



CUYAHOGA COUNTY COUNCIL

PUBLIC SAFETY & JUSTICE AFFAIRS COMMITTEE

CUYAHOGA COUNTY ADMINISTRATIVE HEADQUARTERS

4th FLOOR

MEETING AGENDA

TUESDAY, OCTOBER 21, 2025 — 1:00 P.M.

Committee Members

Michael J. Gallagher, Chair | Dist. 5

Patrick Kelly, Vice Chair | Dist. 1

Yvonne M. Conwell | Dist. 7

Sunny M. Simon | Dist. 11

Meredith M. Turner | Dist. 9

1. CALL TO ORDER

2. ROLL CALL

3. PUBLIC COMMENT

4. APPROVAL OF MINUTES FROM THE SEPTEMBER 16, 2025 MEETING [See page 3]

5. MATTERS REFERRED TO COMMITTEE

- a) R2025-0287: A Resolution awarding a total sum, not to exceed \$25,000, to R.O.A.D. GOLD, Inc. for the Recidivism on a Decline Program from the District 3 ARPA Community Grant Fund; and declaring the necessity that this Resolution become immediately effective. [See page 6]
- b) R2025-0297: A Resolution authorizing a contract with Signature Health Inc. in the amount not-to-exceed \$760,753.00 for the Adult Drug Court Expansion Project to provide case management and counseling services to offenders with serious mental health conditions and substance use disorders for the period 10/1/2024 – 9/29/2029; authorizing the County Executive to execute Contract No. 5632 and all other documents consistent with said award and this Resolution; and declaring the necessity that this Resolution become immediately effective. [See page 23]
- c) R2025-0298: A Resolution making an award on RQ16156 to Mental Health Services for Homeless Persons Inc., dba Frontline Service in the amount not-to-exceed \$1,110,000.00 for the Children Exposed to Violence Program for the period 12/1/2025 – 11/30/2027; authorizing the County Executive to execute Contract No. 5628 and all other documents consistent with said award and this Resolution; and declaring the necessity that this Resolution become immediately effective. [See page 33]
- d) R2025-0299: A Resolution authorizing an amendment to Contract No. 3970 (fka Contract No. 288) with The MetroHealth System for Correctional Health Care Services for the Cuyahoga County Jail System for the period 5/9/2019 – 10/31/2025 to extend the time period to 3/31/2026, for additional funds in the amount of \$12,656,572.00, for a total amount not-to-exceed \$140,821,683.00; authorizing the County Executive to execute the amendment and all

other documents consistent with this Resolution; and declaring the necessity that this Resolution become immediately effective [See page 52]

6. MISCELLANEOUS BUSINESS

7. ADJOURNMENT

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

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



CUYAHOGA COUNTY COUNCIL

PUBLIC SAFETY & JUSTICE AFFAIRS COMMITTEE

CUYAHOGA COUNTY ADMINISTRATIVE HEADQUARTERS

4th FLOOR

MEETING MINUTES

TUESDAY, SEPTEMBER 16, 2025 — 1:00 P.M.

Committee Members

Michael J. Gallagher, Chair | Dist. 5

Patrick Kelly, Vice Chair | Dist. 1

Yvonne M. Conwell | Dist. 7

Sunny M. Simon | Dist. 11

Meredith M. Turner | Dist. 9

1. CALL TO ORDER

Chairman Gallagher called the meeting to order at 1:06 p.m.

2. ROLL CALL

Mr. Gallagher asked Deputy Clerk Carter to call the roll. Committee members Gallagher, Kelly, Conwell and Simon were in attendance and a quorum was determined. Committee member Turner joined the meeting after the roll call was taken. Councilmembers Schleper and Miller were also in attendance.

3. PUBLIC COMMENT

There were no public comments given.

4. APPROVAL OF MINUTES FROM THE JULY 15, 2025 MEETING

A motion was made by Ms. Simon, seconded by Ms. Conwell and approved by unanimous vote to approve the minutes from the July 15, 2025 meeting.

5. MATTERS REFERRED TO COMMITTEE

- a) R2025-0252: A Resolution authorizing an amendment to Agreement No. 401 with The MetroHealth System for an Opioid Treatment Program and addiction support services for inmates detained at the Cuyahoga County Corrections Center for the period 3/23/2021 – 12/31/2024 to extend the time period to 12/31/2026, to amend the terms, and for additional funds in the amount not-to-exceed \$2,882,687.00, effective upon signatures of all parties, reflecting retroactive budget changes as of 1/1/2025; authorizing the County Executive to execute the amendment and all other documents consistent with this Resolution; and declaring the necessity that this Resolution become immediately effective.

Ms. Brandy Carney, Director of the Department of Public Safety and Justice Services; and Ms. Megan Riley, Manager of Behavioral Health and Addiction Medicine, addressed the Committee regarding Resolution No. R2025-0252. Discussion ensued.

Committee members and Councilmembers asked questions of Ms. Carney and Ms. Riley pertaining to the item, which they answered accordingly.

On a motion by Ms. Simon with a second by Ms. Conwell, Resolution No. R2025-0252 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.

Ms. Turner requested to have her name added as a co-sponsor to the legislation.

- b) R2025-0259: A Resolution authorizing an amendment to Contract No. 3344 (fka Contract No. 2574) with Keefe Commissary Network, LLC for Jail Commissary services for the period 8/11/2022 – 8/10/2025 to extend the time period to 12/31/2030, to establish a not-to-exceed amount of the contract at \$15,500,000.00, and to amend pricing schedules, effective 8/10/2025; authorizing the County Executive to execute the amendment and all other documents consistent with this Resolution; and declaring the necessity that this Resolution become immediately effective.

Mr. Chris Costin, Business Services Manager, addressed the Committee regarding Resolution No. R2025-0259. Discussion ensued.

Committee members and Councilmembers asked questions of Mr. Costin pertaining to the item, which he answered accordingly.

On a motion by Mr. Kelly with a second by Ms. Conwell, Resolution No. R2025-0259 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. PRESENTATION

- a) Update regarding new Cuyahoga County Jail

Mr. Jeffrey Appelbaum, Managing Director of Project Management Consultants, LLC; Ms. Nichole English, Planning and Program Administrator; and Ms. Laurel Diaz, Justice and Health Equity Officer, provided the Committee with information relating to the background, process, design review, budget, timeline, site plan, and medical areas regarding the new Cuyahoga County jail. Discussion ensued.

Committee members and Councilmembers asked questions of Mr. Appelbaum, Ms. English and Ms. Diaz pertaining to the item, which they answered accordingly.

7. MISCELLANEOUS BUSINESS

Ms. Simon read a written statement regarding a newly proposed pursuit policy for the Downtown Safety Patrol.

8. ADJOURNMENT

With no further business to discuss, Chairman Gallagher adjourned the meeting at 2:52 p.m., without objection.

County Council of Cuyahoga County, Ohio

Resolution No. R2025-0287

Sponsored by: Councilmember Sweeney	A Resolution awarding a total sum, not to exceed \$25,000, to R.O.A.D. GOLD, Inc. for the Recidivism On A Decline Program from the District 3 ARPA Community Grant Fund; and declaring the necessity that this Resolution become immediately effective.
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WHEREAS, Cuyahoga County received \$239,898,257 from the Federal Government through the American Rescue Plan Act (“ARPA”); and

WHEREAS, Cuyahoga County calculated 100% of the ARPA dollars as loss revenue under the U.S. Department of the Treasury Final Rule; and

WHEREAS, since all the ARPA dollars have been calculated as loss revenue, the ARPA dollars have been deposited in the County’s General Fund; and

WHEREAS, the County Executive and County Council have authorized \$86 million of the ARPA dollars for community grants to benefit the residents of Cuyahoga County (the “ARPA Community Grant Fund”); and

WHEREAS, of the \$86 million for community grants, \$66 million have been encumbered for equal distribution to each County Council District; and

WHEREAS, the Cuyahoga County Council desires to provide funding from the District 3 ARPA Community Grant Fund in the amount of \$25,000 to R.O.A.D. GOLD, Inc. for the Recidivism On A Decline Program; and

WHEREAS, R.O.A.D. GOLD, Inc. estimates approximately 40 people will be served annually through this award; and

WHEREAS, R.O.A.D. GOLD, Inc. estimates the total cost of the project is \$50,000; and

WHEREAS, R.O.A.D. GOLD, Inc. is estimating the start date of the project will be September 2025 and the project will be completed by November 2025; and

WHEREAS, R.O.A.D. GOLD, Inc. requested \$50,000 from the District 3 ARPA Community Grant Fund to complete this project; and

WHEREAS, the Cuyahoga County Council desires to provide funding in the amount of \$25,000 to R.O.A.D. GOLD, Inc. to ensure this project is completed; and

WHEREAS, this Council by a vote of at least eight (8) members determines that it is necessary that this Resolution become immediately effective in order that critical services provided by Cuyahoga County can continue to provide for the usually, daily operations of the County.

