding vendors)				LS	BRM
Bid Specification Packet (RFQ Packet)				LS	BRM
Final DEI Goal Setting Worksheet				LS	BRM
Diversity Documents – <i>if required (goal set)</i>				N/A- see RFQ pg. 7	N/A
Award Letter (sent to awarded vendor)				LS	BRM
Vendor’s Confidential Financial Statement – <i>if RFQ requested</i>				N/A	N/A
Bid Tabulation Sheet				LS	BRM
Evaluation with Scoring Summary (<i>Names of evaluators to be included, must have minimum of three evaluators</i>).				LS	BRM
IG# 25-0072-REG Exp. 12.31.2029				LS	BRM
Debarment/Suspension Verified	Date:	9.3.2026		LS	BRM
Auditor’s Findings	Date:	9.3.2026		LS	BRM
Vendor’s Submission				LS	BRM
Independent Contractor (I.C.) Form	Date:	2.20.2026		LS	BRM
Cover - <i>Master contracts only</i>				N/A	N/A
Contract Evaluation – <i>if required provide most recent CM history on contract history table (see pg 2)</i>				PJ	BRM
TAC/CTO Approval or TAC Request Communication (<i>if required attach and identify relevant page # or meeting approval number</i>)				N/A	N/A
Checklist Verification				LS	BRM

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

Emergency Shelter – Family Promise of Greater Cleveland				Department Initials
Agreement/Contract and Exhibits				LS
Matrix Law Screen shot				LS
COI				LS
Workers’ Compensation Insurance				LS

Department of Purchasing – Required Documents Checklist

CONTRACT SPENDING PLAN

Time Period	Accounting Unit	Budget Edit Group	Activity Code	Amount
11/1/2026 – 12/31/2026	HS260350	Other Expenditures	UCH09999	\$0.00
1/1/2027 – 10/31/2027	HS260350	Other Expenditures	UCH09999	\$50,000.00
			TOTAL	\$50,000.00

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

CE/AG# (if applicable)		N/A			
RQ# (if applicable)		N/A			
CM Contract #		6166 (FKA 5184)			
	Original Amount	Amendment Amount (if applicable)	Original Time Period/Amended End Date	BOC/ Resolution Approval Date	BOC/ Resolution Approval #
Original Amount <i>CM 3178</i>	\$68,000.00		9/1/2022 – 8/31/2023	3/26/2023	BC2023-153
Prior Amendment Amounts (list separately) <i>(A-#1) CM 3178</i>		\$68,000.00	Ext. 8/31/2024	2/5/2024	BC2024-90
(A-2) CM# 5184 (FKA 3178)		\$68,800.00	9/1/2024 – 8/31/2025	4/7/2025	BC2025-248/59116424
(A-3) CM#6166 (FKA 5184)		\$74,650.00	Ext. 8/31/2026	5/4/2026	BC2026-229
Pending Amendment		\$			
Total Amendments		\$212,250.00			
Total Contract Amount		\$281,050.00			
New Contract (CM# 6391) Amount		~~\$0.00~~ ~~\$50,000.00~~	~~11/1/2026—12/31/2026~~ ~~1/1/2027—10/31/2027~~	Pending	Pending

PURCHASING USE ONLY

Prior Resolutions:	BC2023-153, BC2024-90, BC2025-248, BC2026-229
Current CM#:	6391
Vendor Name: (if applicable include any fka, dba, or aka's)	Family Promise of Greater Cleveland
Time Period:	11/1/2026-10/31/2027
Amount:	\$50,000.00
History/Contract Evaluation:	Yes
Electronic Signature Language:	☒ Yes If No, ☐ select box to indicate “WET” signature required
Purchasing Notes:	
Purchasing Agents Initials and date of approval	BRM 9/14/2026

CONTRACT EVALUATION FORM

Contractor	Family Promise of Greater Cleveland				
Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#:	6166 fka 5184				
RQ#	N/A				
Time Period of Original Contract	9/01/2022 – 8/31/2023; Ext. - 8/31/2024; 9/1/2024 - 8/31/2025, Ext. 8/31/2026				
Background Statement	Family Promise of Greater Cleveland provides temporary housing and rapid rehousing services for families.				
Service Description	Family Promise serves 21 families at a point in time. Services are focused on parenting youth, providing shelter and rapid exit to stable housing.				
Performance Indicators	Number of persons served; exits to permanent housing; and reduction in shelter length of stay.				
Actual Performance versus performance indicators (include statistics):	Family Promise served 211 persons with 136 (91.89%) Exits to PH; Avg Length of Stay 73.7 Days (9/1/25-6/30/26)				
Rating of Overall Performance of Contractor	Superior	Above Average	Average	Below Average	Poor
Select One (X)		X			
Justification of Rating	Family Promise is a key partner in the CoC strategy to end family homelessness by focusing on rapid exit. FP serves youth-headed households. This age cohort has significant challenges to housing stability.				
Department Contact	Prentis Jackson Jr				
User Department	Office of Homeless Services				
Date	7/23/2026				

PURCHASE-RELATED TRANSACTIONS

Title	OHS; 2026 -2027 CONTRACT WITH STELLA MARIS FOR SUBSTANCE USE DISORDER SHELTER SERVICES FOR SINGLE ADULT MEN
Department or Agency Name	The Department of Health and Human Services, Office of Homeless Services
Requested Action	☒ Contract ☐ Agreement ☐ Lease ☐ Amendment ☐ Revenue Generating ☐ Purchase Order ☐ Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	6392	Stella Maris, Inc	11/1/26- 10/31/27	\$265,000.00	Pending	Pending

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

Requesting approval of a contract with Stella Maris, Inc. in the amount of \$265,000.00 for the period of 11/1/26-10/31/27.

Stella Maris operates a year-round Substance Use Disorder Treatment Shelter serving adult men experiencing homelessness who require short-term residential substance use disorder treatment and recovery services. The shelter provides 20 shelter beds.

Stella Matis provides temporary residential substance use disorder treatment and housing-focused supportive services designed to stabilize participants in recovery while assisting them in addressing immediate housing needs and transitioning to safe, appropriate permanent housing, ongoing treatment, recovery housing, or other appropriate residential settings consistent with each participant's needs, goals, and abilities. Services shall be delivered in a trauma-responsive, client-centered environment that promotes recovery, housing stability, and connection to healthcare, behavioral health, and community supports. The shelter operates in compliance with all Cleveland/Cuyahoga Continuum of Care standards.

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: N/A **How will replaced items be disposed of** N/A

Project Goals, Outcomes or Purpose (list 3):

- Provide basic, temporary shelter for homeless men at a point in time in accordance with OHS Advisory Board and CoC standards.
- Provide access to Intensive Outpatient Treatment.
- Link clients with permanent housing, sustainable income, and recovery supports in the community.

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: Stella Maris 1320 Washington Avenue Cleveland, OH 44113	Owner, executive director, other (specify): Christine Robinson, Chief Executive Officer
Vendor Council District: 7	Project Council District: County-Wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	N/A

COMPETITIVE PROCUREMENT

RQ# **16336**

☐ RFB ☐ RFP ☒ RFQ

☐ Informal

☒ Formal Closing Date: **3/20/2026**

The total value of the solicitation: **\$9,057,567.00**

Number of Solicitations (sent/received) **42/12**

Participation/Goals (%): () DBE () SBE
() MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? ☐ Yes
☐ No, please explain. **N/A**

If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?

Recommended Vendor was low bidder: ☐ Yes
☒ No, please explain:

Vendor was selected based on capacity to provide shelter services to a specialized population within the Continuum of Care

How did pricing compare among bids received?

Final price was negotiated due to budget constraints

NON-COMPETITIVE PROCUREMENT

Provide a short summary for not using competitive bid process.

*See Justification for additional information.

☐ Exemption

☐ State Contract, list STS number and expiration date

☐ Government Coop (Joint Purchasing Program/GSA), list number and expiration date

☐ Sole Source ☐ Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().

☐ Government Purchase

☐ Alternative Procurement Process

☐ Contract Amendment - (list original procurement)

☐ Other Procurement Method, please describe:

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

List date of TAC approval Date:

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

☐ Check if item is ERP related? ☐ No ☐ Yes. **N/A**

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

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

100% Health and Human Services Levy Funds

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

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

HS260350 HHS Levy

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

Provide status of project.

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

Reason:

Timeline

Project/Procurement Start Date (date your team started working on this item): 6/6/2026 (OHS); 6/23/2026 (DCAP)

Date documents were requested from vendor: 6/6/2026 (OHS); 6/23/2026 (DCAP)

Date of insurance approval from risk manager: 1/16/2026

Date Department of Law approved Contract: 8/31/2026

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

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

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

HISTORY (see instructions):

Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	4600	Stella Maris, Inc.	7/1/2024-6/30/2025	\$265,000.00	6/24/2024	BC2024-483
(A-1)	4600	Stella Maris, Inc.	7/1/2025 – 6/30/2026	\$265,000.00	5/5/2025	BC2025-300

(A-2)	4600	Stella Maris, Inc.	7/1/2026 – 10/31/2026	\$88,333.00	6/8/2026	BC2026-280
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Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

RQ# (if applicable)	16336
PO Code	RFQ
Event(s) #	6845
CM Contract #	6392

Late Submittal Required:	Yes ☐	No ☒
Why is the contract being submitted late?	N/A	
What is being done to prevent this from reoccurring?	N/A	

TAC Approval/Request Item?	Yes ☐	No ☒
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FULL AND OPEN COMPETITION

