



## **CUYAHOGA COUNTY COUNCIL**

### **PUBLIC SAFETY & JUSTICE AFFAIRS COMMITTEE**

CUYAHOGA COUNTY ADMINISTRATIVE HEADQUARTERS

4<sup>th</sup> FLOOR

## **MEETING AGENDA**

**TUESDAY, MAY 19, 2026 — 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 APRIL 21, 2026 MEETING**

### **5. MATTERS REFERRED TO COMMITTEE**

- a) R2026-0095: A Resolution authorizing a revenue generating agreement with City of Euclid at a per diem rate of \$234.00 through 12/31/2026 and then increasing to \$257.00 through the remainder of the contract term for inmate housing services in the total anticipated amount of \$1,900,000.00 for the period 5/1/2026 – 12/31/2027; authorizing the County Executive to execute Contract No. 5761 and all other documents consistent with said agreement and this Resolution; and declaring the necessity that this Resolution become immediately effective.
- b) R2026-0121: A Resolution awarding a total sum, not to exceed \$10,000, to the Cleveland Playhouse for the CARE at the Cuyahoga County Juvenile Detention Center Project from the District 7 ARPA Community Grant Fund; and declaring the necessity that this Resolution become immediately effective.
- c) R2026-0137: A Resolution authorizing a revenue generating agreement with City of Cleveland in the anticipated amount not-to-exceed \$2,718,622.00 for legal services for indigent persons in Cleveland Municipal Court for the period 1/1/2026 – 12/31/2026 with an optional renewal term for the period 1/1/2027 – 12/31/2027 in the anticipated amount not-to-exceed \$2,772,995; authorizing the County Executive to execute Contract No. 6203 and all other documents consistent with said agreement and this Resolution; and declaring the necessity that this Resolution become immediately effective.
- d) R2026-0138: A Resolution authorizing an amendment to Purchase Order No. 26000320 to The MetroHealth System for an additional amount not-to-exceed \$675,000.00 for reimbursements

of offsite medical services for inmates for the period 1/1/2026 – 12/31/2026; and declaring the necessity that this Resolution become immediately effective.

- e) R2026-0139: A Resolution authorizing an amendment to Agreement No. 4054 (fka Agreement Nos. 678 and AG1500155 ) with Chagrin Valley Dispatch Council for sublease of space and equipment in connection with the relocation of the Cuyahoga Emergency Communications System Dispatch Center to the Chagrin Valley Dispatch Center, located at 88 Center Street, Bedford, for the period 1/1/2016 – 1/14/2026 to extend the time period to 6/30/2026, to change various terms, and for additional funds in the amount not-to-exceed \$101,265.00, effective upon signatures of all parties; authorizing the County Executive to execute the amendment and all other documents consistent with this Resolution; and declaring the necessity that this Resolution become immediately effective.
  
- f) R2026-0145: 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 July 31, 2026, to add funds in the amount of \$4,500,000, for a total not-to-exceed amount of \$132,665,111.00; 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.

## 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  
4<sup>th</sup> FLOOR

**MEETING MINUTES**

TUESDAY, APRIL 21, 2026 — 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 1:05 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 was in attendance after the roll call was taken.**

3. PUBLIC COMMENT

**There were no public comments given.**

4. APPROVAL OF MINUTES FROM THE MARCH 3, 2026 MEETING

**A motion was made by Ms. Conwell, seconded by Ms. Simon and approved by unanimous vote to approve the minutes from the March 3, 2026 meeting.**

5. MATTERS REFERRED TO COMMITTEE

- a) None

**There were no matters referred to Committee.**

6. DISCUSSION

- a) Update from Medical Examiner

**Dr. Thomas Gilson, Medical Examiner, provided the Committee with an update on deaths occurring in Cuyahoga County within the last five years relating to homicides, suicides, accidents and overdoses. Discussion ensued.**

**Committee members asked questions of Dr. Gilson pertaining to the item, which he answered accordingly.**

- b) Update regarding overtime for Sheriff's Department

**Mr. Harold Pretel, Sheriff; Ms. Laura Black, Research & Policy Analyst; Mr. Chris Costin, Business Services Manager; and Mr. Nestor Rivera, Chief Deputy of Corrections, addressed Council regarding staffing levels, overtime usage, vehicles, ancillary costs, and emergency room runs for the Sheriff's Department. Discussion ensued.**

**Committee members asked questions of Sheriff Pretel, Ms. Black, Mr. Costin and Chief Rivera pertaining to the item, which they answered accordingly.**

#### **7. MISCELLANEOUS BUSINESS**

**There was no miscellaneous business.**

#### **8. ADJOURNMENT**

**With no further business to discuss, Chairman Gallagher adjourned the meeting at 2:23 p.m., without objection.**

**County Council of Cuyahoga County, Ohio**  
**Resolution No. R2026-0095**

<b>Sponsored by: County Executive Ronayne/Sheriff's Department</b>	<b>A Resolution</b> authorizing a revenue generating agreement with City of Euclid at a per diem rate of \$234.00 through 12/31/2026 and then increasing to \$257.00 through the remainder of the contract term for inmate housing services in the total anticipated amount of \$1,900,000.00 for the period 5/1/2026 – 12/31/2027; authorizing the County Executive to execute Contract No. 5761 and all other documents consistent with said agreement and this Resolution; and declaring the necessity that this Resolution become immediately effective.
--	--

**WHEREAS**, the County Executive/Sheriff's Department recommends a revenue generating agreement with City of Euclid at a per diem rate of \$234.00 through 12/31/2026 and then increasing to \$257.00 through the remainder of the contract term for inmate housing services in the total anticipated amount of \$1,900,000.00 for the period 5/1/2026 – 12/31/2027; and

**WHEREAS**, the primary goal of this project is jail regionalization; and

**WHEREAS**, this is a revenue generating agreement; and

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

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

**SECTION 1.** That the Cuyahoga County Council hereby authorizes a revenue generating agreement with City of Euclid at a per diem rate of \$234.00 through 12/31/2026 and then increasing to \$257.00 through the remainder of the contract term for inmate housing services in the total anticipated amount of \$1,900,000.00 for the period 5/1/2026 – 12/31/2027.