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

SECTION 1. That the Cuyahoga County Council hereby awards a not-to-exceed amount of \$25,000 to R.O.A.D. GOLD, Inc. from the General Fund made available by the American Rescue Plan Act revenue replacement provision for the Recidivism On A Decline Program.

SECTION 2. If any specific appropriation is necessary to effectuate this agreement, the Director of the Office of Budget and Management is authorized to submit the requisite documentation to financial reporting to journalize the appropriation.

SECTION 3. That the County Council staff is authorized to prepare all documents to effectuate said award.

SECTION 4. That the County Executive is authorized to execute all necessary agreements and documents consistent with said award and this Resolution.

SECTION 5. If requested or necessary, the Agency of the Inspector General or Department of Internal Audit is authorized to investigate, audit, or review any part of this award.

SECTION 6. 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 7. 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 8. 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 14, 2025

Committee(s) Assigned: Public Safety & Justice Affairs

Journal _____
_____, 20____



Department of the Treasury
Internal Revenue Service
Tax Exempt and Government Entities
P.O. Box 2508
Cincinnati, OH 45201

ROAD GOLD INC
C/O DALE SNYDER
3726 GLENCAIRN RD
SHAKER HTS, OH 44122

Date: 08/28/2025
Employer ID number: 33-1998943
Person to contact:
Name: Ms. Shoemaker
ID number: 5506424
Telephone: (877) 829-5500
Accounting period ending: November 30
Public charity status: 170(b)(1)(A)(vi)
Form 990 / 990-EZ / 990-N required: Yes
Effective date of exemption: November 18, 2024
Contribution deductibility: Yes
Addendum applies: No
DLN: 26053624002125

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Sincerely,

Stephen A. Martin

Stephen A. Martin
Director, Exempt Organizations
Rulings and Agreements

Letter 947 (Rev. 2-2020)
Catalog Number 35152P



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/31/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Agency One Insurance, LLC 3955 Pearl Road Medina, OH 44256	CONTACT NAME: Christine Heed		
	PHONE (AG, Ho, Ext): 330-725-4499	FAX (AG, Ho): 330-725-4061	
	E-MAIL ADDRESS: cheed@agencyoneinsurance.us		
INSURED ROAD Gold 3726 Glen Calm Road Cleveland, OH 44112	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: NORTHFIELD INSURANCE CO		27987
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
INSURER F:			

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			WS663332	07/11/2025	07/11/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 OTHER \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ OTHER \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ OTHER \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory to NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER Cuyahoga County 2079 East 9th Street Cleveland, OH 44115	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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**Request for Taxpayer
Identification Number and Certification**

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to the
requester. Do not
send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) R.O.A.D. GOLD INC	
	2 Business name/disregarded entity name, if different from above.	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input checked="" type="checkbox"/> Other (see instructions) NONPROFIT	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) 501C3 Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) (Applies to accounts maintained outside the United States.)
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>	
	5 Address (number, street, and apt. or suite no.). See instructions. 3726 GLENCAIRN RD	Requester's name and address (optional)
6 City, state, and ZIP code SHAKER HTS, OHIO 44122		
7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN) Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> , later. Note: If the account is in more than one name, see the instructions for line 1. See also <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.	Social security number [] [] [] - [] [] - [] [] [] [] or Employer identification number [3] [3] - [1] [9] [9] [8] [9] [4] [3]
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Part II Certification Under penalties of perjury, I certify that: 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and 2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and 3. I am a U.S. citizen or other U.S. person (defined below); and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person	Date
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



RQ#: _____

Independent Contractor/Worker Acknowledgment

In accordance with requirements from the Ohio Public Employees Retirement System (OPERS), Cuyahoga County is required to obtain an acknowledgment of Independent Contractor Status.

A "Business Entity" means an entity with five or more employees that is a corporation, association, firm, limited liability company, partnership, sole proprietorship, or other entity engaged in business. All individuals employed by the business entity who provide personal services to the public employer are not public employees for purposes of this purchase/contract. Cuyahoga County does not consider the individual/business employee/s a public employee and no contributions will be made to the public employee's retirement system for the services. (O.R.C. 145.036, 145.037).

Company Name (Please print formal business name clearly): R.O.A.D. Gold Inc

- ☒ The above company is defined as a Business Entity as described above (O.R.C 145.037)
- ☐ If the above company is NOT defined as a Business Entity as described above (O.R.C 145.037), Then please complete the attached Independent Contractor form.
- ☐ If the above company is NOT defined as a Business Entity as described above (O.R.C. 145.037), is the above company an OPERS benefit recipient?
- If yes, please complete the Notice of Re-Employment or Contract Services of an OPERS Benefit Recipient Form.

Signature: _____

Name (Please print clearly):

Dale B. Snyder

Date:

4/02/2025

(DoP 6/14/23)

Cuyahoga County Office of Procurement & Diversity
2079 East 9th Street, Cleveland, Ohio 44115, (216) 443-7200, FAX (216)
443-7206 Ohio Relay Service (TTY) 1-800-750-0750



NON-MEMBER ACKNOWLEDGMENT

Ohio Public Employees Retirement System
277 East Town Street, Columbus, Ohio 43215-4842

Employer Services: 1-888-400-0965
www.opers.org

This form is to be completed if you are an individual who begins providing personal services to a public employer on or after Jan. 7, 2013 but are not considered by the public employer to be a public employee (e.g., you are an independent contractor) and will not have contributions made to OPERS.

Employer: Please complete Step 2. The form must be completed and returned to the retirement system no later than 30 days after the individual begins providing personal services to the public employer. You may fax the completed form to 614-657-1152 or email to employeroutreach@opers.org.

If the individual providing this service is receiving a benefit from OPERS, you must submit the Notice of Re-employment or Contract Services of an OPERS Benefit Recipient, form SR-6, in addition to the Non-Member Acknowledgement, form PEDACKN, for the service listed below. Failure to submit the SR-6 form timely may result in an overpayment of pension billed to the employer.

STEP 1: Personal Information

First Name

MI

Last Name

DAIE

B

Snyder

Date of Birth: Month Day Year

03/09/1979

STEP 2: Public Employer Information (To be completed by the Public Employer)

Name of Public Employer for which individual is providing personal services

ROAD GOLD INC

Employer Contact

First Name

MI

Last Name

DAIE

B

Snyder

Employer Code

Employer Contact Phone Number

614-615-6769

Service Provided to Public Employer

CLASS B CDL Training & Program

Start Date of Service

End Date of Service

Month Day Year

Month Day Year

09/01/2025

09/01/2025

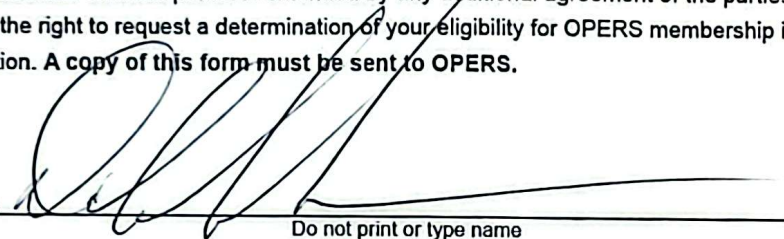
STEP 3: Acknowledgment

The public employer identified in Step 2 has classified you as an independent contractor or another classification other than a public employee. Ohio law requires that you acknowledge in writing that you have been informed that the public employer identified in Step 2 has classified you as an independent contractor or another classification other than a public employee for the services described in Step 2 and that you have been advised that contributions to OPERS will not be made on your behalf for these services.

If you disagree with the public employer's classification, you may contact OPERS to request a determination as to whether you are a public employee eligible for OPERS contributions for this service. Ohio law provides that a request for a determination must be made within five years after you begin providing personal services to the public employer, unless you are able to demonstrate through medical records to the Board's satisfaction that at the time the five-year period ended, you were physically or mentally incapacitated and unable to request a determination.