Formal RFQ

Reviewed by Purchasing

Emergency Shelter – Stella Maris, Inc.			Department Initials	Purchasing
Briefing Memo			LS	BRM
Notice of Intent to Award (sent to all responding vendors)			LS	BRM
Bid Specification Packet (RFQ Packet)			LS	BRM
Final DEI Goal Setting Worksheet			LS	BRM
Diversity Documents – <i>if required (goal set)</i>			N/A- see RFQ Pg. 7	N/A
Award Letter (sent to awarded vendor)			LS	BRM
Vendor’s Confidential Financial Statement – <i>if RFQ requested</i>			N/A	N/A
Bid Tabulation Sheet			LS	BRM
Evaluation with Scoring Summary (<i>Names of evaluators to be included, must have minimum of three evaluators</i>).			LS	BRM
IG#	~~25-0072-REG Exp. 12.31.2029~~ 24-0071-REG 12/31/2028		LS	BRM
Debarment/Suspension Verified	Date:	~~8.12.2026~~ 9/3/2026	LS	BRM
Auditor’s Findings	Date:	~~8.12.2026~~ 9/3/2026	LS	BRM
Vendor’s Submission			LS	BRM
Independent Contractor (I.C.) Form	Date:	6.23.2026	LS	BRM
Cover - <i>Master contracts only</i>			N/A	N/A
Contract Evaluation – <i>if required provide most recent CM history on contract history table (see pg 2)</i>			PJ	BRM
TAC/CTO Approval or TAC Request Communication (<i>if required attach and identify relevant page # or meeting approval number</i>)			N/A	N/A
Checklist Verification			LS	BRM

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

Emergency Shelter – Stella Maris, Inc.		Department Initials
Agreement/Contract and Exhibits		LS
Matrix Law Screen shot		LS
COI		LS

Department of Purchasing – Required Documents Checklist

Workers' Compensation Insurance	LS
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CONTRACT SPENDING PLAN

Time Period	Accounting Unit	Budget Edit Group	Activity Code	Amount
11/1/2026 – 12/31/2026	HS260350	Other Expenditures	UCH09999	\$0.00
1/1/2027 – 10/31/2027	HS260350	Other Expenditures	UCH09999	\$265,000.00
			TOTAL	\$265,000.00

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

CE/AG# (if applicable)			N/A		
RQ# (if applicable)			N/A		
CM Contract #			4600		
	Original Amount	Amendment Amount (if applicable)	Original Time Period/Amended End Date	BOC/ Resolution Approval Date	BOC/ Resolution Approval #
Original Amount <i>CM 4600</i>	\$265,000.00		7/1/2024 – 6/30/2025	6/24/2024	BC2024-483
Prior Amendment Amounts (list separately) (A-#1) <i>CM 4600</i>		\$265,000.00	7/1/2025 – 6/30/2026	5/5/2025	BC2025-300
(A-2) <i>CM 4600</i>		\$88,333.00	7/1/2026 – 10/31/2026	6/8/2026	BC2026-280
Pending Amendment		\$			
Total Amendments		\$353,333.00			
Total Contract Amount		\$618,333.00			
New Contract (CM# 6392) Amount		\$0.00 \$265,000.00	11/1/2026 – 12/31/2026 1/1/2027 – 10/31/2027	Pending	Pending

PURCHASING USE ONLY

Prior Resolutions:	BC2024-483, BC2025-300, BC2026-280
Current CM#:	6392
Vendor Name: (if applicable include any fka, dba, or aka's)	Stella Maris, Inc.
Time Period:	11/1/2026-10/31/2027
Amount:	\$265,000.00
History/Contract Evaluation:	YES
Electronic Signature Language:	☒ Yes If No, ☐ select box to indicate "WET" signature required
Purchasing Notes:	

Department of Purchasing – Required Documents Checklist

Purchasing Agents Initials and date of approval	BRM 9/14/2026
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PURCHASE-RELATED TRANSACTIONS

Title	OHS; 2026-2027 CONTRACT WITH LUTHERAN METROPOLITAN MINISTRY FOR FAMILY OVERFLOW SHELTER SERVICES
Department or Agency Name	Office of Homeless Services
Requested Action	☒ Contract ☐ Agreement ☐ Lease ☐ Amendment ☐ Revenue Generating ☐ Purchase Order ☐ Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
	6423	Lutheran Metropolitan Ministry for Family Overflow Services	11/1/2026- 10/31/2027	\$968,650.00	Pending	Pending
See table below						

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

Requesting approval of a contract with Lutheran Metropolitan Ministry for Family Overflow Services in the amount of \$968,650.00 for the period of 11/1/26-10/31/27.

Lutheran Metropolitan Ministry (LMM) operates year-round Family Overflow Shelter Services, serving households comprised of at least one adult (18 years or older) and one dependent child (18 years or younger) experiencing homelessness in Cuyahoga County. The project shall provide approximately 21 overflow family shelter units and 44 beds located at family overflow hotel sites throughout Cuyahoga County or other site(s) designated by the Office of Homeless Services (OHS).

LMM provides overflow emergency shelter and housing-focused supportive services designed to assist households in addressing immediate crisis needs while they wait for placement in family shelter or when possible, support diversion to an alternative housing destination.

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: N/A **How will replaced items be disposed of** N/A

Project Goals, Outcomes or Purpose (list 3):

- Operate year-round Family Overflow Shelter services for families facing homelessness in Cuyahoga County

- Provide safe emergency shelter and housing-focused supportive services while families await placement in family shelter
- Support families in resolving immediate needs connected to employment/housing services linkages

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: Lutheran Metropolitan Ministry 4515 Superior Avenue Cleveland, Ohio 44103	Owner, executive director, other (specify): Maria Foschia, Executive Director
Vendor Council District: 7	Project Council District: County-Wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	N/A

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# <u>16336</u> ☐ RFB ☐ RFP ☒ RFQ ☐ Informal ☐ Formal Closing Date: 3/20/2026	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation: \$9,057,567.00	☐ Exemption
Number of Solicitations (sent/received) 42 /12	☐ State Contract, list STS number and expiration date ☐ Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? ☐ Yes ☐ No, please explain. N/A If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	☐ Sole Source ☐ Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: ☐ Yes ☒ No, please explain: Vendor was chosen based on capacity to provide services within the Continuum of Care	☐ Government Purchase ☐ Alternative Procurement Process
How did pricing compare among bids received? Final price was negotiated due to budget constraints	☐ Contract Amendment - (list original procurement) ☐ Other Procurement Method, please describe:

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

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.

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

100% Health and Human Services Levy

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

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

HS260350 HHS Levy

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

Provide status of project.

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

Reason:

Timeline

Project/Procurement Start Date (date your team started working on this item): 7/6/2026

Date documents were requested from vendor: 7/24/26

Date of insurance approval from risk manager: 9/9/2026

Date Department of Law approved Contract: 9/9/2026

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

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

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

HISTORY (see instructions):

Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
	6423	Lutheran Metropolitan Ministry for Family Overflow Services	11/1/2026-10/31/2027	\$968,650.00	Pending	Pending
O	5851	Lutheran Metropolitan Ministry for Family Overflow Services	1/1/2024 – 12/31/2025	\$869,320.00	6/24/2024	R2024-0223
A1	5851	Lutheran Metropolitan Ministry for Family Overflow Services	1/1/2026 – 12/31/2026	\$454,417.00	5/18/2026	BC2026-239

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

RQ# (if applicable)	16336
PO Code	RFQ
Event(s) #	6845
CM Contract #	6423

Late Submittal Required:	Yes ☐	No ☒
Why is the contract being submitted late?		
What is being done to prevent this from reoccurring?		

TAC Approval/Request Item?	Yes ☐	No ☒
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FULL AND OPEN COMPETITION

Formal RFQ

Reviewed by Purchasing

OHS – Emergency Shelter – LMM-Family Overflow				Department Initials	Purchasing
Briefing Memo				DWM	BRM
Notice of Intent to Award (sent to all responding vendors)				DWM	BRM
Bid Specification Packet (RFQ Packet)				DWM	BRM
Final DEI Goal Setting Worksheet				DWM	BRM
Diversity Documents – <i>if required (goal set)</i>				N/A	N/A
Award Letter (sent to awarded vendor)				DWM	BRM
Vendor’s Confidential Financial Statement – <i>if RFQ requested</i>				N/A	N/A
Bid Tabulation Sheet				DWM	BRM
Evaluation with Scoring Summary (<i>Names of evaluators to be included, must have minimum of three evaluators</i>).				DWM	BRM
IG#	25-0292-REG exp:12/31/29			DWM	BRM
Debarment/Suspension Verified	Date:	8/31/2026		DWM	BRM
Auditor’s Findings	Date:	8/31/2026		DWM	BRM
Vendor’s Submission				DWM	BRM
Independent Contractor (I.C.) Form		Date:	~~12/3/26~~ 12/3/25	DWM	BRM
Cover - <i>Master contracts only</i>				N/A	N/A
Contract Evaluation – <i>if required provide most recent CM history on contract history table (see pg 2)</i>				DWM	BRM
TAC/CTO Approval or TAC Request Communication (<i>if required attach and identify relevant page # or meeting approval number</i>)				N/A	N/A
Checklist Verification				DWM	BRM

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	DWM
Matrix Law Screen shot	DWM
COI	DWM
Workers’ Compensation Insurance	DWM

Department of Purchasing – Required Documents Checklist

CONTRACT SPENDING PLAN

Time Period	Accounting Unit	Budget Edit Group	Activity Code	Amount
11/1/2026 – 12/31/2026	HS260350	Other Expenditures	UCH09999	\$0.00
1/1/2027 – 10/31/2027	HS260350	Other Expenditures	UCH09999	\$968,650.00
			TOTAL	\$968,650.00

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

CE/AG# (if applicable)		N/A			
RQ# (if applicable)		10456			
CM Contract #		5851			
	Original Amount	Amendment Amount (if applicable)	Original Time Period/Amended End Date	BOC/ Resolution Approval Date	BOC/ Resolution Approval #
Original Amount CM 5851	\$869,320.00		1/1/2024 – 12/31/2025	6/24/2024	R2024-0223
Prior Amendment Amounts (list separately) (A-#) CM5851	Amend 1	\$454,417.00	1/1/2026 – 12/31/2026	5/18/2026	BC2026-239
Pending Amendment					
Total Amendments		\$454,417.00			
Total Contract Amount		\$1,323,737.00			
New Contract Amount	\$968,650.00				