**SECTION 2.** That the County Executive is authorized to execute Contract No. 5761 and all documents consistent with said agreement 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: March 24, 2026  
Committee(s) Assigned: Committee of the Whole

Journal \_\_\_\_\_  
\_\_\_\_\_, 20\_\_

**PURCHASE-RELATED TRANSACTIONS**

<b>Title</b> CITY OF EUCLID PRISONER BOARD AND CARE						
<b>Department or Agency Name</b>			SHERIFF'S			
<b>Requested Action</b>			<input checked="" type="checkbox"/> Contract <input checked="" type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):			
<b>Original (O)/ Amendment (A-# )</b>	<b>Contract No. (If PO, list PO#)</b>	<b>Vendor Name</b>	<b>Time Period</b>	<b>Amount</b>	<b>Date BOC/Cou ncil Approved</b>	<b>Approval No.</b>
O	5761	CITY OF EUCLID	5/1/2026 – 12/31/2027	REVENUE GENERATING	CURRENT ITEM	

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

The Sheriff's Department is requesting approval of a new revenue-generating prisoner board and care agreement with Euclid.

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

Estimated revenue \$1,900,000.00

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 primary goal of the project is jail regionalization.

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

<b>Vendor Name and address:</b>	<b>Owner, executive director, other (specify):</b>
City of Euclid 585 E 222 <sup>nd</sup> St Euclid, Ohio 44123	<b>Patrick Cooney, Law director</b>
<b>Vendor Council District:</b>	<b>Project Council District:</b>
<b>If applicable provide the full address or list the municipality(ies) impacted by the project.</b>	

<b>COMPETITIVE PROCUREMENT</b>	<b>NON-COMPETITIVE PROCUREMENT</b>
RQ# _____ <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ	Provide a short summary for not using competitive bid process.

<input type="checkbox"/> Informal <input type="checkbox"/> Formal      Closing Date:	This is an existing revenue generating agreement with a local municipality and cannot be competitively bid out.  *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 type="checkbox"/> Contract Amendment - (list original procurement)  <input checked="" type="checkbox"/> Other Procurement Method, please describe: Revenue Generating

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

List date of TAC approval	Date:
---------------------------	-------

Check if item on IT Standard List of approved purchase and provide date of TAC approval.  
 Check if item is ERP related?  No  Yes.

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

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

Revenue Generating \$1,900,000.00

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

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

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: Signed agreement from vendor still being processed on their end.

Timeline

Project/Procurement Start Date (date your team started working on this item):	3/5/26
Date documents were requested from vendor:	3/5/26
Date of insurance approval from risk manager:	3/5/26
Date Department of Law approved Contract:	3/5/26

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) Signed agreement not received until

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	20000364	CITY OF EUCLID	2/1/20-12/31/20	REVENUE GENERATING	5/26/20	BC2020-296
A-1	86	CITY OF EUCLID	ENDING 12/31/21	REVENUE GENERATING RATE CHANGE FROM 105.26 TO 122.12	12/21/20	BC2020-675
A-2	86	CITY OF EUCLID	ENDING 12/31/22	REVENUE GENERATING ESTIMATED AMOUNT \$275,000	10/25/21	BC2021-607
A-3	86	CITY OF EUCLID	ENDING 12/31/23	REVENUE GENERATING ESTIMATED AMOUNT \$300,000	11/14/22	BC2022-695
A-4	86	CITY OF EUCLID	ENDING 12/31/25	REVENUE GENERATING ESTIMATED AMOUNT \$460,000 RATE CHANGE FROM	12/11/23	BC2023-803

				122.12 TO 173.00		
A-5	86	CITY OF EUCLID	ENDING 2/28/26	REVENUE GENERATING ESTIMATED AMOUNT \$100,000	12/22/25	BC2025-800
A-6	86	CITY OF EUCLID	ENDING 5/1/26	REVENUE GENERATING ESTIMATED AMOUNT \$100,000	2/23/26	BC2026-79

## Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

Infor/Lawson RQ# (if applicable):	N/A
Infor/Lawson PO# Code (if applicable):	N/A
Event #	N/A
CM Contract#	5761

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

TAC or CTO Required or Authorized IT Standard	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
---	------------------------------	--

REVENUE-GENERATING NON-COMPETITIVE RFP Exemptions (Contract) Reviewed by Purchasing				
			Department Initials	Purchasing
Briefing Memo			TG	RS
Justification Form, if purchase over \$10k			TG	RS
Annual Non-Competitive Bid Contract Statement <i>(See Contracts Checklist Glossary on the intranet for form requirements).</i>	Date:		N/A	N/A
IG#			N/A	N/A
Debarment/Suspension Verified	Date:	2/13/26	TG	RS
Auditor’s Findings	Date:	2/13/26	TG	RS
Independent Contractor (I.C.) Form	Date:		N/A	N/A
<i>Cover - 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	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			TG	RS

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	TG
Matrix Law Screen shot	TG
COI	N/A
Workers’ Compensation Insurance	N/A