By signing this form, you are acknowledging that the public employer for whom you are providing personal services has informed you that you have been classified as an independent contractor or another classification other than a public employee and that no contributions will be remitted to OPERS for the personal services you provide to the public employer. This acknowledgment will remain valid as long as you continue to provide the same services to the same employer with no break in service regardless of whether the initial contract period is extended by any additional agreement of the parties. You also acknowledge that you understand you have the right to request a determination of your eligibility for OPERS membership if you disagree with the public employer's classification. A copy of this form must be sent to OPERS.

Signature



Do not print or type name

Today's Date

4/02/2025



Cuyahoga County Council

2079 East 9th Street, 8th Floor • Cleveland Ohio 44115
(216) 698-2010

COUNTY AMERICAN RESCUE PLAN ACT APPLICATION

APPLICANT INFORMATION:	
Name of Requesting Entity (City, Business, Non-Profit, etc.):	
R.O.A.D. GOLD INC.	
Address of Requesting Entity:	
3726 Glencairn RD. shaker Hts. Ohio 44122	
County Council District # of Requesting Entity:	
#3	
Address or Location of Project if Different than Requesting Entity:	
County Council District # of Address or Location of Project if Different than Requesting Entity:	
#9	
Contact Name of Person Filling out This Request:	
Dale Snyder Jr.	
Contact Address if different than Requesting Entity:	
Email:	Phone:
Dj@ROADGOLDINC.com	(614) 615-6769
Federal IRS Tax Exempt No.:	Date:
33-1998943	4/02/2025

PROJECT DESCRIPTION

REQUEST DESCRIPTION (include the project name, a description of the project, why the project is important or needed, and timeline of milestones/tracking of the project):

R.O.A.D. GOLD INC., (Recidivism On A Decline) is a nonprofit dedicated to providing comprehensive class b commercial Driver License (CDL) training to recently released citizens. Our program is necessary because the rate of recidivism is at 67% for the first year of release, then rises to 84% within 3years. The course of our program is set for 90days with weekly tests to track performance.

Project Start Date:
September 2025

Project End Date:
November 2025

IMPACT OF PROJECT:
<p>Who will be served:</p> <p>Reentry individuals seeking stable employment local residents interested in Class B CDL certification.</p>
<p>How many people will be served annually:</p> <p>R.O.A.D. GOLD INC. CLASS B CDL program will serve 40plus students annually with four different class per year at 10 plus students per class.</p>
<p>Will low/moderate income people be served; if so how:</p> <p>Yes, most returning citizen come home with no monetary support. R.O.A.D. GOLD INC provides an employment-driven Class B CDL training program, offering life skills education alongside practical driving experience. Our flexible class scheduling and focus on community integration ensure participants are prepared for successful careers and upward economic mobility.</p>
<p>How does the project fit with the community and with other ongoing projects:</p> <p>R.O.A.D. GOLD INC. fits the community by building strong partnerships with local businesses for practical job placement. It focuses on community integration and personal growth for participants. And it actively supports and partners with other reentry programs provide in the state of OHIO</p>
<p>If applicable, how many jobs will be created or retained (specify the number for each) and will the jobs be permanent or temporary:</p> <p>R.O.A.D. GOLD INC has the projection of 40 graduates annually, Each graduating student has the potential to procure and maintain permanent employment</p>
<p>If applicable, what environmental issues or benefits will there be:</p> <p>R.O.A.D. GOLD INC affects the social environment by transferring criminal activity into career opportunities. Also, it educates its recipients on road and highway safety that contributing to public and environmental protection.</p>
<p>If applicable, how does this project serve as a catalyst for future initiatives:</p> <p>R.O.A.D. GOLD INC will have a domino effect on the community and community at large. Each graduate will enter a new career which will take them to a new tax bracket and allow them to make better financial decisions. This could spark enterpriser aspirations which would create even more jobs ultimately affecting more households.</p>

FINANCIAL INFORMATION:**Total Budget of Project:****\$50,000.00****Other Funding Sources of Project (list each source and dollar amount separately):****Total amount requested of County Council American Resource Act Dollars:****\$50,000.00****Since these are one-time dollars, how will the Project be sustained moving forward:**

My nonprofit will continue pursuing government grants while also establishing a for-profit venture to ensure long term financial stability

DISCLAIMER INFORMATION AND SIGNATURE:

Disclaimer:

I HEREBY CERTIFY that I have the authority to apply for financial assistance on behalf of the entity described herein, and that the information contained herein and attached hereto is true, complete, and correct to the best of my knowledge.

I acknowledge and agree that all County contracts and programs are subject to Federal Guidelines and Regulations, the Ohio Revised Code, the Cuyahoga County Charter, and all County Ordinances including all information submitted as part of this application is a public record.

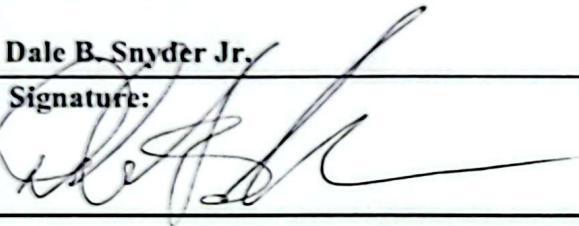
I understand that any willful misrepresentation on this application or on any of the attachments thereto could result in a fine and/or imprisonment under relevant local, state, and/or federal laws or guidelines.

I agree that at any time, any local, state, or federal governmental agency, or a private entity on behalf of any of these governmental agencies, can audit these dollars and projects.

Printed Name:

Dale B. Snyder Jr.

Signature:



Date:

4/02/2025

Additional Documents

Are there additional documents or files as part of this application? Please list each documents name:



Cuyahoga County
Together We Thrive

ANNUAL NON-COMPETITIVE BID CONTRACT STATEMENT

This statement, properly executed and containing all required information, must be completed annually. **IF YOU FAIL TO COMPLY, YOUR PROPOSAL WILL NOT BE CONSIDERED.**

Entity name: R.O.A.D. GOLD INC.

Entity Address: 3726 Glencairn Rd. Shaker hts. Ohio 44122

COMPLETE SECTION I, II, OR III BELOW, WHICHEVER IS APPROPRIATE, AND SECTION IV.

NOTE: For purposes of this Statement, "Executive" means Chris Ronayne, and "Executive's Committee" means the Friends of Chris Ronayne.

SECTION I: NON-PROFIT CORPORATIONS

If you are recognized by the IRS as a non-profit corporation, go to Sections III and IV.

SECTION II. INDIVIDUALS, SOLE PROPRIETORSHIPS, PARTNERSHIPS, INCORPORATED PROFESSIONAL ASSOCIATIONS, UNINCORPORATED ASSOCIATIONS, ESTATES AND TRUSTS

The above-named entity is a (mark one):

- | | |
|--|--|
| <input type="checkbox"/> SOLE PROPRIETORSHIP | <input type="checkbox"/> TRUST |
| <input type="checkbox"/> INCORPORATED PROFESSIONAL ASSOCIATION | <input type="checkbox"/> ESTATE |
| <input type="checkbox"/> UNINCORPORATED ASSOCIATION | <input type="checkbox"/> PARTNERSHIP |
| <input type="checkbox"/> LIMITED LIABILITY COMPANY | <input type="checkbox"/> JOINT VENTURE |

For purposes of Section II, a "principal" means an individual, an owner, a partner, a shareholder, a member, an administrator, an executor or trustee connected with the above-named entity, or the spouse of any of them.

MARK THE APPROPRIATE PARAGRAPH. If paragraph (B) is checked, Cuyahoga County is prohibited by Section 3517.13 of the Ohio Revised Code from awarding a non-competitively

bid contract over \$500.00 to the entity during the current calendar year unless County Council makes a direct award.

- ☐ (A) NO ONE PRINCIPAL of the above-named entity made one or more contributions to the Executive or the Executive's Committee during the two previous calendar years (January 1st of year one to December 31st of year two) that totaled more than \$1,000.00 per individual
- ☐ (B) ONE OR MORE PRINCIPALS of the above-named entity made, as individual(s), one or more contributions to the Executive or the Executive's Committee during the two previous calendar years (January 1st of year one to December 31st of year two) that totaled more than \$1,000.00

SECTION III. NON-PROFIT AND FOR-PROFIT CORPORATIONS AND BUSINESS TRUSTS

☒ NON-PROFIT CORPORATION ☐ FOR-PROFIT CORPORATION

☐ BUSINESS TRUST (OTHER THAN INCORPORATED PROFESSIONAL ASSOCIATIONS)

For purposes of Section III, a "principal" means an individual or an entity owning more than 20% of the corporation or business trust or the spouse of any such individual.