PURCHASING USE ONLY

Prior Resolutions:	R2024-0223, BC2026-239
Current CM#:	6423
Vendor Name: (if applicable include any fka, dba, or aka's)	Lutheran Metropolitan Ministry
Time Period:	11/1/2026-10/31/2027
Amount:	\$968,650.00
History/Contract Evaluation:	YES
Electronic Signature Language:	☒ Yes If No, ☐ select box to indicate "WET" signature required
Purchasing Notes:	

Department of Purchasing – Required Documents Checklist

Purchasing Agents Initials and date of approval	BRM 9/16/2026
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PURCHASE-RELATED TRANSACTIONS

Title	OHS; 2026-2027 CONTRACT WITH LUTHERAN METROPOLITAN MINISTRY FOR EMERGENCY SHELTER AND SINGLE OVERFLOW SHELTER SERVICES
Department or Agency Name	Office of Homeless Services
Requested Action	☒ Contract ☐ Agreement ☐ Lease ☐ Amendment ☐ Revenue Generating ☐ Purchase Order ☐ Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	6424	Lutheran Metropolitan Ministry for Men's Shelter Services	11/1/2026- 10/31/2027	\$4,031,350.00	Pending	Pending
See table below						

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

Requesting approval of a contract with Lutheran Metropolitan Ministry Men's Shelter Services in the amount of \$4,031,350.00 for the period of 11/1/26-10/31/27.

Lutheran Metropolitan Ministry (LMM) operates a year-round Emergency Shelter for homeless men and single adult overflow shelter. The project will provide 340 beds, with on-site overflow capacity of 62, at 2020 Lakeside Avenue and 2100 Lakeside Avenue, Cleveland, Ohio 44114. In addition, Lutheran Metropolitan Ministry shall maintain approximately 40 Single Overflow shelter beds through leased space and provide participant transportation to support system-wide Emergency Shelter capacity in partnership with specified organizations designated by the Office of Homeless Services (OHS).

LMM provides emergency shelter and housing-focused supportive services designed to assist participants in addressing immediate crisis needs while rapidly resolving their housing crisis through coordinated assessment, Housing Problem Solving, and connection to safe, appropriate permanent housing opportunities consistent with each participant's needs, goals, and abilities. Services shall be delivered in a trauma-responsive, client-centered environment that promotes housing stability and connection to community resources. The project shall serve as a Coordinated Entry access point in accordance with Cleveland/Cuyahoga County CoC policies and procedures.

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: N/A **How will replaced items be disposed of** N/A

Project Goals, Outcomes or Purpose (list 3):

- Operate a year-round emergency shelter for single adult men facing homelessness in Cuyahoga County
- Provide shelter, meals, access to laundry, and employment and housing services linkages
- Maintain single overflow shelter capacity and transportation in coordination with OHS-designated partner agencies

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: Lutheran Metropolitan Ministry 4515 Superior Avenue Cleveland, Ohio 44103	Owner, executive director, other (specify): Maria Foschia, Executive Director
Vendor Council District: 7	Project Council District: County-Wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	2100 Lakeside Ave Cleveland, OH 44114

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# <u>16336</u> ☐ RFB ☐ RFP ☒ RFQ ☐ Informal ☐ Formal Closing Date: 3/20/2026	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation: \$9,057,567.00	☐ Exemption
Number of Solicitations (sent/received) 42 /12	☐ State Contract, list STS number and expiration date ☐ Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? ☐ Yes ☐ No, please explain. N/A If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	☐ Sole Source ☐ Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: ☐ Yes ☒ No, please explain: Vendor was chosen based on capacity to provide services within the Continuum of Care	☐ Government Purchase ☐ Alternative Procurement Process
How did pricing compare among bids received?	☐ Contract Amendment - (list original procurement)

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

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

Provide status of project. Ongoing								
Is contract/purchase late ☒ No ☐ Yes, In the fields below provide reason for late and timeline of late submission								
Reason:								
Timeline								
<table border="1"> <tr> <td>Project/Procurement Start Date (date your team started working on this item):</td> <td>7/6/2026</td> </tr> <tr> <td>Date documents were requested from vendor:</td> <td>7/6/2026</td> </tr> <tr> <td>Date of insurance approval from risk manager:</td> <td>9/9/2026</td> </tr> <tr> <td>Date Department of Law approved Contract:</td> <td>9/9/2026</td> </tr> </table>	Project/Procurement Start Date (date your team started working on this item):	7/6/2026	Date documents were requested from vendor:	7/6/2026	Date of insurance approval from risk manager:	9/9/2026	Date Department of Law approved Contract:	9/9/2026
Project/Procurement Start Date (date your team started working on this item):	7/6/2026							
Date documents were requested from vendor:	7/6/2026							
Date of insurance approval from risk manager:	9/9/2026							
Date Department of Law approved Contract:	9/9/2026							
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:								
If late, have services begun? ☒ No ☐ Yes (if yes, please explain)								
Have payments been made? ☒ No ☐ Yes (if yes, please explain)								

HISTORY (see instructions):

Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	6424	Lutheran Metropolitan Ministry for Men's Shelter Services	11/1/2026-10/31/2027	\$4,031,350.00	Pending	Pending
O	5983 (FKA 3013)	Lutheran Metropolitan Ministry for Men's Shelter Services	1/1/2023 – 8/19/2023	\$2,231,638.00	2/28/2023	R2023-0038
A1	5983 (FKA 3013)	Lutheran Metropolitan Ministry for Men's Shelter Services	8/20/2023 – 12/31/2023	\$1,575,000.00	8/8/2023	R2023-0220
A2	5983 (FKA 3013)	Lutheran Metropolitan Ministry for Men's Shelter Services	11/2/2023 – 12/31/2024	\$775,000.00	10/31/2023	R2023-0291
A3	5983 (FKA 3013)	Lutheran Metropolitan Ministry for Men's Shelter Services	5/17/2024 – 12/31/2024	\$4,350,000.00	5/14/2024	R2024-0167
A4	5983 (FKA 3013)	Lutheran Metropolitan Ministry for Men's Shelter Services	1/1/2025 – 9/30/2026	\$4,591,000.00	4/8/2025	R2025-0129
A5	5983 (FKA 3013)	Lutheran Metropolitan Ministry for Men's Shelter Services	11/1/2025 – 9/30/2026	\$4,350,000.00	2/10/2026	R2026-0046
A6	5983 (FKA 3013)	Lutheran Metropolitan Ministry for Men's Shelter Services	1/1/2026 – 9/30/2026	\$215,352.00	PENDING	PENDING

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

RQ# (if applicable)	16336
PO Code	RFQ
Event(s) #	6845
CM Contract #	6424

Late Submittal Required:	Yes ☐	No ☒
Why is the contract being submitted late?		
What is being done to prevent this from reoccurring?		

TAC Approval/Request Item?	Yes ☐	No ☒
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FULL AND OPEN COMPETITION				
Formal RFQ				
Reviewed by Purchasing				
Lutheran Metropolitan Ministry for Men’s Shelter Services			Department Initials	Purchasing
Briefing Memo			DWM	BRM
Notice of Intent to Award (sent to all responding vendors)			DWM	BRM
Bid Specification Packet (RFQ Packet)			DWM	BRM
Final DEI Goal Setting Worksheet			DWM	BRM
Diversity Documents – <i>if required (goal set)</i>			N/A	N/A
Award Letter (sent to awarded vendor)			DWM	BRM
Vendor’s Confidential Financial Statement – <i>if RFQ requested</i>			N/A	N/A
Bid Tabulation Sheet			DWM	BRM
Evaluation with Scoring Summary (<i>Names of evaluators to be included, must have minimum of three evaluators</i>).			DWM	BRM
IG#	25-0292-REG exp:12/31/29		DWM	BRM
Debarment/Suspension Verified	Date:	8/31/2026	DWM	BRM
Auditor’s Findings	Date:	8/31/2026	DWM	BRM
Vendor’s Submission			DWM	BRM
Independent Contractor (I.C.) Form		Date: ~~12/3/29~~ 12/3/25	DWM	BRM
Cover - <i>Master contracts only</i>			N/A	N/A
Contract Evaluation – <i>if required provide most recent CM history on contract history table (see pg 2)</i>			DWM	BRM
TAC/CTO Approval or TAC Request Communication (<i>if required attach and identify relevant page # or meeting approval number</i>)			N/A	N/A
Checklist Verification			DWM	BRM

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	DWM
Matrix Law Screen shot	DWM
COI	DWM
Workers’ Compensation Insurance	DWM

Department of Purchasing – Required Documents Checklist

CONTRACT SPENDING PLAN

Time Period	Accounting Unit	Budget Edit Group	Activity Code	Amount
11/1/2026 – 12/31/2026	HS260350	~~55130~~ Other Expenditures	UCH09999	\$0.00
1/1/2027 – 10/31/2027	HS260350	Other Expenditures	UCH0999	\$4,031,350.00
			TOTAL	\$4,031,350.00