### CONTRACT SPENDING PLAN

## Department of Purchasing – Required Documents Checklist

*Note: There should be no spend plan for Revenue Generating. If funds are being paid to Awarded Vendor PO Code must be RFP not "NONPO" (Revenue Generating where no payment will be paid to Vendor) in Contract Management.*

Time Period	Accounting Unit	Account Number	Activity Code	Account Category or Subaccount	Dollar Amount
5/1/26-12/31/27					\$0.00
			<b>TOTAL</b>		\$0.00

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

<b>CE/AG# (if applicable)</b>		Formerly AG2000217			
<b>Infor/Lawson PO# and PO Code (if applicable)</b>		N/A			
<b>Lawson RQ# (if applicable)</b>		N/A			
<b>CM Contract#</b>		5761			
	<b>Original Amount</b>	<b>Amendment Amount (if applicable)</b>	<b>Original Time Period/Amended End Date</b>	<b>BOC/ Resolution Approval Date</b>	<b>BOC/ Resolution Approval #</b>
<b>Original Amount</b>	\$0.00		5/1/26-12/31/27	<b>CURRENT ITEM</b>	
<b>Prior Amendment Amounts (list separately) (A-# )</b>					
<b>Pending Amendment</b>					
<b>Total Amendments</b>					
<b>Total Contract Amount</b>		\$0.00			

### PURCHASING USE ONLY

<b>Prior Resolutions:</b>	N/A
<b>CM#:</b>	5761
<b>Vendor Name:</b>	The City of Euclid, Ohio
<b>Time Period:</b>	5/1/2026 – 12/31/2027
<b>Amount:</b>	(revenue-generating)
<b>History/CE:</b>	Ok
<b>EL:</b>	Ok
<b>Purchasing Notes:</b>	The Sheriff's Department is requesting approval of a new revenue-generating prisoner board and care agreement with Euclid. <b>Revenue Generating \$1,900,000.00</b>
<b>Purchasing Agents Initials and date of approval</b>	RS 3.5.26



**JUSTIFICATION FOR USE OF NON-COMPETITIVE PROCESS**

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

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

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

Requestor	TANISHA K. GATES
Requestor Phone Number	216-443-5955
Date	3/5/26
Requisition Number	N/A

**OPERATING DEPARTMENT & ACTIVITY: (Choose 1)**

The **SHERIFF'S DEPT.** plans to contract with **THE CITY OF EUCLID**, for the **2 YEARS** for **PRISONER BOARD & CARE** services in the amount of \$ **REVENUE GENERATING.**

**RQ#** \_\_\_\_\_

**Check the appropriate box:**

**Governmental Purchase - County Code 501.12 (B)(8)**

**State Contract Purchase – County Code 501.12(B)(19)**

**Lower than State Contract Purchase**

**Government Cooperative Purchasing - County Code 501.12(B)(18)**

**Federal Contracts**

**Joint Purchasing Programs (includes GSA)**

**Contract Amendment**

**Contract #** \_\_\_\_\_ **RQ#** \_\_\_\_\_

**RFP Exemption – County Code 501.12(D)**

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

**Ohio Industries for the Handicapped (OIH) - County Code 501.12(B)(13)**

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

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

**Alternative Procurement Process – County Code 501.12(B)(15)**

**Federal, State, or Other Grant Application Program (County Code 501.12(B)(16)**

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

*THIS IS A REVENUE GENERATING AGREEMENT FOR PRISONER BOARD & CARE SERVICES FOR THE CUYAHOGA COUNTY SHERIFF'S DEPT TO HOUSE THE CITY OF EUCLID PRISONERS.*

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

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

*N/A*

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

*N/A*

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

*N/A- REVENUE GENERATING*

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

*N/A- REVENUE GENERATING*

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

*N/A- REVENUE GENERATING*

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

*N/A- REVENUE GENERATING*

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

*N/A- REVENUE GENERATING*

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

*N/A- REVENUE GENERATING*

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

*N/A- REVENUE GENERATING*

### **CERTIFICATION REQUIREMENTS**

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

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

**Signature of Director:**



**Date:** 3-5-2026

**RQ#** \_\_\_\_\_

**Procurement software system title:**

# County Council of Cuyahoga County, Ohio

## Resolution No. R2026-0121

Sponsored by: <b>Councilmember Conwell</b>	<b>A Resolution</b> awarding a total sum, not to exceed \$10,000, to the Cleveland Play House for the CARE at the Cuyahoga County Juvenile Detention Center Project from the District 7 ARPA Community Grant Fund; and declaring the necessity that this Resolution become immediately effective.
--	---

**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 7 ARPA Community Grant Fund in the amount of \$10,000 to the Cleveland Play House for the Cuyahoga County Juvenile Detention Center Project; and

**WHEREAS**, the Cleveland Play House estimates approximately 112-120 students will be served annually through this award; and

**WHEREAS**, the Cleveland Play House estimates the total cost of the project is \$49,580; and

**WHEREAS**, the Cleveland Play House is estimating the start date of the project will be June 2026 and the project will be completed by September 2026; and

**WHEREAS**, the Cleveland Play House requested \$25,000 from the District 7 ARPA Community Grant Fund to complete this project; and

**WHEREAS**, the Cuyahoga County Council desires to provide funding in the amount of \$10,000 to the Cleveland Play House 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 \$10,000 to the Cleveland Play House from the General Fund made available by the American Rescue Plan Act revenue replacement provision for the Cuyahoga County Juvenile Detention Center Project.