MARK THE APPROPRIATE PARAGRAPH. If paragraph (C) is checked, Cuyahoga County is prohibited by Section 3517.13 of the Ohio Revised Code from awarding a non-competitively bid contract over \$500.00 to the entity during the current calendar year unless County Council makes a direct award. If paragraph (D) is checked, Cuyahoga County is prohibited by Section 3599.03 from awarding a contract to the non-profit corporation.

- ☒ (A) NO INDIVIDUAL or entity owned more than 20% of the corporation or business trust during the two previous calendar years (January 1st of year one to December 31st of year two)
- ☒ (B) NO PRINCIPAL of the above-named entity made, as an individual, one or more contributions to the Executive or the Executive's Committee during the two previous calendar years (January 1st of year one to December 31st of year two) that totaled more than \$1,000.00
- ☐ (C) ONE OR MORE PRINCIPALS of the above-named entity made one or more contributions to the Executive or the Executive's Committee during the two previous calendar years (January 1st of year one to December 31st of year two) that totaled more than \$1,000.00
- ☐ (D) FUNDS OF THE NON-PROFIT CORPORATION were contributed to the Executive or the Executive's Committee at any time

SECTION IV. ALL ENTITIES MUST COMPLETE THIS SECTION

I do hereby state that I have legal authority to complete this statement on behalf of the above-named entity and to the best of my knowledge and belief the answers herein are true and complete.

Print Name: Dale B. Snyder Jr. Print Title: CEO/Founder

Signature: [Signature] Date: 7/14/2025

STATE OF OHIO)

COUNTY OF Cuyahoga)

SS:

Before me, a Notary Public in and for said County and State, personally appeared the above-named Dale Bruce Snyder Jr., who acknowledged that they did sign the foregoing statement and that the same is their free act deed, personally and as duly authorized representative of Road Gold Inc., and the free act and deed of the entity on whose behalf they signed.

Notary Public: [Signature]

Date: July 14th 2025



County Council of Cuyahoga County, Ohio

Resolution No. R2025-0297

Sponsored by: **County Executive Ronayne on behalf of Cuyahoga County Court of Common Pleas/Corrections Planning Board**

A Resolution authorizing a contract with Signature Health Inc. in the amount not-to-exceed \$760,753.00 for the Adult Drug Court Expansion Project to provide case management and counseling services to offenders with serious mental health conditions and substance use disorders for the period 10/1/2024 – 9/29/2029; authorizing the County Executive to execute Contract No. 5632 and all other documents consistent with said award and this Resolution; and declaring the necessity that this Resolution become immediately effective.

WHEREAS, the County Executive on behalf of Cuyahoga County Court of Common Pleas/Corrections Planning Board recommends entering into a contract with Signature Health Inc. in the amount not-to-exceed \$760,753.00 for the Adult Drug Court Expansion Project to provide case management and counseling services to offenders with serious mental health conditions and substance use disorders for the period 10/1/2024 – 9/29/2029; and

WHEREAS, the primary goal of this project is to implement a Coordinated Care Response Initiative the provides participants with decreased referral-to-entry time, incorporate mental health services, and enhance integrated case planning; and

WHEREAS, this project is funded 100% U.S. Department of Health and Human Services' Substance Abuse and Mental Health Services Administration (SAMHSA); 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 Signature Health Inc. in the amount not-to-exceed \$760,753.00 for the Adult Drug Court Expansion Project to provide case management and

counseling services to offenders with serious mental health conditions and substance use disorders for the period 10/1/2024 – 9/29/2029.

SECTION 2. That the County Executive is authorized to execute Contract No. 5632 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 14, 2025
Committee(s) Assigned: Public Safety & Justice Affairs

Journal _____
_____, 20____

PURCHASE-RELATED TRANSACTIONS

Title	Signature Health – Adult Drug Court Expansion Project (SAMHSA)
Department or Agency Name	Corrections Planning Board
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
Original	CM# 5632	Signature Health, Inc.	10.1.2024 – 9.29.2029	\$760,753.00		

Service/Item Description (include quantity if applicable).

1. Signature Health will provide case management services to individuals referred under the **Cuyahoga County Adult Drug Court Expansion Project** (“ADC Expansion Project”). Specifically, a dedicated Signature Health Case Manager will serve up to **45 unduplicated participants per year** over the five-year contract period, for a total of 225 participants. **Signature Health will meet with participants in community settings, including its outpatient centers.** The Case Manager will deliver comprehensive oversight and coordination of care across all stages of the participant’s recovery journey.

2. Signature Health will also provide counseling services under the **ADC Expansion Project** through a developed treatment plan for referred participants. Services may include individual or group counseling sessions, including Eye Movement Desensitization and Reprocessing (“EMDR”) when clinically appropriate. The goal is to help participants increase their capacity to respond rather than react, and to process unresolved trauma and emotional distress. All counseling services will be delivered by a licensed clinician (counselor or social worker) who is trained in EMDR for both individual and group settings and who applies evidence-based therapeutic practices.

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

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

Project Goals, Outcomes or Purpose (list 3):

The ADC Expansion Project is a comprehensive approach that fights against the current opiate crises in Ohio by expanding the Common Pleas Court’s Adult Drug Court services into a comprehensive system of supports that help participants move toward recovery while assisting them in making productive and positive life changes.

GOALS: Specifically, the ADC Expansion Project will implement a Coordinated Care Response Initiative that provides participants with the following strategies: (1) Decrease Referral-to-Entry Time: Streamline the process from referral to entry into the ADC can to enhance efficiency and participant engagement, (2) Incorporate Mental Health Services: Integrate mental health services directly into the ADC team model to ensure

comprehensive care for participants with co-occurring disorders, and (3) Enhance Integrated Case Planning: Promote collaborative efforts between criminal justice and behavioral health partners for improved case planning. These strategic steps can lead to better outcomes and a more effective Adult Drug Court.

Signature Health is expected to regularly meet with the Corrections Planning Board and/or Specialty Court Administrator (e.g., monthly, quarterly or annually) to review **ADC Expansion Project** participant data submitted to the Court. The purpose of the meetings is to ensure project success and sustainability.

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

Vendor Name and address: Signature Health, Inc.	Owner, executive director, other (specify): Jonathan Lee, LICDC
24200 Chagrin Blvd. Beachwood, OH 44122	Founder and CEO
Vendor Council District: All	Project Council District: All
If applicable provide the full address or list the municipality(ies) impacted by the project.	N/A

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

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. This project is 100% funded by a grant from the U.S. Department of Health and Human Services' Substance Abuse and Mental health Services Administration (SAMHSA).
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. CL285180
Payment Schedule: <input type="checkbox"/> Invoiced <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project. Signature Health has a dedicated Case Manager and Counselor on the Adult Drug Court staffing team. As new clients have come in and have finished inpatient treatment, they are referred to start services with Signature Health have been opening with SH and being provided both services.
Is contract/purchase late <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission
Reason: Delays associated with contract negotiations between the ADAMHS Board and the Court, which eventually resulted in the redevelopment of the contract in April/May between Signature Health and the Court.
Timeline
Project/Procurement Start Date (date your team started working on this item): 1.5.2025
Date documents were requested from vendor: 7.18.25
Date of insurance approval from risk manager: 9.4.25
Date Department of Law approved Contract: 7.24.25
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: N/A
If late, have services begun? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)

HISTORY (see instructions):						
Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.

Original	CM# 5632	Signature Health, Inc.	10.1.2024 – 9.29.2029	\$760,753.00		
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Department of Purchasing – Required Documents Checklist

Upload as “word” document in OnBase Document Management

Infor/Lawson RQ# (if applicable):	N/A
Infor/Lawson PO # Code (if applicable):	N/A
CM Contract#	CM #5632 - Signature Health – Adult Drug Court Expansion (SAMHSA)

Late Submittal Required:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Why is the contract being submitted late?	Delays associated with contract negotiations between the ADAMHS Board and the Court, which eventually resulted in the redevelopment of the contract in April/May between Signature Health and the Court. This was an unanticipated delay in the contract negotiations.	
What is being done to prevent this from reoccurring?	Continue to work on contracts.	