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

CE/AG# (if applicable)			N/A		
RQ# (if applicable)			10456		
CM Contract #			5983 (FKA 3013)		
	Original Amount	Amendment Amount (if applicable)	Original Time Period/Amended End Date	BOC/ Resolution Approval Date	BOC/ Resolution Approval #
Original Amount	\$2,231,638.00		1/1/2023 – 8/19/2023	2/28/2023	R2023-0038
Prior Amendment Amounts (list separately) (A-#)	A-1	\$1,575,000.00	8/20/2023 – 12/31/2023	8/8/2023	R2023-0220
	A-2	\$775,000.00	11/2/2023 – 12/31/2024	10/31/2023	R2023-0291
	A-3	\$4,350,000.00	5/17/2024 – 12/31/2024	5/14/2024	R2024-0167
	A-4	\$4,591,000.00	1/1/2025 – 9/30/2026	4/8/2025	R2025-0129
	A-5	\$4,350,000.00	11/1/2025 – 9/30/2026	2/10/2026	R2026-0046
	A-6	\$215,352.00	1/1/2026 – 9/30/2026	PENDING	PENDING
Total Amendments		\$15,856,352.00			
Total Contract Amount		\$18,087,990.00			

PURCHASING USE ONLY

Prior Resolutions:	R2023, 0038, R2023-0220, R2023-0291, R2024-0167, R2025-0129, R2026-0046
Current CM#:	6424
Vendor Name: (if applicable include any fka, dba, or aka's)	Lutheran Metropolitan Ministry
Time Period:	11/1/2026-10/31/2027
Amount:	\$4,031,350.00

Department of Purchasing – Required Documents Checklist

History/Contract Evaluation:	YES
Electronic Signature Language:	☒ Yes If No, ☐ select box to indicate “WET” signature required
Purchasing Notes:	
Purchasing Agents Initials and date of approval	BRM 9/16/2026

PURCHASE-RELATED TRANSACTIONS

Title	OHS; 2026-2027 CONTRACT WITH JOSEPH'S HOME SHELTER FOR EMERGENCY SHELTER SERVICES FOR MEDICALLY FRAGILE MEN
Department or Agency Name	The Department of Health and Human Services, Office of Homeless Services
Requested Action	☒ Contract ☐ Agreement ☐ Lease ☐ Amendment ☐ Revenue Generating ☐ Purchase Order ☐ Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	6432	Joseph's Home dba Joseph and Mary's Home	11/1/26-10/31/27	\$267,547.00	Pending	Pending

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

Requesting approval of a contract with Joseph's Home dba Joseph and Mary's Home in the amount of \$267,547.00 for the period of 11/1/26-10/31/27.

Joseph's Home operates a year-round Medical Respite Shelter serving single adult men experiencing homelessness who require a safe and supportive environment to recover from acute illness, injury, surgery, chronic health conditions, or other medical needs that cannot be safely managed without supportive shelter services. The shelter provides 11 medical respite beds.

Joseph's Home provides temporary medical respite shelter and housing-focused supportive services designed to stabilize participants' health while assisting them in addressing immediate housing needs and transitioning to safe, appropriate permanent housing or other appropriate care settings consistent with each participant's needs, goals, and abilities. Services shall be delivered in a trauma-responsive, client-centered environment that promotes health stabilization, housing stability, and connection to healthcare and community supports. The shelter operates in compliance with all Cleveland/Cuyahoga Continuum of Care standards.

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: N/A **How will replaced items be disposed of** N/A

Project Goals, Outcomes or Purpose (list 3):

- Provide basic, temporary housing and safety net services for medically fragile homeless men, in accordance with all continuum of care emergency shelter standards
- Provide intensive case management to address barriers to housing stability
- Link shelter guests with permanent housing upon charge

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: Joseph's Home DBA Joseph and Mary's Home 2412 Community College Avenue Cleveland, OH 44115	Owner, executive director, other (specify): Anna Stormer, Executive Director
Vendor Council District: 7	Project Council District: County-Wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	N/A

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# <u>16336</u> ☐ RFB ☐ RFP ☒ RFQ ☐ Informal ☒ Formal Closing Date: 3/20/2026	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation: \$9,057,567.00	☐ Exemption
Number of Solicitations (sent/received) 42/12	☐ State Contract, list STS number and expiration date ☐ Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? ☐ Yes ☐ No, please explain. N/A If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	☐ Sole Source ☐ Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: ☐ Yes ☒ No, please explain: Vendor was selected based on capacity to offer services to a specialized population within the Continuum of Care	☐ Government Purchase ☐ Alternative Procurement Process
How did pricing compare among bids received? Final price was negotiated due to funding restrictions	☐ Contract Amendment - (list original procurement) ☐ Other Procurement Method, please describe:

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

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

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

Provide status of project.
Is contract/purchase late ☒ No ☐ Yes, In the fields below provide reason for late and timeline of late submission
Reason:
Timeline
Project/Procurement Start Date (date your team started working on this item):
6/10/2026 (DCAP); 7/6/2026
Date documents were requested from vendor:
6/23/2026; 7/6/2026
Date of insurance approval from risk manager:
1/16/2026
Date Department of Law approved Contract:
8/31/2026
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:
If late, have services begun? ☒ No ☐ Yes (if yes, please explain)
Have payments been made? ☒ No ☐ Yes (if yes, please explain)

HISTORY (see instructions):						
Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	4687	Joseph's Home dba Joseph & Mary's Home	7/1/2024-6/30/2025	\$267,547.00	9/16/2024	BC2024-675

A-1	4687	Joseph's Home dba Joseph & Mary's Home	7/1/2025-6/30/2026	\$267,547.00	6/16/2025	BC2025-393
A-2	4687	Joseph's Home dba Joseph & Mary's Home	7/1/2026-10/31/2026	\$89,182.00	6/8/2026	BC2026-281

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

RQ# (if applicable)	16336
PO Code	RFQ
Event(s) #	6845
CM Contract #	CM 6432

Late Submittal Required:	Yes ☐	No ☒
Why is the contract being submitted late?		
What is being done to prevent this from reoccurring?		

TAC Approval/Request Item?	Yes ☐	No ☒
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FULL AND OPEN COMPETITION				
Formal RFQ				
Reviewed by Purchasing				
Josephs Home – Emergency Shelter 2026			Department Initials	Purchasing
Briefing Memo			DA	
Notice of Intent to Award (sent to all responding vendors)			DA	BRM
Bid Specification Packet (RFQ Packet)			DA	BRM
Final DEI Goal Setting Worksheet			DA	BRM
Diversity Documents – <i>if required (goal set)</i>			N/A	N/A
Award Letter (sent to awarded vendor)			DA	BRM
Vendor’s Confidential Financial Statement – <i>if RFQ requested</i>			N/A	N/A
Bid Tabulation Sheet			DA	BRM
Evaluation with Scoring Summary (<i>Names of evaluators to be included, must have minimum of three evaluators</i>).			DA	BRM
IG#	24-0384-REG; Exp. 12/31/2028		DA	BRM
Debarment/Suspension Verified	Date:	8/28/2026	DA	BRM
Auditor’s Findings	Date:	8/27/2026	DA	BRM
Vendor’s Submission			DA	BRM
Independent Contractor (I.C.) Form	Date:	2/25/2026	DA	BRM
Cover - <i>Master contracts only</i>			N/A	N/A
Contract Evaluation – <i>if required provide most recent CM history on contract history table (see pg 2)</i>			DA	BRM
TAC/CTO Approval or TAC Request Communication (<i>if required attach and identify relevant page # or meeting approval number</i>)			N/A	N/A
Checklist Verification			DA	BRM

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	
Josephs Home – Emergency Shelter 2026	Department Initials
Agreement/Contract and Exhibits	DA
Matrix Law Screen shot	DA
COI	DA
Workers’ Compensation Insurance	DA

Department of Purchasing – Required Documents Checklist

CONTRACT SPENDING PLAN

Time Period	Accounting Unit	Budget Edit Group	Activity Code	Amount
11/1/2026 – 12/31/2026	HS260350	Other Expenditures	UCH09999	\$0.00
1/1/2027- 10/31/2027	HS260350	Other Expenditures	UCH09999	\$267,547.00
			TOTAL	\$267,547.00

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

CE/AG# (if applicable)			N/A		
RQ# (if applicable)			EXMT		
CM Contract #			4687		
	Original Amount	Amendment Amount (if applicable)	Original Time Period/Amended End Date	BOC/ Resolution Approval Date	BOC/ Resolution Approval #
Original Amount	\$267,547.00		7/1/2024-6/30/2025	9/16/2024	BC2024-675
Prior Amendment Amounts (list separately) (A-#1)		\$267,547.00	7/1/2025-6/30/2026	6/16/2025	BC2025-393
(A-#2)		\$89,182.00	7/1/2026-10/31/2026	6/8/2026	BC2026-281
Total Amendments		\$356,729.00			
Total Contract Amount		\$624,276.00			
New Contract CM 6432	\$267,547.00		11/1/2026-10/31/2027	Pending	Pending

PURCHASING USE ONLY

Prior Resolutions:	BC2024-675, BC2025-393, BC2026-281
Current CM#:	6432
Vendor Name: (if applicable include any fka, dba, or aka's)	Joseph's Home dba Joseph and Mary's Home
Time Period:	11/1/2026-10/31/2027
Amount:	\$267,547.00
History/Contract Evaluation:	YES
Electronic Signature Language:	☒ Yes If No, ☐ select box to indicate "WET" signature required
Purchasing Notes:	
Purchasing Agents Initials and date of approval	BRM 9/15/2026

Department of Purchasing – Required Documents Checklist

PURCHASE-RELATED TRANSACTIONS

Title	OHS; 2026 - 2027 CONTRACT WITH JOSEPH'S HOME FOR EMERGENCY SHELTER SERVICES FOR MEDICALLY FRAGILE WOMEN
Department or Agency Name	The Department of Health and Human Services, Office of Homeless Services
Requested Action	☒ Contract ☐ Agreement ☐ Lease ☐ Amendment ☐ Revenue Generating ☐ Purchase Order ☐ Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	6433	Joseph's Home dba Joseph and Mary's Home	11/1/26-10/31/27	\$168,670.00	Pending	Pending

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

Requesting approval of a contract with Joseph's Home dba Joseph and Mary's Home in the amount of \$168,670.00 for the period of 11/1/26-10/31/27.