**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: May 12, 2026  
Committee(s) Assigned: Public Safety & Justice Affairs

Journal \_\_\_\_\_  
\_\_\_\_\_, 20\_\_\_\_

**[Proposed Substitute]**

**County Council of Cuyahoga County, Ohio**

**Resolution No. R2026-0121**

Sponsored by: <b>Councilmember Conwell</b>	<b>A Resolution</b> awarding a total sum, not to exceed \$ <del>1025</del> ,000, to the Cleveland Play House for the CARE at the Cuyahoga County Juvenile Detention Center Project from the District 7 ARPA Community Grant Fund; and declaring the necessity that this Resolution become immediately effective.
--	--

**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 7 ARPA Community Grant Fund in the amount of \$~~1025~~,000 to the Cleveland Play House for the Cuyahoga County Juvenile Detention Center Project; and

**WHEREAS**, the Cleveland Play House estimates approximately 112-120 students will be served annually through this award; and

**WHEREAS**, the Cleveland Play House estimates the total cost of the project is \$49,580; and

**WHEREAS**, the Cleveland Play House is estimating the start date of the project will be June 2026 and the project will be completed by September 2026; and

**WHEREAS**, the Cleveland Play House requested \$25,000 from the District 7 ARPA Community Grant Fund to complete this project; and

**WHEREAS**, the Cuyahoga County Council desires to provide funding in the amount of \$~~1025~~,000 to the Cleveland Play House 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 \$~~1025~~,000 to the Cleveland Play House from the General Fund made available by the American Rescue Plan Act revenue replacement provision for the Cuyahoga County Juvenile Detention Center Project.

**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





# Cuyahoga County Council

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

## CUYAHOGA COUNTY AMERICAN RESCUE PLAN ACT APPLICATION

<b>APPLICANT INFORMATION:</b>	
<b>Name of Requesting Entity (City, Business, Non-Profit, etc.):</b>	
Cleveland Play House	
<b>Address of Requesting Entity:</b>	
1901 E. 13 <sup>th</sup> Street, Suite 200, Cleveland, OH 44114	
<b>County Council District # of Requesting Entity: District 7</b>	
<b>Address or Location of Project if Different than Requesting Entity:</b>	
9300 Quincy Avenue, Cleveland, OH 44106	
<b>County Council District # of Address or Location of Project if Different than Requesting Entity: District 7</b>	
<b>Contact Name of Person Filling out This Request:</b>	
Peter Ogbuji	
<b>Contact Address if different than Requesting Entity:</b>	
<b>Email:</b>	<b>Phone:</b>
pogbuji@clevelandplayhouse.com	216-400-7000 (440) 320-5085
<b>Federal IRS Tax Exempt No.:</b>	<b>Date: October 22, 2012</b>
34 - 6515260	

## PROJECT DESCRIPTION

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

### CARE At the Cuyahoga County Juvenile Detention Center

Cleveland Play House, **CARE** stands for **Compassionate Arts Remaking Education**, our nationally recognized and flagship education program. The U.S. Department of Education has supported CARE for more than twelve years and has invested in its replication across the country. CARE currently operates in Cleveland, Buffalo, and Las Vegas, with full-time embedded Teaching Artists serving students in 24 CMSD schools. We are guided by a belief that **every student and every adult should have access to the life-changing power of the arts.**

Part of that mission, our **CARE-ING Community** initiative extends theatre and arts engagement into local libraries, schools, churches, and—**most importantly for this initiative —into the Cuyahoga County Juvenile Detention Center (CCJDC)**. This past fall, our community theatre production *The Wayways* was performed before a full house of residents at the Center. It represented not just a performance, but a moment of dignity, connection, and shared human experience.

CARE is now in its **second year of providing theatre education at CCJDC**, where we serve ten classrooms every week. Theatre acts as “the sweet, healthy treat” that delivers learning in ways older students may not initially recognize but come to deeply value. These classes align with state-approved literacy and theatre standards while also meeting students where they are—emotionally, academically, and developmentally.

Curriculum at CCJDC includes:

- Career awareness – including careers in theatre
- Public speaking and presentation skills
- Writing and reading monologues
- Text analysis
- Basic theatre skills with real-life applications
- Theatre games that build social-emotional skills and self-regulation
- And much more

Importantly, **we are present**—every week consistently and reliably. Through that presence, **we are building trust**. For many young people there, trust is fragile, and invaluable. **That trust is the true foundation of our work.**

**Our goals are to help potential partners and the Cuyahoga County community at large to understand:**

1. **What we do at Cuyahoga County Juvenile Detention Center**
2. **Why we do this work.**
3. **How and why our approach is designed specifically for this population.**
4. **Our hopes for the future** - how partnerships can strengthen the stability, visibility, and long-term impact of this program.

**Project Start Date: June 1, 2026**

**Project End Date: September 30, 2026**

<b>IMPACT OF PROJECT:</b>
<p><b>Who will be served:</b></p> <p>The Students at the Cuyahoga Juvenile Detention Center AKA Downtown Education Center. <b>The aim of the project is to engage them in learning throughout the year.</b></p>
<p><b>How many people will be served annually:</b></p> <p>About 112 -120 Students. Numbers change from week to week.</p>
<p><b>Will low/moderate income people be served; if so how:</b></p> <p>All students there are identified as coming from low-income backgrounds.</p>
<p><b>How does the project fit with the community and with other ongoing projects:</b></p> <p>The project complements the educational goals of Cleveland Metropolitan School District (CMSD), and aligns with the State of Ohio English Language Arts Standards, and the State’s Theatre Education Standards. It teaches competencies that are vital for success in school, in life, and in the workplace.</p>
<p><b>If applicable, how many jobs will be created or retained (specify the number for each) and will the jobs be permanent or temporary:</b></p> <p>N/A</p>
<p><b>If applicable, what environmental issues or benefits will there be:</b></p> <p>N/A</p>
<p><b>If applicable, how does this project serve as a catalyst for future initiatives:</b></p> <p>Cleveland Play House demonstrates through this project that there is no one-size-fits all approach to education that will capture the imagination of all young people. The magic of theatre it gives the participants voice – through role-playing they get to share their lived experiences. They see themselves in the dialogues; they participate because they can relate to a storyline.</p> <p>Decision makers should encourage and invest in more creative approaches to teaching, mentoring, and life</p>