TAC or CTO Required or Authorized IT Standard	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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OTHER THAN FULL AND OPEN COMPETITION Exemptions (Contract) Reviewed by Purchasing				
			Department Initials	Purchasing
Briefing Memo			LL	GM
Justification Form			LL	GM
IG#	24-0350-REG 12/31/2028		LL	Signature Health Inc. 24-0350-REG 12/31/2028, GM
Annual Non-Competitive Bid Contract Statement (<i>See Contracts Checklist Glossary on the intranet for form requirements</i>).	Date:	8.13.25	LL	GM
Debarment/Suspension Verified	Date:	7.22.25	LL	GM
Auditor's Findings	Date:	7.22.25	LL	GM
Vendor's Submission			LL	GM
Independent Contractor (I.C.) Form	Date:	8.13.25	LL	GM
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>			N/A (new contract)	N/A
TAC/CTO Approval or IT Standards (<i>if required attach and identify relevant page #s or meeting approval number</i>)			N/A	N/A
Checklist Verification			LL	GM

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	LL, document attached, GM
Matrix Law Screen shot	LL, document attached, GM
COI	LL, document attached, GM

Department of Purchasing – Required Documents Checklist

Workers' Compensation Insurance

LL, document attached, GM

CONTRACT SPENDING PLAN

Time Period	Accounting Unit	Account Number	Activity Code	Account Category or Subaccount	Dollar Amount
01/01/2025-12/31/2025	CP285180	55130	CP-24-SAMHSA-MA		\$ 132,014.00
01/01/2026-12/31/2026	CP285180	55130	CP-24-SAMHSA-MA		\$ 167,690.00
01/01/2027-12/31/2027	CP285180	55130	CP-24-SAMHSA-MA		\$ 150,644.00
01/01/2028-12/31/2028	CP285180	55130	CP-24-SAMHSA-MA		\$ 153,656.00
01/01/2029-12/31/2029	CL285180	55130	CP-24-SAMHSA-MA		\$ 156,729.00
			TOTAL		\$ 760,733.00

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

CE/AG# (if applicable)					
Infor/Lawson PO# and PO Code (if applicable)					
Lawson RQ# (if applicable)					
CM Contract#		CM #5632			
	Original Amount	Amendment Amount (if applicable)	Original Time Period/Amended End Date	BOC/ Resolution Approval Date	BOC/ Resolution Approval #
Original Amount	\$ 760,753.00		10/01/2024-10/30/2029		
Prior Amendment Amounts (list separately) (A-#)		\$			
Pending Amendment		\$			
Total Amendments		\$			
Total Contract Amount		\$			

PURCHASING USE ONLY

Prior Resolutions:	N/A
CM#:	5632
Vendor Name:	Signature Health Inc.
Time Period:	10/01/2024 – 09/29/2029
Amount:	\$760,753.00
History/CE:	N/A
EL:	OK
Purchasing Notes:	The Cuyahoga County Corrections Planning Board is requesting approval of a contract with Signature Health Inc. for providing case management and counseling services for offenders ("participants") with serious mental health conditions and substance use disorders participating in the ADC Expansion Project in the amount NTE \$ 760,733.00 through 10/01/2024 – 09/29/2029. Funding: 100% funded by a grant from the U.S. Department of Health and Human Services' Substance Abuse and Mental health Services Administration (SAMHSA).

Department of Purchasing – Required Documents Checklist

Purchasing Agents Initials and date of approval	GM, 09/09/2025.
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County Council of Cuyahoga County, Ohio

Resolution No. R2025-0298

Sponsored by: County Executive Ronayne/Department of Public Safety and Justice Services/Division of Witness/Victim	A Resolution making an award on RQ16156 to Mental Health Services for Homeless Persons Inc., dba Frontline Service in the amount not-to-exceed \$1,110,000.00 for Children Who Witness Violence Program, effective 12/1/2025 – 11/30/2027; authorizing the County Executive to execute Contract No. 5628 and all other documents consistent with said award and this Resolution; and declaring the necessity that this Resolution become immediately effective.
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WHEREAS, the County Executive/Department of Public Safety and Justice Services/Division of Witness/Victim has recommended an award on RQ16156 to Mental Health Services for Homeless Persons Inc., dba Frontline Service in the amount not-to-exceed \$1,110,000.00 for Children Who Witness Violence Program, effective 12/1/2025 – 11/30/2027; and

WHEREAS, the primary goal of this project is to utilize a qualified behavioral health agency capable of providing services to children and their families who witness violence, as identified and referred by law enforcement agencies; 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 makes an award on RQ16156 to Mental Health Services for Homeless Persons Inc., dba Frontline Service in the amount not-to-exceed \$1,110,000.00 for Children Who Witness Violence Program, effective 12/1/2025 – 11/30/2027.

SECTION 2. That the County Executive is authorized to execute Contract No. 5628 and all documents consistent with said award 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 14, 2025
Committee(s) Assigned: Public Safety & Justice Affairs

Journal _____
_____, 20____

PURCHASE-RELATED TRANSACTIONS

Title	5628 – Services for Children Exposed to Violence RFP
Department or Agency Name	Public Safety and Justice Services
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	5628	Frontline d.b.a Mental Health Services	12/1/2025 – 11/30/2027	\$1,110,000	Pending	Pending

Service/Item Description (include quantity if applicable).

The Department of Public Safety and Justice Services is seeking to conduct business with Frontline d.b.a Mental Health Services to provide services to children through our Children Who Witness Violence Program. The children are identified and referred to by law enforcement agencies for a trauma-informed, crisis intervention service which will be provided by Frontline.

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

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

Project Goals, Outcomes or Purpose (list 3):

1. Provide a hotline service 24 hours/day, 365 days/year to respond to police calls from select districts, to be determined in consultation with selected behavioral health agency.
2. Providing services to children witnessing violence and their families who would otherwise not be connected with support or counseling services.
3. Provide limited support for the Defending Childhood Initiative.
4. Collect data on the program, client outcomes and client satisfaction, and submit monthly reports.

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

Vendor Name and address:	Owner, executive director, other (specify):
Frontline 1744 Payne Avenue Cleveland, OH 44114	Corrie Taylor CEO
Vendor Council District:	Project Council District:
District 7	County wide

If applicable provide the full address or list the municipality(ies) impacted by the project.	
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COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# <u> 16156 </u> (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input checked="" type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation: 48	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 48/3	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): (0) DBE (10) SBE (0) MBE (0) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, please explain. The awarded vendor is a non-profit organization. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome? No, it has not gone to the Administrative Reconsideration Panel, the vendor requested a waiver, which was granted by the Department of Purchasing.	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? Bid pricing was relatively the same amongst all three bidders.	<input type="checkbox"/> Contract Amendment - (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe:

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

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

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

PJ325100

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

Provide status of project.

Currently going through the approval process.

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	2796	Frontline d.b.a Mental Health Services	December 1, 2022 – November 30, 2024	\$868,300	11/22/22	R2022-0413
A-1	2796	Frontline d.b.a Mental Health Services	December 1, 2024 – November 30 2025	\$477,565.00	12/9/2024	BC2024-928

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

Infor/Lawson RQ# (if applicable):	16156
Infor/Lawson PO# Code (if applicable):	RFP
Event #	6477
CM Contract#	5628

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

TAC or CTO Required or Authorized IT Standard	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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FULL AND OPEN COMPETITION

Formal RFP

Reviewed by Purchasing

	Department Initials	Purchasing
Briefing Memo	DS	EB
Notice of Intent to Award (sent to all responding vendors)	DS	EB
Bid Specification Packet (RFP Packet)	DS	EB
Final DEI Goal Setting Worksheet	DS	EB
Diversity Documents – <i>if required (goal set)</i>	DS	EB
Award Letter (sent to awarded vendor)	DS	EB
Vendor’s Confidential Financial Statement – <i>if RFP requested</i>	N/A	N/A
Bid Tabulation Sheet	DS	EB
Evaluation with Scoring Summary (<i>Names of evaluators to be included, must have minimum of three evaluators</i>).	DS	EB
IG# 24-0016-REG — 24-0016-REG 12/31/2028	DS	EB
Debarment/Suspension Verified Date: 8/6/2025	DS	EB
Auditor’s Findings Date: 8/6/2025	DS	EB
Vendor’s Submission	DS	EB
Independent Contractor (I.C.) Form Date: 5/21/2025	DS	EB
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>	DS	EB
TAC/CTO Approval or IT Standards (<i>if required attach and identify relevant page #s or meeting approval number</i>)	N/A	N/A
Checklist Verification	DS	EB