Joseph's Home operates Mary's Home, a year-round Medical Respite Shelter serving single adult women experiencing homelessness who require a safe and supportive environment to recover from acute illness, injury, surgery, chronic health conditions, or other medical needs that cannot be safely managed without supportive shelter services. The shelter provides 10 medical respite beds.

Mary's Home provides temporary medical respite shelter and housing-focused supportive services designed to stabilize participants' health while assisting them in addressing immediate housing needs and transitioning to safe, appropriate permanent housing or other appropriate care settings consistent with each participant's needs, goals, and abilities. Services shall be delivered in a trauma-responsive, client-centered environment that promotes health stabilization, housing stability, and connection to healthcare and community supports. The shelter operates in compliance with all Cleveland/Cuyahoga Continuum of Care standards.

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: N/A **How will replaced items be disposed of** N/A

Project Goals, Outcomes or Purpose (list 3):

- Provide basic temporary housing and safety net services for medically fragile homeless women, in accordance with all CoC shelter standards
- Provider intensive case management to address barriers to housing stability
- Link shelter guests with permanent housing upon discharge

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: Joseph's Home DBA Joseph and Mary's Home 2412 Community College Avenue Cleveland, OH 44115	Owner, executive director, other (specify): Anna Stormer, Executive Director
Vendor Council District: 7	Project Council District: County-Wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	N/A

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# <u>16336</u> ☐ RFB ☐ RFP ☒ RFQ ☐ Informal ☒ Formal Closing Date: 3/20/2026	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation: \$9,057,567.00	☐ Exemption
Number of Solicitations (sent/received) 42/12	☐ State Contract, list STS number and expiration date ☐ Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? ☐ Yes ☐ No, please explain. N/A If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	☐ Sole Source ☐ Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: ☐ Yes ☒ No, please explain: Vendor was selected based on capacity to provide services to a specialized population within the Continuum of Care	☐ Government Purchase ☐ Alternative Procurement Process
How did pricing compare among bids received? Final price was negotiated due to budget constraints	☐ Contract Amendment - (list original procurement) ☐ Other Procurement Method, please describe:

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

List date of TAC approval

Date:

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

☐ Check if item is ERP related? ☐ No ☐ Yes. **N/A**

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

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

100% Health and Human Services Levy Funds

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

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

HS260350 HHS Levy

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

Provide status of project. Existing project currently performing under amended CM 3994 extended thru 10/31/26

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): 6/10/2026 (DCAP); 7/6/2026

Date documents were requested from vendor: 6/23/2026; 7/6/2026

Date of insurance approval from risk manager: 1/16/2026

Date Department of Law approved Contract: 8/31/2026

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

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

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

HISTORY (see instructions):

Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	3994	Joseph's Home dba	11/1/24-12/31/25	\$400,000.00	3/11/2024	BC2024-202

		Joseph and Mary's Home (Shelter for Medically Fragile Women)				
A-1	3994	Joseph's Home dba Joseph and Mary's Home (Shelter for Medically Fragile Women)	1/1/2026-10/31/2026	\$140,558.00	3/23/2026	BC2026-140

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

RQ# (if applicable)	16336
PO Code	RFQ
Event(s) #	6845
CM Contract #	CM 6433

Late Submittal Required:	Yes ☐	No ☒
Why is the contract being submitted late?		
What is being done to prevent this from reoccurring?		

TAC Approval/Request Item?	Yes ☐	No ☒
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FULL AND OPEN COMPETITION				
Formal RFQ				
Reviewed by Purchasing				
Mary’s Home – Emergency Shelter 2026			Department Initials	Purchasing
Briefing Memo			DA	BRM
Notice of Intent to Award (sent to all responding vendors)			DA	BRM
Bid Specification Packet (RFQ Packet)			DA	BRM
Final DEI Goal Setting Worksheet			DA	BRM
Diversity Documents – <i>if required (goal set)</i>			N/A	N/A
Award Letter (sent to awarded vendor)			DA	BRM
Vendor’s Confidential Financial Statement – <i>if RFQ requested</i>			N/A	N/A
Bid Tabulation Sheet			DA	BRM
Evaluation with Scoring Summary (<i>Names of evaluators to be included, must have minimum of three evaluators</i>).			DA	BRM
IG# 24-0384-REG; Exp. 12/31/2028			DA	BRM
Debarment/Suspension Verified	Date:	8/28/2026	DA	BRM
Auditor’s Findings	Date:	8/27/2026	DA	BRM
Vendor’s Submission			DA	BRM
Independent Contractor (I.C.) Form	Date:	2/25/2026	DA	BRM
Cover - <i>Master contracts only</i>			N/A	N/A
Contract Evaluation – <i>if required provide most recent CM history on contract history table (see pg 2)</i>			DA	BRM
TAC/CTO Approval or TAC Request Communication (<i>if required attach and identify relevant page # or meeting approval number</i>)			N/A	N/A
Checklist Verification			DA	BRM

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	
Mary’s Home – Emergency Shelter 2026	Department Initials
Agreement/Contract and Exhibits	DA
Matrix Law Screen shot	DA
COI	DA
Workers’ Compensation Insurance	DA

Department of Purchasing – Required Documents Checklist

CONTRACT SPENDING PLAN

Time Period	Accounting Unit	Budget Edit Group	Activity Code	Amount
11/1/2026- 12/31/2026	HS260350	Other Expenditures	UCH09999	\$0.00
1/1/2027- 10/31/2027	HS260350	Other Expenditures	UCH09999	\$168,670.00
			TOTAL	\$168,670.00

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

CE/AG# (if applicable)		N/A			
RQ# (if applicable)		EXMT			
CM Contract #		3994			
	Original Amount	Amendment Amount (if applicable)	Original Time Period/Amended End Date	BOC/ Resolution Approval Date	BOC/ Resolution Approval #
Original Amount	\$400,000.00		1/1/2024-12/31/2025	3/11/2024	BC2024-202
Prior Amendment Amounts (list separately) (A-#1)		\$140,558.00	1/1/2026-10/31/2026	3/23/2026	BC2026-140
Total Amendments		\$140,558.00			
Total Contract Amount		\$540,558.00			
New Contract-CM 6433	\$168,670.00		11/1/2026-10/31/2027	Pending	Pending

PURCHASING USE ONLY

Prior Resolutions:	BC2024-202, BC2026-140
Current CM#:	6433
Vendor Name: (if applicable include any fka, dba, or aka's)	Joseph's Home dba Joseph and Mary's Home
Time Period:	11/1/2026-10/31/2027
Amount:	\$168,670.00
History/Contract Evaluation:	YES
Electronic Signature Language:	☒ Yes If No, ☐ select box to indicate "WET" signature required
Purchasing Notes:	
Purchasing Agents Initials and date of approval	BRM 9/14/2026

Department of Purchasing – Required Documents Checklist

PURCHASE-RELATED TRANSACTIONS

Title	OHS; 2026-2027 CONTRACT WITH YWCA GREATER CLEVELAND FOR EMERGENCY SHELTER SERVICES
Department or Agency Name	Office of Homeless Services
Requested Action	☒ Contract ☐ Agreement ☐ Lease ☐ Amendment ☐ Revenue Generating ☐ Purchase Order ☐ Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	6434	YWCA Greater Cleveland	11/1/26- 10/31/27	\$3,200,000.00	Pending	Pending

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

Requesting approval of a contract with YWCA Greater Cleveland in the amount of \$3,200,000.00 for the period of 11/1/26-10/31/27.

YWCA Greater Cleveland operates year-round shelters for single women ages 18 and older who are experiencing homelessness. The YWCA will operate women's emergency shelter services across three locations during the Norma Herr remodel, with capacity phased in as renovated areas become available. The planned configuration includes up to 320 beds across 2227 Payne Avenue (Norma Herr Center), 1600 E. 23rd Street (Norma Herr II), and 2710 Walton Avenue (Walton).

YWCA provides emergency shelter and housing-focused supportive services designed to assist participants in addressing immediate crisis needs while rapidly resolving their housing crisis through coordinated assessment, Housing Problem Solving, and connection to safe, appropriate permanent housing opportunities consistent with each participant's needs, goals, and abilities. Services shall be delivered in a trauma-responsive, client-centered environment that promotes housing stability and connection to community resources. The project shall serve as a Coordinated Entry access point in accordance with Cleveland/Cuyahoga County CoC policies and procedures.

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: N/A **How will replaced items be disposed of** N/A

Project Goals, Outcomes or Purpose (list 3):

- Provide safe, low barrier, emergency shelters for single adult women experiencing homelessness
- Connect participants to housing-focused services and community resources to support self-sufficiency
- Support participants in developing and progressing toward a permanent housing plan

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: YWCA Greater Cleveland 4019 Prospect Ave Cleveland, OH 44115	Owner, executive director, other (specify): Helen Forbes-Fields, Executive Director
Vendor Council District: 7	Project Council District: County-Wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	N/A

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# <u>16336</u> ☐ RFB ☐ RFP ☒ RFQ ☐ Informal ☐ Formal Closing Date: 3/20/2026	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation: \$9,057,567.00	☐ Exemption
Number of Solicitations (sent/received) 42 / 12	☐ State Contract, list STS number and expiration date ☐ Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? ☐ Yes ☐ No, please explain. N/A If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	☐ Sole Source ☐ Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: ☐ Yes ☒ No, please explain: Vendor was chosen based on capacity to provide services within the Continuum of Care	☐ Government Purchase ☐ Alternative Procurement Process
How did pricing compare among bids received? Final price was negotiated due to budget constraints	☐ Contract Amendment - (list original procurement) ☐ Other Procurement Method, please describe:

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

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

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

Provide status of project.	
Is contract/purchase late ☒ No ☐ Yes, In the fields below provide reason for late and timeline of late submission	
Reason:	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	6/23/2026 (DCAP); 7/6/2026
Date documents were requested from vendor:	6/23/2026; 7/6/2026
Date of insurance approval from risk manager:	1/16/2026
Date Department of Law approved Contract:	9/2/2026
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? ☐ No ☐ Yes (if yes, please explain)	
Have payments been made? ☐ No ☐ Yes (if yes, please explain)	

HISTORY (see instructions):						
Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	3014	YWCA Greater Cleveland	1/1/2023-12/31/2023	\$2,536,793.00	2/28/2023	R2023-0039

A-1	3014	YWCA Greater Cleveland	1/1/2024- 12/31/2024	\$2,536,793.00	3/12/2024	R2024-0088
A-2	3014	YWCA Greater Cleveland	1/1/2025- 12/31/2025	\$2,536,793.00	2/25/2025	R2025-0095
A-3	3014	YWCA Greater Cleveland	1/1/2026- 10/31/2026	\$2,113,995.00	2/10/2026	R2026-0047
A-4	3014	YWCA Greater Cleveland	1/1/2026- 10/31/2026	\$241,000.00	3/23/2026	BC2026-139

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

RQ# (if applicable)	16336
PO Code	RFQ
Event(s) #	6845
CM Contract #	CM 6434

Late Submittal Required:	Yes ☐	No ☒
Why is the contract being submitted late?		
What is being done to prevent this from reoccurring?		