**FINANCIAL INFORMATION:****Total Budget of Project:**

The total budget for this project is \$49,580.00 See attached budget.

**Other Funding Sources of Project (list each source and dollar amount separately):**

For the period that is covered by this request, there is no other committed source of funds. The project is currently funded by the Ohio Arts Council; that grant will expire of May 31. 2026.

**Total amount requested of County Council American Resource Act Dollars:**

The total amount requested is: \$25,000.00

**Since these are one-time dollars, how will the Project be sustained moving forward:**

As was mentioned above, the project is currently funded by the Ohio Arts Council (OAC). We expect that the OAC grant will be renewed. We have also applied for funding through the U.U Department of Justice Office of Juvenile Delinquency and Prevention in partnership with the Cuyahoga County Juvenile Detention Center.

## 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:

**Peter Ogbuji**

### Signature:

*Peter Ogbuji*

### Date:

**April 8, 2026**

## Additional Documents

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

- **Thank You Letter from Jane Petty, Deputy Director, CCJDC**
- **Letter of Support from Dr. Taylor, Principal, CCJDC AKA Downtown Education Center**
- **Project Budget**
- **MOU between Cleveland Play House and Cuyahoga Juvenile Detention Center.**
- **Program Framework – Design – Implementation and Evaluation**

# County Council of Cuyahoga County, Ohio

## Resolution No. R2026-0137

<p>Sponsored by: <b>County Executive Ronayne on behalf of Cuyahoga County Public Defender Commission</b></p>	<p><b>A Resolution</b> authorizing a revenue generating agreement with City of Cleveland in the anticipated amount not-to-exceed \$2,718,622.00 for legal services for indigent persons in Cleveland Municipal Court for the period 1/1/2026 – 12/31/2026 with an optional renewal term for the period 1/1/2027 – 12/31/2027 in the anticipated amount not-to-exceed \$2,772,995; authorizing the County Executive to execute Contract No. 6203 and all other documents consistent with said agreement and this Resolution; and declaring the necessity that this Resolution become immediately effective.</p>
--	--

**WHEREAS**, the County Executive on behalf of Cuyahoga County Public Defender Commission recommends a revenue generating agreement with City of Cleveland in the anticipated amount not-to-exceed \$2,718,622.00 for legal services for indigent persons in Cleveland Municipal Court for the period 1/1/2026 – 12/31/2026 with an optional renewal term for the period of 1/1/2027 – 13/31/2027 in the anticipated amount not-to-exceed \$2,772,995; and

**WHEREAS**, the primary goal of this project is to provide legal services necessary to defend indigent defendants charged with violation of ordinances of the City of Cleveland which may result in incarceration, for the Cleveland Municipal Court; and

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

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

**SECTION 1.** That the Cuyahoga County Council hereby authorizes a revenue generating agreement with City of Cleveland in the anticipated amount not-to-exceed \$2,718,622.00 for legal services for indigent persons in Cleveland Municipal Court for the period 1/1/2026 – 12/31/2026 with an optional renewal

term for the period of 1/1/2027 – 12/31/2027 in the anticipated amount not-to-exceed \$2,772,995.

**SECTION 2.** That the County Executive is authorized to execute Contract No. 6203 and all documents consistent with said agreement 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: May 12, 2026  
Committee(s) Assigned: Public Safety & Justice Affairs

Journal \_\_\_\_\_  
\_\_\_\_\_, 20\_\_\_\_

**PURCHASE-RELATED TRANSACTIONS**

<b>Title</b>	2026/2027 City of Cleveland; Revenue Generating Agreement for Indigent Defense
<b>Department or Agency Name</b>	Cuyahoga County Public Defender Office
<b>Requested Action</b>	<input type="checkbox"/> Contract <input checked="" type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input checked="" 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.
(A)	6203	City of Cleveland	1/1/2026-12/31/2026	\$2,718,622	Pending	Pending

**Service/Item Description (include quantity if applicable).**  
 Public Defender Office requesting approval of a 2-year Revenue Generating Agreement with the City of Cleveland with an anticipated cost of \$2,718,622 for 2026 and \$2,772,995 for 2027.

**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 Cuyahoga County Public Defender will provide legal services necessary to defend indigent defendants charged with violation of ordinances of the City of Cleveland which may result in incarceration, for the Cleveland Municipal Court for a period of one year, with one option to renew for an additional year, exercisable by the Director of Finance. The start-completion dates are 1/1/2026 – 12/31/2026 with an option to extend for one year, 1/1/2027 – 12/31/2027.

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

Vendor Name and address:	Owner, executive director, other (specify):
City of Cleveland 601 Lakeside Ave Cleveland, OH 44114	Justin M. Bibb, Mayor - City of Cleveland
Vendor Council District:	Project Council District:
All	N/A
If applicable provide the full address or list the municipality(ies) impacted by the project.	N/A

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

<input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	*See Justification for additional information.
The total value of the solicitation:	<input 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:

<b>Is Purchase/Services technology related</b> <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.	