Other documentation may be required depending upon your specific item

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

Reviewed by Law

	Department Initials
Agreement/Contract and Exhibits	DS
Matrix Law Screen shot	DS
COI	DS
Workers’ Compensation Insurance	DS
Performance Bond, if required per RFP	N/A

Department of Purchasing – Required Documents Checklist

CONTRACT SPENDING PLAN

Time Period	Accounting Unit	Account Number	Activity Code	Account Category or Subaccount	Dollar Amount
Upon Execution – 12/31/2025	PJ325100	55130			\$0
1/1/2026 – 12/31/2026	PJ325100	55130			\$555,000
1/1/2027 – 11/30/2027	PJ325100	55130			\$555,000
			TOTAL		\$1,110,000

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

CE/AG# (if applicable)					
Infor/Lawson PO# and PO Code (if applicable)					
Lawson RQ# (if applicable)		10389			
CM Contract#		2796			
	Original Amount	Amendment Amount (if applicable)	Original Time Period/Amended End Date	BOC/ Resolution Approval Date	BOC/ Resolution Approval #
Original Amount	\$868,300.00		December 1, 2022 – November 30, 2024	11/22/22	R2022-0413
Prior Amendment Amounts (list separately) (A-#)		\$477,565.00	December 1, 2024 – November 30 2025	12/9/2024	BC2024-928
		\$			
		\$			
Pending Amendment		\$			
Total Amendments		\$			
Total Contract Amount		\$1,345,865.00			

PURCHASING USE ONLY

Prior Resolutions:	R2022-0413; BC2024-928
CM#:	5628
Vendor Name:	MENTAL HEALTH SERVICES FOR HOMELESS PERSONS, INC. DBA FRONTLINE SERVICE
Time Period:	December 1, 2025 - November 30, 2027
Amount:	\$1,110,000.00
History/CE:	OK
EL:	OK
Purchasing Notes:	N/A
Purchasing Agents Initials and date of approval	EB 9/9/25



Department of Purchasing Tabulation Sheet

REQUISITION NUMBER: 16156 Event #6477	TYPE: (RFB/RFP/RFQ): RFP	ESTIMATE: \$1,000,000.00			
CONTRACT PERIOD:	RFB/RFP/RFQ DUE DATE: June 20, 2025	SOLICITATIONS ISSUED	MANUAL RESPONSES	ELECTRONIC RESPONSES	TOTAL RESPONSES
REQUESTING DEPARTMENT: Public Safety and Justice Services	COMMODITY DESCRIPTION: Services for Children Exposed to Violence	48	2	1	3
DIVERSITY GOAL/SBE 10%	DIVERSITY GOAL/MBE 0%	DIVERSITY GOAL/WBE 0%			
Does CCBB Apply: <input type="checkbox"/> Yes <input type="checkbox"/> No N/A - The procurement method was RFP or RFQ, JW 6/26/2025 LL 6/30/2025	CCBB: Low Non-CCBB Bid \$: n/a	Add 2%, Total is: n/a			
Does CCBEIP Apply: <input type="checkbox"/> Yes <input type="checkbox"/> No N/A - The procurement method was RFP or RFQ, JW 6/26/2025 LL 6/30/2025	CCBEIP: Low Non-CCBEIP Bid \$: n/a	Add 2%, Total is: n/a			
*PRICE PREFERENCE LOWEST BID REC'D \$ n/a	RANGE OF LOWEST BID REC'D \$ n/a	Minus \$, = n/a			
PRICE PREF % & \$ LIMIT: n/a	MAX SBE/MBE/WBE PRICE PREF \$ n/a	DOES PRICE PREFERENCE APPLY? <input type="checkbox"/> Yes <input type="checkbox"/> No N/A – RFP/RFQ or No diversity goals LL 6/30/2025			

Bidder's / Vendor's Name and Address	Bid Bond / Check	Actual Bid Amount (enter "N/A" if RFP or RFQ)	Buyer Administrative Review: Buyer Initials	Price Preference	CCBB / CCBEIP Registered	Diversity Program Review: SBE / MBE / WBE	Dept. Tech. Review	Award : (Y/N)
1 BP 24-7 Mobile Testing 628 E. 222 nd Street Euclid, OH 44123	N/A		Compliant: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IG Registration Complete: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IG Number: NCA: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A PH: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A CCBB (Form Attached) <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (Agree to Match)	<input type="checkbox"/> Yes <input type="checkbox"/> No	CCBB <input type="checkbox"/> Yes <input type="checkbox"/> No CCBEIP <input type="checkbox"/> Yes <input type="checkbox"/> No	Subcontractor Name(s): FAA BP 24-7 Mobile Testing, LLC (SBE/MBE/WBE) FAA Silver Connections, LLC (SBE/MBE/WBE) SBE/MBE/WBE Prime: (Y/N) <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> SBE <input checked="" type="checkbox"/> MBE <input checked="" type="checkbox"/> WBE <input type="checkbox"/> No Total % SBE: 0 % MBE: 0 % WBE: 0 % SBE/MBE/WBE Comply: (Y/N) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No LL 6/30/2025 SBE/MBE/WBE Comments and Initials: DIV1 – Form submitted by Prime. DIV2 – Form submitted by Prime for Silver Connections, LLC only. DIV3 1 of 2 – Form not submitted by Prime. DIV3 2 of 2 – Form not submitted by Prime. JK 06/23/25		<input type="checkbox"/> Yes <input type="checkbox"/> No

Transaction ID:

Bidder's / Vendor s Name and Address	Bid Bond / Check	Actual Bid Amount (enter "N/A" if RFP or RFQ	Buyer Administrative Review: Buyer Initials	Price Preference	CCBB / CCBEIP Registered	Diversity Program Review: SBE / MBE / WBE	Dept. Tech. Review w	Award : (Y/N)
			<input type="checkbox"/> Yes <input type="checkbox"/> No CCBEIP: (Form Attached) <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (Agree to Match) <input type="checkbox"/> Yes <input type="checkbox"/> No COOP: (Form Attached) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (Agree to Participate?) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No OPD Buyer Initials: __EB__			Scope of work for Cuyahoga county certified prime is for drug-testing, Cuyahoga county certified subcontractor scope of work is services to adults and seniors over 55. Scopes of work do not match description for this RQ. Div-2 for subcontractor does not clarify what scope of work they will be providing. No good faith effort or additional documents to clarify JW 6/23/2025 The scope of works detailed for the Prime Diversity vendor and the subcontracted Diversity Vendor do not match the services/offers detailed in the pertinent vendors' county diversity certification. Diversity vendors can update their scope of services/offers for their county certifications for their businesses by contacting DEI and providing the required documents. Based on the mismatch between the vendors' services/offers and the proposed scope of work for this procurement item, the diversity goals are not achieved. Also, there is insufficient details/documentation on good faith effort to achieve the diversity goals. LL 6/30/2025		

Transaction ID:

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

Bidder's / Vendors Name and Address	Bid Bond / Check	Actual Bid Amount (enter "N/A" if RFP or RFQ)	Buyer Administrative Review: OPD Buyer Initials	Price Preference	CCBB / CCBEIP Registered	Diversity Program Review: SBE / MBE / WBE	Dept. Tech. Review	Award : (Y/N)
2 Frontline Service Response 1744 Payne Ave Cleveland, OH 44114	N/A		Compliant: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IG Registration Complete: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IG Number: NCA: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A PH: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A CCBB (Form Attached) <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (Agree to Match)	<input type="checkbox"/> Yes <input type="checkbox"/> No CCBB <input type="checkbox"/> Yes <input type="checkbox"/> No CCBEIP <input type="checkbox"/> Yes <input type="checkbox"/> No	Subcontractor Name(s): SBE/MBE/WBE Prime: (Y/N) <input type="checkbox"/> Yes <input type="checkbox"/> SBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input checked="" type="checkbox"/> No Total % SBE: <u>0%</u> MBE: <u>0%</u> WBE: <u>0%</u> SBE/MBE/WBE Comply: (Y/N) <input checked="" type="checkbox"/> Yes LL 6/30/2025 <input type="checkbox"/> No SBE/MBE/WBE Comments and Initials: DIV1 – Form submitted by Prime. DIV2 – Form submitted by Prime containing N/A in all sections. DIV3 1 of 2 – Prime requested full waiver, per the Prime "Mental Health Services for Homeless Persons, Inc. DBA Frontline Service is requesting a full waiver of the SBE Participation Goal because the	Awarded Vendor]	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Transaction ID:

Bidder's / Vendors Name and Address	Bid Bond / Check	Actual Bid Amount (enter "N/A" if RFP or RFQ)	Buyer Administrative Review: OPD Buyer Initials	Price Preference	CCBB / CCBEIP Registered	Diversity Program Review: SBE / MBE / WBE	Dept. Tech. Review	Award : (Y/N)
			<input type="checkbox"/> Yes <input type="checkbox"/> No CCBEIP: (Form Attached) <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (Agree to Match) <input type="checkbox"/> Yes <input type="checkbox"/> No COOP: (Form Attached) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (Agree to Participate?) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No OPD Buyer Initials: _____			<div>agency does not contract services out for the CWWW or DCI programs". See DIV3 pg. 1 of 2.</div> <div>DIV3 2 of 2 – Form submitted by Prime. JK 06/23/25</div> <div>insufficient good faith effort by prime, JW 6/23/2025</div> <div>Per IRS determination Letter in proposal and Ohio Secretary of State Business search, the vendor is a non-profit entity (501 (C) 3) LL 6/30/2025</div>		

Transaction ID:

Bidder's / Vendors Name and Address	Bid Bond / Checking	Actual Bid Amount (enter "N/A" if RFP or RFQ)	Buyer Administrative Review: OPD Buyer Initials	Price Preference	CCBB / CCBEIP Registered	Diversity Program Review: SBE / MBE / WBE	Dept. Tech. Review	Award : (Y/N)
3 Serenity Health & Wellness Corp. 2450 Fairmount Blvd. MP140 Cleveland Heights, OH 44106	N/A		Compliant: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IG Registration Complete: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IG Number: 23-0157-REG 12/31/2027 NCA: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A PH: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A CCBB (Form Attached) <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (Agree to Match)	<input type="checkbox"/> Yes <input type="checkbox"/> No	CCBB <input type="checkbox"/> Yes <input type="checkbox"/> No CCBEIP <input type="checkbox"/> Yes <input type="checkbox"/> No	Subcontractor Name(s): MAA Microchip, LLC (SBE/MBE) FAA Singleton & Partners, LTD (SBE/MBE/WBE) FAA Advocating for Change, LLC (MBE) SBE/MBE/WBE Prime: (Y/N) <input type="checkbox"/> Yes <input type="checkbox"/> SBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input checked="" type="checkbox"/> No Total % SBE: 0 % MBE: 0 % WBE: 0 % SBE/MBE/WBE Comply: (Y/N) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No LL 6/30/2025 SBE/MBE/WBE Comments and Initials: DIV1 – Form submitted by Prime. DIV2 – Forms submitted by Prime not signed by subcontractors. DIV3 1 of 2 – Form not submitted by Prime. Prime submitted typed statement and emails of contact to subcontractors.		<input type="checkbox"/> Yes <input type="checkbox"/> No

Transaction ID:

Bidder's / Vendors Name and Address	Bid Bond / Check	Actual Bid Amount (enter "N/A" if RFP or RFQ)	Buyer Administrative Review: OPD Buyer Initials	Price Preference	CCBB / CCBEIP Registered	Diversity Program Review: SBE / MBE / WBE	Dept. Tech. Review	Award : (Y/N)
			<input type="checkbox"/> Yes <input type="checkbox"/> No CCBEIP: (Form Attached) <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (Agree to Match) <input type="checkbox"/> Yes <input type="checkbox"/> No COOP: (Form Attached) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (Agree to Participate?) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No OPD Buyer Initials: <u>EB</u>			DIV3 2 of 2 – Form not submitted by Prime. Prime submitted typed statement and emails of contact to subcontractors. Subcontractors called, messages left. JK 06/23/25 Subcontractors on div-2 are Cuyahoga county certified vendors. None of the div-2 forms are signed by the subs. Vendors called by CCO to verify. Messages left, no return calls. Goals not met. JW 6/26/2025 Div-2 Forms not signed by diversity vendors. Hence, diversity goals are not met. Proof of outreach to diversity vendors is for outreach on 6/19/2025 (proposal due date/closing was 6/20/2025). Hence, insufficient details and documentation of good faith effort to achieve the goals. LL 6/30/2025		

Transaction ID:

GOAL SETTING WORKSHEET

Department Name: Public Safety & Justice Services
Contact Name: Destiny Smith
Contact Phone#: 216-463-7466
Contact Email: dsmith01@cwaharacounty.gov
RQ#: RQ16156
RQ Description: Services for Children Exposed to Violence

NOTE: User Department completes the YELLOW AREAS ONLY

Work Category/Scope	NIGP Code (5 digits)	Work/Scope Amount (\$)	Disparity Study Work/Scope Availability # (All Vendors)	Disparity Study Work/Scope Availability # (MBE)	Disparity Study Work/Scope Availability % (MBE)	Disparity Study Work/Scope Availability \$ (MBE)	Disparity Study Work/Scope Availability # (WBE)	Disparity Study Work/Scope Availability % (WBE)	Disparity Study Work/Scope Availability \$ (WBE)
Professional Services	952-77	\$ 1.00	1		0.00	0.00		0.00	0.00
	924-19		1		0.00	0.00		0.00	0.00
			1		0.00	0.00		0.00	0.00
Totals (\$):		1.00				0.00			0.00

Project Diversity Goals:

Comments: LL 5/7/2025

NIGP 95277 - *Research and Evaluation, Human Services, Including Productivity Audits
NIGP 92419 - Educational Research Services
NIGP 95277/92419: NIGP 95277/92419: This proposal seeks a qualified vendor to operate the CWWV and DCI program. The CWWV program provides a trauma-informed, crisis intervention service aimed at helping youth and children exposed to violence with the assistance of referrals from law enforcement and the community.

Override:

zero/limited county certified

0% diversity vendors

0%

10%

MBE Goal

WBE Goal

SEE Goal (not calculated)

CONTRACT EVALUATION FORM

Contractor	Mental Health Services for Homeless Person, Inc/d/b/a Frontline Service				
Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#:	2796				
RQ#	10389				
Time Period of Original Contract	December 1, 2022 – November 30, 2024 – extended to November 30, 2025				
Background Statement	Mental Health Services for Homeless Person, Inc/d/b/a Frontline Service is responsible for providing services for children who witness violence in Cuyahoga County.				
Service Description	Vendor is responsible for providing 24/7 responses to various law enforcement and organizations regarding children who witness violence and providing them trauma-informed mental health assessments.				
Performance Indicators	<ol style="list-style-type: none"> 1. Provide a hotline service 24 hours/day, 365 days/year to respond to police calls for mental health assessment. 2. Respond to 75% of all calls by dispatching a worker to the site within as little as 30 minutes following the contact but no more than 24 hours later. 3. Serve approximately 700 families in one calendar year 				
Actual Performance versus performance indicators (include statistics):	Frontline Services has continuously provided hotline services 24 hours/day, 365 days per year, which allows them to respond to all police calls in a timely manner. The number of referrals to the Children Who Witness Violence program often fluctuates. Frontline will engage in outreach efforts if the number of referrals are trending below average.				
Rating of Overall Performance of Contractor	Superior	Above Average	Average	Below Average	Poor
Select One (X)		X			
Justification of Rating	Frontline Service has been a long standing and dedicated partner for the Children Who Witness Violence Program. Despite internal staff changes they have been able to continue services with minimal interruption.				
Department Contact	Kimberlee Bizup				
User Department	PSJS Witness Victim Service Center				

Date	08/20/2025
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County Council of Cuyahoga County, Ohio

Resolution No. R2025-0299

Sponsored by: **County Executive
Ronayne/Sheriff's Department**

A Resolution authorizing an amendment to Contract No. 3970 (fka No. 288) with The MetroHealth System for Correctional Health Care Services for the Cuyahoga County Jail System for the period 5/9/2019 – 10/31/2025 to extend the term to March 31, 2026, to add funds in the amount of \$12,656,572.00, for a total not-to-exceed amount of \$140,821,683.00; authorizing the County Executive to execute the amendment and all other documents consistent with this Resolution; and declaring the necessity that this Resolution become immediately effective.