TAC Approval/Request Item?	Yes ☐	No ☒
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FULL AND OPEN COMPETITION

Formal RFQ

Reviewed by Purchasing

YWCA Greater Cleveland – Women’s Shelter – Emergency Shelter 2026			Department Initials	Purchasing
Briefing Memo			DA	BRM
Notice of Intent to Award (sent to all responding vendors)			DA	BRM
Bid Specification Packet (RFQ Packet)			DA	BRM
Final DEI Goal Setting Worksheet			DA	BRM
Diversity Documents – <i>if required (goal set)</i>			N/A	N/A
Award Letter (sent to awarded vendor)			DA	BRM
Vendor’s Confidential Financial Statement – <i>if RFQ requested</i>			N/A	N/A
Bid Tabulation Sheet			DA	BRM
Evaluation with Scoring Summary (<i>Names of evaluators to be included, must have minimum of three evaluators</i>).			DA	BRM
IG# 23-0030-REG; Exp: 12/31/2027			DA	BRM
Debarment/Suspension Verified	Date:	8/28/2026	DA	BRM
Auditor’s Findings	Date:	8/27/2026	DA	BRM
Vendor’s Submission			DA	BRM
Independent Contractor (I.C.) Form	Date:	3/9/2026	DA	BRM
Cover - <i>Master contracts only</i>			N/A	N/A
Contract Evaluation – <i>if required provide most recent CM history on contract history table (see pg 2)</i>				BRM
TAC/CTO Approval or TAC Request Communication (<i>if required attach and identify relevant page # or meeting approval number</i>)			N/A	N/A
Checklist Verification			DA	BRM

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

YWCA Greater Cleveland – Women’s Shelter – Emergency Shelter 2026		Department Initials
Agreement/Contract and Exhibits		DA
Matrix Law Screen shot		DA
COI		DA
Workers’ Compensation Insurance		DA

Department of Purchasing – Required Documents Checklist

CONTRACT SPENDING PLAN

Time Period	Accounting Unit	Budget Edit Group	Activity Code	Amount
11/1/2026- 12/31/2026	HS260350	Other Expenditures	UCH09999	\$0.00
1/1/2027- 10/31/2027	HS260350	Other Expenditures	UCH09999	\$3,200,000.00
			TOTAL	\$3,200,000.00

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

CE/AG# (if applicable)		N/A			
RQ# (if applicable)		10456			
CM Contract #		3014			
	Original Amount	Amendment Amount (if applicable)	Original Time Period/Amended End Date	BOC/ Resolution Approval Date	BOC/ Resolution Approval #
Original Amount	\$2,536,793.00		1/1/2023-12/31/2023	2/28/2023	R2023-0039
Prior Amendment Amounts (list separately) (A-1)		\$2,536,793.00	1/1/2024-12/31/2024	3/12/2024	R2024-0088
A-2		\$2,536,793.00	1/1/2025-12/31/2025	2/25/2025	R2025-0095
A-3		\$2,113,995.00	1/1/2026-10/31/2026	2/10/2026	R2026-0047
A-4		\$241,000.00	1/1/2026-10/31/2026	3/23/2026	BC2026-139
Total Amendments		\$7,428,581.00			
Total Contract Amount		\$9,965,374.00			
<i>New Contract CM 6434</i>	<i>\$3,200,000.00</i>		<i>11/1/2026-10/31/2027</i>	<i>Pending</i>	<i>Pending</i>

PURCHASING USE ONLY

Prior Resolutions:	R2023-0039, R2024-0088, R2025-0095, R2026-0047, BC2026-139
Current CM#:	6434
Vendor Name: (if applicable include any fka, dba, or aka's)	The Young Women's Christian Association of Greater Cleveland
Time Period:	11/1/2026-10/31/2027
Amount:	\$3,200,000.00

Department of Purchasing – Required Documents Checklist

History/Contract Evaluation:	YES
Electronic Signature Language:	☒ Yes If No, ☐ select box to indicate “WET” signature required
Purchasing Notes:	
Purchasing Agents Initials and date of approval	BRM 9/16/2026

CONTRACT EVALUATION FORM

Contractor	YWCA of Greater Cleveland				
Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#:	3014				
RQ#	10456				
Time Period of Original Contract	1/1/2023 – 12/31/2023; 1/1/24-9/30/24; 1/1/25-9/30/25; 1/1/26/9/30/26				
Background Statement	The YWCA manages the Norma Herr Women's Center (NHWC), the emergency shelter for single women. The goal of the emergency shelter program in Cuyahoga County is to eliminate street homelessness by providing high-quality temporary shelter and access to services focused on returning persons to permanent housing as quickly as possible.				
Service Description	Services include development of an individualized housing plan, assessment and linkages to physical and mental health services, benefit eligibility assessment, and assistance with obtaining employment, education and/or training.				
Performance Indicators	Number of persons served; exits to permanent housing; average length of stay; client grievance resolution.				
Actual Performance versus performance indicators (include statistics):	# of unduplicated individuals provided shelter: 801 # exiting to perm housing: 35 Average length of stay: 154.2 days overall				
Rating of Overall Performance of Contractor	Superior	Above Average	Average	Below Average	Poor
Select One (X)			X		
Justification of Rating	YWCA provides a client-centered shelter to a very high-barrier population across the homeless continuum of care.				
Department Contact	Prentis Jackson Jr				
User Department	Office of Homeless Services				
Date	7/22/2026				

PURCHASE-RELATED TRANSACTIONS

Title	OHS; 2026 -2027 CONTRACT WITH THE SALVATION ARMY FOR SUBSTANCE USE DISORDER SHELTER SERVICES FOR SINGLE ADULT MEN
Department or Agency Name	The Department of Health and Human Services, Office of Homeless Services
Requested Action	☒ Contract ☐ Agreement ☐ Lease ☐ Amendment ☐ Revenue Generating ☐ Purchase Order ☐ Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	6437	The Salvation Army	11/1/26-10/31/27	\$250,000.00	Pending	Pending

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

Requesting approval of a contract with The Salvation Army in the amount of \$250,000.00 for the period of 11/1/26-10/31/27.

The Salvation Army operates year-round Substance Use Disorder Treatment Shelter serving adult men experiencing homelessness who require short-term residential substance use disorder treatment and recovery services. The shelter provides 75 shelter beds.

The Salvation Army PASS program provides temporary residential substance use disorder treatment and housing-focused supportive services designed to stabilize participants in recovery while assisting them in addressing immediate housing needs and transitioning to safe, appropriate permanent housing, ongoing treatment, recovery housing, or other appropriate residential settings consistent with each participant's needs, goals, and abilities. Services shall be delivered in a trauma-responsive, client-centered environment that promotes recovery, housing stability, and connection to healthcare, behavioral health, and community supports. The shelter operates in compliance with all Cleveland/Cuyahoga Continuum of Care standards.

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: N/A **How will replaced items be disposed of** N/A

Project Goals, Outcomes or Purpose (list 3):

- Provide basic temporary housing and safety net services for homeless men
- Link clients with permanent housing
- Support clients in accessing earned income and recovery supports

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: Salvation Army 440 West Nyack Rd West Nyack, NY 10994	Owner, executive director, other (specify): Ayana M. Vasquez, Corporate Global Secretary
Vendor Council District: N/A Out of State Corporation Location	Project Council District: County-Wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	1710 Prospect Avenue Cleveland, Ohio 44115

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# <u>16336</u> ☐ RFB ☐ RFP ☒ RFQ ☐ Informal ☒ Formal Closing Date: 3/20/2026	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation: \$9,057,567.00	☐ Exemption
Number of Solicitations (sent/received) 42/12	☐ State Contract, list STS number and expiration date ☐ Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? ☐ Yes ☐ No, please explain. N/A If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	☐ Sole Source ☐ Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: ☐ Yes ☒ No, please explain: Vendor was selected based on capacity to provide shelter services to a specialized population within the Continuum of Care	☐ Government Purchase ☐ Alternative Procurement Process
How did pricing compare among bids received? Final price was negotiated due to budget constraints	☐ Contract Amendment - (list original procurement) ☐ Other Procurement Method, please describe:

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

List date of TAC approval

Date:

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

☐ Check if item is ERP related? ☐ No ☐ Yes. **N/A**

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

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

100% Health and Human Services Levy Funds

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

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

HS260350 HHS Levy

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

Provide status of project.