<b>FUNDING SOURCE:</b> Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.  <b>City of Cleveland - 100% reimbursable.</b>
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
<b>List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.</b> <b>PD285100 (Public Defender – CLEVE MUNICI)</b>
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):

<b>Provide status of project.</b> The continuation of services began on January 1, 2026.
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:** City of Cleveland budget approval/hearings, final approval for financing, final Certification of funds, City of Cleveland Law Department, Cuyahoga County Public Defender Commission approval, Ohio Public Defender approval, and Cuyahoga County Law Department approval processes.

**Timeline**

Project/Procurement Start Date (date your team started working on this item):	<b>5/20/2025, Started negotiations with City of Cleveland</b>
Date documents were requested from vendor:	<b>7/22/2025</b>
Date of insurance approval from risk manager:	<b>3/11/2026</b>
Date Department of Law approved Contract:	<b>3/11/2026 (PDO-0068)</b>

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)      Although this is a new revenue generating agreement, this is a continuation of services which began on January 1, 2026.

Have payments been made?  No  Yes (if yes, please explain)      The City of Cleveland has covered all expenses thus far.

**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)	2523	City of Cleveland	1/1/2022-12/31/2023	2,349,218.00	7/6/2022	R2022-0189
(A)	4753	City of Cleveland	1/1/2024-12/31/2025	2,581,820.00	10/02/2024	R2024-0342

## Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

Infor/Lawson RQ#:	n/a
Infor/Lawson PO# Code (if applicable):	EXMT
Event #	n/a
CM Contract#	6203

	<b>Department initials</b>	<b>Clerk of the Board</b>
Briefing Memo	AW	<input type="checkbox"/>

Late Submittal Required:	Yes <input type="checkbox"/> X	No <input type="checkbox"/>
Why is the contract being submitted late?	Negotiations	
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"/> X
---	------------------------------	--

<b>REVENUE-GENERATING NON-COMPETITIVE RFP Exemptions (Contract) Reviewed by Purchasing</b>					
			<b>Department initials</b>	<b>Purchasing</b>	
Justification Form, if purchase over \$5k			AW	GM	
Annual Non-Competitive Bid Contract Statement - <i>(only needed if not going to BOC or Council for approval)</i>	Date:		N/A	N/A	
IG#				N/A	
Debarment/Suspension Verified	Date:	4/21/2026	AW	GM	
Auditor’s Finding	Date:	4/21/2026	AW	GM	
Cover - <i>Master contracts only</i>			N/A	N/A	
Contract Evaluation – <i>if required- We provide services</i>				N/A	
TAC/CTO Approval or IT Standards (attach and identify relevant page #s), if required.			N/A	N/A	
Checklist Verification			AW	GM	

Other documentation may be required depending upon your specific item

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

<b>Reviewed by Law</b>	
	<b>Department initials</b>
Agreement/Contract and Exhibits	AW
Matrix Law Screen shot	AW
COI	Not required
Workers’ Compensation Insurance	Not required

## Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

### Accounting Units

Time Period	Accounting Unit	Account Number	Sub Account	Dollar Amount
				\$
			<b>TOTAL</b>	

<b>Contract History CE/AG# (if applicable)</b>	
<b>Infor/Lawson PO# and PO Code (if applicable)</b>	CM4753 (A) & CM2523
<b>Lawson RQ# (if applicable)</b>	
<b>CM Contract#</b>	6203

	Original Amount	Amendment Amount	Original Time Period/Amended End Date	Approval Date	Approval #
Original Amount	\$2,718,622.00		1/1/2022-12/31/2023	7/06/2022	R2022-0189
Prior Amendment Amounts (list separately)		\$2,772,995.00	1/1/2024-12/31/2024	10/02/2024	R2024-0342
		\$			
		\$			
Pending Amendment		\$			
Total Amendments		\$2,772,995.00			
Total Contact Amount		\$5,491,617.00			

### Purchasing Use Only:

Prior Resolutions:	R2024 – 0342 dated 10/02/2024, R2022-0189 dated 07/06/2022
CM#:	6203
Vendor Name:	City of Cleveland
ftp:	01/01/2026 -12/31/2026
Amount:	\$2,718,622.00 (revenue-generating)
History/CE:	CM4753 (A) & CM2523
EL:	no
Procurement Notes:	The Public Defender Office is requesting approval of a Revenue Generating Agreement, with City of Cleveland for a fee not to exceed \$2,718,622.00 for the timeperiod 01/01/2026 – 12/31/2026 with an option to extend for one year, 01/01/2027 – 12/31/2027 for a fee not to exceed \$2,772,995.00.
Purchasing Buyer approval	GM, 04/23/2026



**JUSTIFICATION FOR USE OF NON-COMPETITIVE PROCESS**

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

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

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

Requestor	Ashley Williams
Requestor Phone Number	216-443-3650
Date	4/21/2026
Requisition Number	N/A

**OPERATING DEPARTMENT & ACTIVITY: (Choose 1)**

The {Enter Department Name} plans to contract with {Vendor}, for the {time period} for {services} in the amount of \${xxxx}.

RQ# \_\_\_\_\_

OR

The {Enter Department Name} plans to amend Contract No. {Enter Contract Number} with {Vendor}, to change {scope of services / extend time period} for {services} in the amount of \${xxxx}.