WHEREAS, Contract No. 3970 (fka No. 288) with The MetroHealth System for Correctional Health Care Services for the Cuyahoga County Jail System for the period initial term of 5/9/2019 – 5/8/2022 was amended most recently to extend the time period through October 31, 2025 and for additional funds in the amount not-to-exceed \$17,250,000.00; and

WHEREAS, the County Executive/Sheriff Department recommends an amendment to Contract No. 228 with The MetroHealth System to extend the term to March 31, 2026 and to add funds in the amount not-to-exceed \$12,656,572.00; and

WHEREAS, the primary goal of this project is to provide medical services to the detainees of the Cuyahoga County Corrections Center mandated by ORC 5120:1-8-09 which mandates medical, dental and mental health services to all County Jail inmates; and

WHEREAS, this project is funded 100% by the General Fund Jail Health Care; 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 authorizes an amendment to Contract No. 3970 (fka No. 228) with The MetroHealth System for Correctional Health Care Services for the Cuyahoga County Jail System for the period 5/9/2018 – 10/31/2025 to extend the term to March 31, 2026 and to add funds in the amount of \$12,656,572.00 for a total not to-exceed amount of \$140,821,683.00.

SECTION 2. If any specific appropriation is necessary to effectuate the amendment described herein, such appropriation is approved, and the Director of the Office of Budget and Management is authorized to submit the requisite documentation to financial reporting to journalize the appropriation.

SECTION 3. That the County Executive is authorized to execute the amendment and all other documents consistent with this Resolution. To the extent that any exemptions are necessary under the County Code and contracting procedures, they shall be deemed approved by the adoption of this Resolution.

SECTION 4. 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 5. 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 14, 2025
Committee(s) Assigned: Public Safety & Justice Affairs

Journal _____
_____, 20____

PURCHASE-RELATED TRANSACTIONS

Title	6 TH AMENDMENT- MEDICAL SERVICES					
Department or Agency Name		SHERIFF'S				
Requested Action		<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):				
Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	3970	METROHEALTH	5/9/19 - 5/8/22	42,300,000.00	4/9/19	R2019-0092
A-1	3970	METROHEALTH	5/9/19 - 5/8/22	3,027,040.00	2/9/21	R2021-0049
A-2	3970	METROHEALTH	5/9/19 - 8/8/22	10,600,000.00	5/24/22	R2022-0127
A-3	3970	METROHEALTH	5/9/19 - 5/8/24	30,056,224.00	8/2/22	R2022-0252
A-4	3970	METROHEALTH	5/9/19 - 1/31/25	24,931,847.00	5/28/24	R2024-0194
A-5	3970	METROHEALTH	5/9/19/ - 10/31/25	17,250,000.00	1/28/25	R2025-0043
A-6	3970	METROHEALTH	5/9/19 - 3/31/26	12,656,572.00	CURRENT ITEM	

Service/Item Description (include quantity if applicable). INMATE MEDICAL SERVICES CONTRACT AMENDMENT TO ADD FUNDS AND TIME	
Indicate whether: <input type="checkbox"/> New service/purchase <input checked="" type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)	
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of? _____	
Project Goals, Outcomes or Purpose (list 3): AMEND CONTRACT	

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address:	Owner, executive director, other (specify):
2500 METROHEALTH DR CLEVELAND, OHIO 44109	KRISTEN MOORE, CONTRACT SPECIALIST
Vendor Council District:	Project Council District:

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

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.
100% GENERAL FUNDS
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain): _____
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. SH100140 - 55030

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): 10/6/25

Date documents were requested from vendor: N/A

Date of insurance approval from risk manager: N/A

Date Department of Law approved Contract: N/A

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

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

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

HISTORY (see instructions):

Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.

Department of Purchasing – Required Documents Checklist

Upload as “word” document in OnBase Document Management

Infor/Lawson RQ# (if applicable):	N/A
Buyspeed RQ# (if applicable):	N/A
Infor/Lawson PO # Code (if applicable):	EXMT
CM Contract#	3970

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

TAC or CTO Required or Authorized IT Standard	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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Contract Amendments Reviewed by Purchasing				
			Department Initials	Purchasing
Briefing Memo			N/A-already approved by Council	N/A
Justification Form			N/A-already approved by Council	Pending
IG#			N/A GOV'T ENTITY	N/A
Annual Non-Competitive Bid Contract Statement <i>(See Contracts Checklist Glossary on the intranet for form requirements).</i>	Date:		N/A-already approved by Council	N/A
Debarment/Suspension Verified	Date:	10/6/25	TG	RS
Auditor's Findings	Date:	10/6/25	TG	RS
Independent Contractor (I.C.) Form	Date:		N/A GOV'T ENTITY	N/A
Cover - Master contracts only			N/A	N/A
Contract Evaluation – if required provide most recent CM history on contract history table (see pg 2)			TG	RS
TAC/CTO Approval or IT Standards (if required attach and identify relevant page #s or meeting approval number)			N/A	N/A
Checklist Verification			TG	RS 10.7.2025

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	N/A-already approved by Council/See Email
Matrix Law Screen shot	N/A-already approved by Council
COI	N/A-already approved by Council
Workers' Compensation Insurance	N/A-already approved by Council
Original Executed Contract (containing insurance terms) & all executed amendments	N/A-already uploaded

Department of Purchasing – Required Documents Checklist

CONTRACT SPENDING PLAN

Time Period	Accounting Unit	Account Number	Activity Code	Account Category or Subaccount	Dollar Amount
1/1/26-3/31/26	SH100150	55130			\$12,656,572.00
			TOTAL		\$12,656,572.00

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

CE/AG# (if applicable)		N/A			
Infor/Lawson PO# and PO Code (if applicable)		EXMT			
Lawson RQ# (if applicable)		N/A			
CM Contract#		3970			
	Original Amount	Amendment Amount (if applicable)	Original Time Period/Amended End Date	BOC/ Resolution Approval Date	BOC/ Resolution Approval #
Original Amount	\$42,300,000.00		5/9/19 – 5/8/22	4/9/19	R2019-0092
Prior Amendment Amounts (list separately) (A-#)	A1	\$3,027,040.00	5/9/19 – 5/8/22	2/9/21	R2021-0049
	A2	\$10,600,000.00	5/9/19 – 8/8/22	5/24/22	R2022-0127
	A3	\$30,056,224.00	5/9/19 – 5/8/24	8/2/22	R2022-0252
	A4	\$24,931,847.00	5/9/19 – 1/31/25	5/28/24	R2024-0194
	A5	\$17,250,000.00	5/9/19 – 10/31/25	1/28/25	R2025-0043
Pending Amendment	A6	\$12,656,572.00	5/9/19 – 3/31/26	CURRENT ITEM	
Total Amendments		\$98,521,683			

PURCHASING USE ONLY

Prior Resolutions:	R2019-0092 dated 4.9.19, R2021-0049 dated 2.9.21, R2022-0127 dated 5.24.22, R2022-0252 dated 8.2.22, R2024-0194 dated 5.28.24, R2025-0043 dated 1.28.25
CM#:	3970
Vendor Name:	The MetroHealth System
Time Period:	5/9/2019 – 10/31/2025 EXT to 3/31/2026
Amount:	\$12,656,572.00
History/CE:	Ok
EL:	Ok
Purchasing Notes:	Amendment No. 6 increases funds as well as extend time
Purchasing Agents Initials and date of approval	RS 10.7.2025

CONTRACT EVALUATION FORM

Contractor	The MetroHealth System				
Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#:	AG1900130-01				
RQ#	N/A				
Time Period of Original Contract	5/9/19 – 10/31/25				
Background Statement	MetroHealth manages the operations of the health care and related services provided at the Cuyahoga County Jail.				
Service Description	MetroHealth provides and manages medical and health care services at Cuyahoga County jails.				
Performance Indicators	MetroHealth has managed and maintained services within the jail during the contract period successfully.				
Actual Performance versus performance indicators (include statistics):	The medical services that have been provided by MetroHealth Systems has given the inmates much better medical care than they previously received. The inmates' medical care is now more on the level of conventional medicine as opposed to correctional medicine.				
Rating of Overall Performance of Contractor	Superior	Above Average	Average	Below Average	Poor
Select One (X)			X		
Justification of Rating	Increased quality of medical services provided to the inmates.				
Department Contact	Tanisha K. Gates				
User Department	Sheriff's Department				
Date	10/6/25				