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

Timeline

Project/Procurement Start Date (date your team started working on this item): 7/6/2026 (OHS); 8/10/2026 (DCAP)

Date documents were requested from vendor: 7/6/2026 (OHS); 8/10/2026; 8/13/2026 (DCAP)

Date of insurance approval from risk manager: 1/16/2026

Date Department of Law approved Contract: 9/4/2026

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

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

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

HISTORY (see instructions):

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	3868	The Salvation Army	10/1/2023 - 9/30/2024	\$794,821.00	11/28/2023	R2023-0347

A-1	3868	The Salvation Army	10/1/2024-9/30/2025	\$800,101.00	11/26/2024	R2024-0428
A-2	3868	The Salvation Army	10/1/2025-9/30/2026	\$834,302.00	11/12/2025	R2025-0308

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

RQ# (if applicable)	16336
PO Code	RFQ
Event(s) #	6845
CM Contract #	6437

Late Submittal Required:	Yes ☐	No ☒
Why is the contract being submitted late?	N/A	
What is being done to prevent this from reoccurring?	N/A	

TAC Approval/Request Item?	Yes ☐	No ☒
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FULL AND OPEN COMPETITION

Formal RFQ

Reviewed by Purchasing

The Salvation Army – Harbor Light/PASS Program				Department Initials	Purchasing
Briefing Memo				AL	BRM
Notice of Intent to Award (sent to all responding vendors)				AL	BRM
Bid Specification Packet (RFQ Packet)				AL	BRM
Final DEI Goal Setting Worksheet				AL	BRM
Diversity Documents – <i>if required (goal set)</i>				N/A	N/A
Award Letter (sent to awarded vendor)				AL	BRM
Vendor’s Confidential Financial Statement – <i>if RFQ requested</i>				N/A	N/A
Bid Tabulation Sheet				AL	BRM
Evaluation with Scoring Summary (<i>Names of evaluators to be included, must have minimum of three evaluators</i>).				AL	BRM
IG#	23-0271-REG	Exp	12/31/27	AL	BRM
Debarment/Suspension Verified	Date:	9/3/2026		AL	BRM
Auditor’s Findings	Date:	9/3/2026		AL	BRM
Vendor’s Submission				AL	BRM
Independent Contractor (I.C.) Form	Date:	3/2/2026		AL	BRM
Cover - <i>Master contracts only</i>				N/A	N/A
Contract Evaluation – <i>if required provide most recent CM history on contract history table (see pg 2)</i>				AL	BRM
TAC/CTO Approval or TAC Request Communication (<i>if required attach and identify relevant page # or meeting approval number</i>)				N/A	N/A
Checklist Verification				AL	BRM

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

Department of Purchasing – Required Documents Checklist

CONTRACT SPENDING PLAN

Time Period	Accounting Unit	Budget Edit Group	Activity Code	Amount
11/1/2026 -12/31/2026	HS260350	Other Expenditures	UCH09999	\$0.00
1/1/2027 – 10/31/2027	HS260350	Other Expenditures	UCH09999	\$250,000.00
			TOTAL	\$250,000.00

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

CE/AG# (if applicable)		N/A			
RQ# (if applicable)		16336			
CM Contract #		3868			
	Original Amount	Amendment Amount (if applicable)	Original Time Period/Amended End Date	BOC/ Resolution Approval Date	BOC/ Resolution Approval #
Original Amount (CM3868)	\$794,821.00		10/1/2023 - 9/30/2024	11/28/2023	R2023-0347
Prior Amendment Amounts (list separately) (A-#)	AMND1 (CM3868)	\$800,101.00	10/1/2024- 9/30/2025	11/26/2024	R2024-0428
	AMND2 (CM3868)	\$834,302.00	10/1/2025- 9/30/2026	11/12/2025	R2025-0308
Pending Amendment		\$			
Total Amendments		\$1,634,403.00			
Total Contract Amount		\$2,429,224.00			
New Contract (CM 6437)	\$250,000.00		11/1/2026- 10/31/2027	Pending	Pending

PURCHASING USE ONLY

Prior Resolutions:	R2023-0347, R2024-0428, R2025-0308
Current CM#:	6437
Vendor Name: (if applicable include any fka, dba, or aka's)	The Salvation Army
Time Period:	11/1/2026-10/31/2027
Amount:	\$250,000.00
History/Contract Evaluation:	YES
Electronic Signature Language:	☒ Yes If No, ☐ select box to indicate "WET" signature required
Purchasing Notes:	
Purchasing Agents Initials and date of approval	BRM 9/15/2026

Department of Purchasing – Required Documents Checklist

PURCHASE-RELATED TRANSACTIONS

Title	OHS; 2026 - 2027 CONTRACT WITH THE SALVATION ARMY FOR EMERGENCY SHELTER SERVICES FOR FAMILIES
Department or Agency Name	The Department of Health and Human Services, Office of Homeless Services
Requested Action	☒ Contract ☐ Agreement ☐ Lease ☐ Amendment ☐ Revenue Generating ☐ Purchase Order ☐ Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	6438	The Salvation Army	11/1/26-10/31/27	\$200,000.00	Pending	Pending

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

Requesting approval of a contract with The Salvation Army in the amount of \$200,000.00 for the period of 11/1/26-10/31/27.

The Salvation Army operates a year-round Emergency Family Shelter serving households comprised of at least one adult (18 years or older) and one dependent child (18 years or younger) experiencing homelessness in Cuyahoga County. The shelter shall provide 31 family units and 110 beds (4 Emergency Units; 16 Emergency Beds).

Salvation Army Zelma George provides emergency shelter and housing-focused supportive services designed to assist households in addressing immediate crisis needs while rapidly resolving their housing crisis through coordinated assessment, Housing Problem Solving, and connection to safe, appropriate permanent housing opportunities consistent with each household's needs, goals, and abilities. Services shall be delivered in a trauma-responsive, client-centered environment that promotes housing stability and connection to community resources. The shelter operates in compliance with all Cleveland/Cuyahoga Continuum of Care standards.

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: N/A **How will replaced items be disposed of** N/A

Project Goals, Outcomes or Purpose (list 3):

- Provide safe, decent shelter for families facing homelessness
- Move families from homelessness into permanent housing as quickly as possible
- Link families with ongoing community supports to ensure housing stability

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

Vendor Name and address: Salvation Army 440 West Nyack Rd West Nyack, NY 10994	Owner, executive director, other (specify): Ayana M. Vasquez, Corporate Global Secretary
Vendor Council District: N/A Out of State Corporation Location	Project Council District: County-Wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	1710 Prospect Avenue Cleveland, Ohio 44115

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# <u>16336</u> ☐ RFB ☐ RFP ☒ RFQ ☐ Informal ☒ Formal Closing Date: 3/20/2026	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation: \$9,057,567.00	☐ Exemption
Number of Solicitations (sent/received) 42/12	☐ State Contract, list STS number and expiration date ☐ Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? ☐ Yes ☐ No, please explain. N/A If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	☐ Sole Source ☐ Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: ☐ Yes ☒ No, please explain: Vendor was selected based on capacity to provide large scale family shelter services within the Continuum of Care	☐ Government Purchase ☐ Alternative Procurement Process
How did pricing compare among bids received? Final price was negotiated due to budget constraints	☐ Contract Amendment - (list original procurement) ☐ Other Procurement Method, please describe:

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

List date of TAC approval Date:

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

☐ Check if item is ERP related? ☐ No ☐ Yes. N/A

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

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

100% Health and Human Services Levy Funds

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

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

HS260350 HHS Levy

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

Provide status of project.

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

Reason:

Timeline

Project/Procurement Start Date (date your team started working on this item): 7/6/2026 (OHS); 8/10/2026 (DCAP)

Date documents were requested from vendor: 7/6/2026 (OHS); 8/10/2026; 8/13/2026 (DCAP)

Date of insurance approval from risk manager: 1/16/2026

Date Department of Law approved Contract: 9/4/2026

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

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

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

HISTORY (see instructions):

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	4500	The Salvation Army	6/1/2024-5/31/2025	\$374,731.00	07/01/2024	BC2024-498

A-1	4500	The Salvation Army	6/1/2025-5/31/2026	\$374,731.00	2/3/2026	BC2025-356/600016494
A-2	5937 fka 4500	The Salvation Army	6/1/2025-5/31/2026	\$23,185.00	3/30/2026	BC2026-154
A-3	5937 fka 4500	The Salvation Army	6/1/2026-10/31/2026	\$107,256.00	8/10/2026	BC2026-412

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

RQ# (if applicable)	16336
PO Code	RFQ
Event(s) #	6845
CM Contract #	6438

Late Submittal Required:	Yes ☐	No ☒
Why is the contract being submitted late?	N/A	
What is being done to prevent this from reoccurring?	N/A	

TAC Approval/Request Item?	Yes ☐	No ☒
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FULL AND OPEN COMPETITION

Formal RFQ

Reviewed by Purchasing

The Salvation Army – Zelma George				Department Initials	Purchasing
Briefing Memo				AL	BRM
Notice of Intent to Award (sent to all responding vendors)				AL	BRM
Bid Specification Packet (RFQ Packet)				AL	BRM
Final DEI Goal Setting Worksheet				AL	BRM
Diversity Documents – <i>if required (goal set)</i>				N/A	
Award Letter (sent to awarded vendor)				AL	BRM
Vendor’s Confidential Financial Statement – <i>if RFQ requested</i>				AL	BRM
Bid Tabulation Sheet				AL	BRM
Evaluation with Scoring Summary (<i>Names of evaluators to be included, must have minimum of three evaluators</i>).				AL	BRM
IG#	23-0271-REG	Exp	12/31/27	AL	BRM
Debarment/Suspension Verified	Date:	9/3/2026		AL	BRM
Auditor’s Findings	Date:	9/3/2026		AL	BRM
Vendor’s Submission				AL	BRM
Independent Contractor (I.C.) Form	Date:	3/2/2026		AL	BRM
Cover - <i>Master contracts only</i>				N/A	N/A
Contract Evaluation – <i>if required provide most recent CM history on contract history table (see pg 2)</i>				AL	BRM
TAC/CTO Approval or TAC Request Communication (<i>if required attach and identify relevant page # or meeting approval number</i>)				N/A	N/A
Checklist Verification				AL	BRM