**Check the appropriate box:**

- Governmental Purchase - County Code 501.12 (B)(2)(vi)**
- State Contract Purchase – County Code 501.12(B)(2)(x)**
- Lower than State Contract Purchase - County Code 501.12(B)(2)(ix)**
- Cooperative Purchasing - County Code 501.12(B)(2)(ix)**
  - Federal Contracts
  - Joint Purchasing Programs (includes GSA)
- Contract Amendment**

Contract # \_\_\_\_\_ RQ# \_\_\_\_\_

- X RFP Exemption – County Code 501.12(B)(2)(xi)**
- Community Rehabilitation Program (CRP) - O.R.C. 125.60 - O.R.C. 125.607**
- Public Utility (911 System) - O.R.C. 128.03(F)**
- Exemption from Aggregation of Contracts -County Code 501.05(C)(2)**
- Alternative Procurement Process – County Code 501.12(B)(2)(vii)**
- Federal, State, or Other Grant Application Program (County Code 501.12(B)(2)(viii))**

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

Revenue Generating Agreement between the City of Cleveland and the Cuyahoga County Public Defender Commission  
January 1, 2026- December 31, 2026-\$ 2,718,622  
January 1, 2027-December 31, 2026-\$2,772,995

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

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

Ongoing negotiations of revenue generating contract, City of Cleveland budget hearing approvals, City of Cleveland Law Department approval/delays

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

Plan to start negotiations with the City of Cleveland earlier to prevent delay

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

City of Cleveland-100%

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

Yes

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

Political subdivisions, Revenue Generating Agreement

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

NONE- This is an agreement between the City of Cleveland and the Cuyahoga County Public Defender Commission, where the Public Defender provides legal representation in the Cleveland Municipal Court

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

Revenue Generating Agreement between the City of Cleveland and the Cuyahoga County Public Defender Commission, where the Public Defender provides the service

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

Not a competitive process  
Revenue Generating Agreement between the City of Cleveland and the Cuyahoga County Public Defender Commission

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

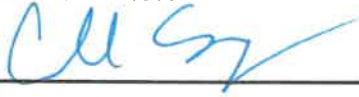
The Cuyahoga County Public Defender Commission is the vendor in the instance

## CERTIFICATION REQUIREMENTS

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

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

**Signature of Director:**



---

**Date:** 4-22-26

**RQ#** \_\_\_\_\_

**Procurement software system title:**

# County Council of Cuyahoga County, Ohio

## Resolution No. R2026-0138

Sponsored by: <b>County Executive Ronayne/Sheriff's Department</b>	<b>A Resolution</b> authorizing an amendment to Purchase Order No. 26000320 to The MetroHealth System for an additional amount not-to-exceed \$675,000.00 for reimbursements of offsite medical services for inmates for the period 1/1/2026 – 12/31/2026; and declaring the necessity that this Resolution become immediately effective.
--	---

**WHEREAS**, the County Executive/Sheriff's Department recommends an amendment to Purchase Order No. 26000320 to The MetroHealth System for an additional amount not-to-exceed \$675,000.00 for reimbursements of offsite medical services for inmates for the period 1/1/2026 – 12/31/2026; and

**WHEREAS**, the primary goals of this project are to process claims and issue payment for medical services provided outside of the County Jail at MetroHealth locations, to avoid claims being sent to collections, and to continue to receive care as needed; and

**WHEREAS**, the project is funded 100% General Fund; and

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

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

**SECTION 1.** That the Cuyahoga County Council hereby authorizes an amendment to Purchase Order No. 26000320 to The MetroHealth System for an additional amount not-to-exceed \$675,000.00 for reimbursements of offsite medical services for inmates for the period 1/1/2026 – 12/31/2026.

**SECTION 2.** That the County Executive is authorized to execute the amendment and all other documents consistent with 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: May 12, 2026  
Committee(s) Assigned: Public Safety & Justice Affairs

Journal \_\_\_\_\_  
\_\_\_\_\_, 20\_\_

Title	METROHEALTH 2026 NTE PO FOR OUTSIDE MEDICAL BILLING- 2 <sup>ND</sup> LINE
Department or Agency Name	SHERIFF'S
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	26000320	METROHEAL TH	2026	525,000	BC2026-36	2/2/26
A-1	26000320	METROHEAL TH	2026	250,000	CURRENT ITEM	

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

Outside medical services provided to inmates at Metro Health not covered by the current contract.

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):

Process claims and issue payment for medical services provided outside of the county jail at MetroHealth locations. Avoid claims being sent to collections and continue to receive care as needed.

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

Vendor Name and address:	Owner, executive director, other (specify):
MetroHealth System 2500 MetroHealth Dr Cleveland, Ohio 44109	Kristen Moore Paralegal & Contract Specialist
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ <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. Services already provided and billed for.  *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  No  Yes If yes, list date of TAC approval and answer the questions below.

List date of TAC approval	Date:
---------------------------	-------

Check if item on IT Standard List of approved purchase and provide date of TAC approval.  
 Check if item is ERP related?  No  Yes.

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

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

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. SH100150 55040
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.
Is contract/purchase late <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission Reason: Ongoing service needed additional information to align with current contract.
Timeline
Project/Procurement Start Date (date your team started working on this item): 4/14/26
Date documents were requested from vendor: 4/14/26
Date of insurance approval from risk manager: 4/14/26
Date Department of Law approved Contract: 4/14/26
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.
O	2500014 1	METROHEAL TH	2025	1,600,000	4/8/25	R2025-0128



**JUSTIFICATION FOR USE OF NON-COMPETITIVE PROCESS**

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

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

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

<b>Requestor</b>	TANISHA K. GATES
<b>Requestor Phone Number</b>	216-443-5955
<b>Date</b>	1/16/26
<b>Requisition Number</b>	N/A

**OPERATING DEPARTMENT & ACTIVITY: (Choose 1)**

The { SHERIFF'S DEPARTMENT } plans to contract with METROHEALTH SYSTEM, for the 2026 for OUTSIDE MEDICAL SERVICES in the amount of \$525,000.00.