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

Department of Purchasing – Required Documents Checklist

CONTRACT SPENDING PLAN

Time Period	Accounting Unit	Budget Edit Group	Activity Code	Amount
11/1/2026-12/31/2026	HS260350	Other Expenditures	UCH09999	\$0.00
1/1/2027 – 10/31/2027	HS260350	Other Expenditures	UCH09999	\$200,000.00
			TOTAL	\$200,000.00

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

CE/AG# (if applicable)		N/A			
RQ# (if applicable)		16336			
CM Contract #		5937 fka 4500			
	Original Amount	Amendment Amount (if applicable)	Original Time Period/Amended End Date	BOC/ Resolution Approval Date	BOC/ Resolution Approval #
Original Amount (CM4500)	\$374,731.00		6/1/2024-5/31/2025	07/01/2024	BC2024-498
Prior Amendment Amounts (list separately) (A-#)	AMND1 (4500)	\$374,731.00	6/1/2025-5/31/2026	2/3/2026	BC2025-356/ ~~600016494~~
	AMND2 (5937)	\$23,185.00	6/1/2025-5/31/2026	3/30/2026	BC2026-154
	AMND3 (CM5937)	\$107,256.00	6/1/2026-10/31/2026	8/10/2026	BC2026-412
Pending Amendment		\$			
Total Amendments		\$505,172.00			
Total Contract Amount		\$879,903.00			
New Contract (CM6438)	\$200,000.00		11/1/2026-10/31/2027	Pending	Pending

PURCHASING USE ONLY

Prior Resolutions:	BC2024-498, BC2025-356, BC2026-154, BC2026-412
Current CM#:	6438
Vendor Name: (if applicable include any fka, dba, or aka's)	The Salvation Army
Time Period:	11/1/2026-10/31/2027
Amount:	\$200,000.00
History/Contract Evaluation:	yes
Electronic Signature Language:	☒ Yes If No, ☐ select box to indicate "WET" signature required
Purchasing Notes:	

Department of Purchasing – Required Documents Checklist

Purchasing Agents Initials and date of approval	BRM 9/17/2026
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PURCHASE-RELATED TRANSACTIONS

Title	OHS; 2026-2027 CONTRACT WITH WEST SIDE CATHOLIC CENTER FOR EMERGENCY SHELTER SERVICES FOR FAMILIES
Department or Agency Name	The Department of Health and Human Services, Office of Homeless Services
Requested Action	☒ Contract ☐ Agreement ☐ Lease ☐ Amendment ☐ Revenue Generating ☐ Purchase Order ☐ Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	6445	West Side Catholic Center	11/1/26-10/31/27	\$68,635.00	Pending	Pending
See Table Below						

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

Requesting approval of a contract with West Side Catholic Center in the amount of \$68,635.00 for the period of 11/1/26-10/31/27.

West Side Catholic Center operates a year-round Emergency Family Shelter serving households comprised of at least one adult (18 years or older) and one dependent child (18 years or younger) experiencing literal homelessness in Cuyahoga County. The shelter operates 9 family units and 28 beds.

West Side Catholic Center provides emergency shelter and housing-focused supportive services designed to assist families in addressing immediate crisis needs while rapidly resolving their housing crisis through coordinated assessment, Housing Problem Solving, and connection to safe, appropriate permanent housing opportunities consistent with each household's needs, goals, and abilities. Services are delivered in a trauma-responsive, client-centered environment that promotes housing stability and connection to community resources. The shelter operates in compliance with all Cleveland/Cuyahoga Continuum of Care standards.

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: N/A **How will replaced items be disposed of** N/A

Project Goals, Outcomes or Purpose (list 3):

- Provide safe, decent shelter for families facing homelessness
- Move families from homelessness into permanent housing as quickly as possible
- Link families with ongoing community supports to ensure housing stability.

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

Vendor Name and address: West Side Catholic Center 3135 Lorain Avenue Cleveland, Ohio 44113	Owner, executive director, other (specify): Michael Bernot, Chief Executive Officer
Vendor Council District: 9	Project Council District: County-Wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	N/A

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# <u>16336</u> ☐ RFB ☐ RFP ☒ RFQ ☐ Informal ☒ Formal Closing Date: 3/20/2026	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation: \$9,057,567.00	☐ Exemption
Number of Solicitations (sent/received) 42/12	☐ State Contract, list STS number and expiration date ☐ Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? ☐ Yes ☐ No, please explain. N/A If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	☐ Sole Source ☐ Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: ☐ Yes ☒ No, please explain: Vendor was chosen based on capacity to provide services within the Continuum of Care	☐ Government Purchase ☐ Alternative Procurement Process
How did pricing compare among bids received? Final price was negotiated due to budget constraints	☐ Contract Amendment - (list original procurement) ☐ Other Procurement Method, please describe:

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

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

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

Provide status of project. Ongoing
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.
	6445	West Side Catholic Center	11/1/26-10/31/27	\$68,635.00	Pending	Pending

O	CM5197 (3047)	West Side Catholic Center	9/1/2022 – 8/31/2023	\$63,730.00	2/27/2023	BC2023-125
A-1	CM5197 (3047)	West Side Catholic Center	9/1/2023 – 8/31/2024	\$63,730.00	2/5/2024	BC2024-89
A-2	CM5197 (3047)	West Side Catholic Center	9/1/2024 – 8/31/2025	\$63,730.00	4/9/2025	BC2025-227
A-3	CM5197 (3047)	West Side Catholic Center	9/23/2025 – 8/31/2026	\$69,184.00	8/25/2025	BC2026-215

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

RQ# (if applicable)	16336
PO Code	RFQ
Event(s) #	6845
CM Contract #	6445

Late Submittal Required:	Yes ☐	No ☒
Why is the contract being submitted late?		
What is being done to prevent this from reoccurring?		

TAC Approval/Request Item?	Yes ☐	No ☒
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FULL AND OPEN COMPETITION				
Formal RFQ				
Reviewed by Purchasing				
OHS – Emergency Shelter – West Side Catholic Center			Department Initials	Purchasing
Briefing Memo			DWM	
Notice of Intent to Award (sent to all responding vendors)			DWM	BRM
Bid Specification Packet (RFQ Packet)			DWM	BRM
Final DEI Goal Setting Worksheet			DWM	BRM
Diversity Documents – <i>if required (goal set)</i>			N/A	N/A
Award Letter (sent to awarded vendor)			DWM	BRM
Vendor’s Confidential Financial Statement – <i>if RFQ requested</i>			N/A	N/A
Bid Tabulation Sheet			DWM	BRM
Evaluation with Scoring Summary (<i>Names of evaluators to be included, must have minimum of three evaluators</i>).			DWM	BRM
IG#	24-0021-REG; exp 12/31/2028		DWM	BRM
Debarment/Suspension Verified	Date:	8/31/26 9/8/26	DWM	BRM
Auditor’s Findings	Date:	8/31/26 9/8/26	DWM	BRM
Vendor’s Submission			DWM	BRM
Independent Contractor (I.C.) Form	Date:	2/19/26	DWM	BRM
Cover - <i>Master contracts only</i>			N/A	N/A
Contract Evaluation – <i>if required provide most recent CM history on contract history table (see pg 2)</i>			DWM	BRM
TAC/CTO Approval or TAC Request Communication (<i>if required attach and identify relevant page # or meeting approval number</i>)			N/A	N/A
Checklist Verification			DWM	BRM

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	DWM
Matrix Law Screen shot	DWM
COI	DWM
Workers’ Compensation Insurance	DWM

Department of Purchasing – Required Documents Checklist

CONTRACT SPENDING PLAN

Time Period	Accounting Unit	Budget Edit Group	Activity Code	Amount
11/1/2026 – 12/31/2026	HS260350	Other Expenditures	UCH09999	\$0.00
1/1/2027 – 10/31/2027	HS260350	Other Expenditures	UCH09999	\$68,635.00
			TOTAL	\$68,635.00

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

CE/AG# (if applicable)		N/A			
RQ# (if applicable)		16336			
CM Contract #		CM5197 (3047)			
	Original Amount	Amendment Amount (if applicable)	Original Time Period/Amended End Date	BOC/ Resolution Approval Date	BOC/ Resolution Approval #
Original Amount CM5197(3047)	\$63,730.00		9/1/2022 – 8/31/2023	2/27/2023	BC2023-125
Prior Amendment Amounts (list separately) (Amendment 1)		\$63,730.00	9/1/2023 – 8/31/2024	2/5/2024	BC2024-89
(Amendment 2)		\$63,730.00	9/1/2024 – 8/31/2025	4/9/2025	BC2025-227
(Amendment 3)		\$69,184.00	9/23/2025 – 8/31/2026	8/25/2025	BC2026-215
Total Amendments		\$196,644.00			
Total Contract Amount		\$260,374.00			
New Contract Amount—CM 6445	\$68,635.00		11/1/2026—10/31/2027	Pending	Pending

PURCHASING USE ONLY

Prior Resolutions:	BC2023-125, BC2024-89, BC2025-227, BC2026-215
Current CM#:	6445
Vendor Name: (if applicable include any fka, dba, or aka's)	West Side Catholic Center
Time Period:	11/1/2026-10/31/2027
Amount:	\$68,635.00
History/Contract Evaluation:	YES
Electronic Signature Language:	☒ Yes If No, ☐ select box to indicate "WET" signature required

Department of Purchasing – Required Documents Checklist

Purchasing Notes:	
Purchasing Agents Initials and date of approval	BRM 9/16/2026