RQ#  N/A

**OR**

The {Enter Department Name} plans to amend Contract No. {Enter Contract Number} with {Vendor}, to change {scope of services / extend time period} for {services} in the amount of \${xxxx}.

**Check the appropriate box:**

- Governmental Purchase - County Code 501.12 (B)(2)(vi)**
- State Contract Purchase – County Code 501.12(B)(2)(x)**
- Lower than State Contract Purchase - County Code 501.12(B)(2)(ix)**
- Cooperative Purchasing - County Code 501.12(B)(2)(ix)**
  - Federal Contracts**
  - Joint Purchasing Programs (includes GSA)**
- Contract Amendment**

**Contract # \_\_\_\_\_ RQ# \_\_\_\_\_**

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

- Community Rehabilitation Program (CRP) - O.R.C. 125.60 - O.R.C. 125.607**
- Public Utility (911 System) - O.R.C. 128.03(F)**
- Exemption from Aggregation of Contracts -County Code 501.05(C)(2)**
- Alternative Procurement Process – County Code 501.12(B)(2)(vii)**
- Federal, State, or Other Grant Application Program (County Code 501.12(B)(2)(viii)**

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

**We are seeking approval for the 2026 Not-To-Exceed Purchase Order to cover charges that have occurred for ongoing offsite medical services provided by MetroHealth to CCSD inmates. All of the services are provided offsite under the directive of the MetroHealth professionals in the CCSD Correction Center. The estimated NTE amount is \$525,000 based on historical data.**

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

- 1a. Why is the contract/amendment being submitted late? N/A**
- 1b. What is being done to prevent this from reoccurring? N/A**

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

**General Fund SH100150/55040**

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

**YES**

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

**Exemption- services continue to be provided daily to inmates. Payments can no longer be paid against the master contract.**

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

**None- These are services provided under medical professionals' directive based on the inmates' medical history, location and type of care.**

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

**These are services provided under medical professionals' directive based on the inmates' medical history, location and type of care.**

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

**Past due bills could be sent to collections and ongoing services could be interrupted.**

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

**N/A**

### **CERTIFICATION REQUIREMENTS**

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

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

**Signature of Director:**

**Date:** 11/16/25

**RQ#** \_\_\_\_\_

**Procurement software system title:**

## Department of Purchasing – Required Documents Checklist

Upload as “word” document in OnBase Document Management

Infor/Lawson RQ# (if applicable):	N/A
Infor/Lawson PO# Code (if applicable):	EXMT
Event #	N/A
PO#	26000320

I certify that I have followed the current purchasing policies and procedures and no items being purchased under this requisition have been ordered or received.

TAC or CTO Required or Authorized IT Standard	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
---	------------------------------	--

### Required Documents for All Purchase Orders (ALL Non-Contract Purchases) Reviewed by Purchasing

		Department Initials	Purchasing
Briefing Memo		TG	RS
IG#		N/A-GOV'T ENTITY	N/A
Debarment/Suspension Verified	Date: 4/14/26	TG	RS
Auditor's Findings	Date: 4/14/26	TG	RS
Vendor's Submission (or Bid Tabulation Sheet)		N/A- NTE PO- For future claims through 2025. No pricing schedule, billed on Medicaid's approved amounts.	N/A
Independent Contractor (I.C.) Form	Date: 1/9/26	TG	RS
Checklist Verification		TG	RS

### Required Documents Dependent upon Procurement Type Reviewed by Purchasing

		Department Initials	Purchasing
Annual Non-Competitive Bid Contract Statement (See Contracts Checklist Glossary on the intranet for form requirements).	Date: 1/9/26	TG	RS
Bid Specification Packet. (Copy of Event, include 2 <sup>nd</sup> effort documents if applicable. Include any additional attachments to the events if applicable).		N/A	N/A
TSMC attach supporting documentation of attempt to secure three (3) valid quotes and/or Event documentation of 8 hour posting.		N/A	N/A
Bid Tabulation Sheet		N/A	N/A
Evaluation/Scoring Summary (includes evaluator names)		N/A	N/A

## Department of Purchasing – Required Documents Checklist

Notice of Intent to Award Letter <i>(for Formals)</i>	N/A	N/A
Award Letter <i>(for Formals)</i>	N/A	N/A
Final DEI Goal Setting Worksheet <i>(for Formals)</i>	N/A	N/A
PDF results from List of Certified Diversity Businesses for SBEs/MBEs/WBEs. If “Null” search results attach DEI’s e-mail response to Null Search <i>(for Informals)</i>	N/A	N/A
E-mail notification(s) to available SBEs/MBEs/WBEs from the certified list <i>(for Informals)</i>	N/A	N/A
Justification Form <i>(if exemption and purchase over \$10k)</i>	TG	RS
State Contract Cover Sheet *	N/A	N/A
Cooperative Purchase Contract Cover Sheet *	N/A	N/A
Sole Source Affidavit	N/A	N/A
Sole Source Justification	N/A	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
Prior RFP Exemption/Alternative Procurement Approval Letter	N/A	N/A
Furniture Request Form	N/A	N/A
Proof of Public Notice publication	N/A	N/A
Invoice <i>(for items already purchased but not approved)</i>	N/A	N/A
Department Director’s approval to initiate TSMC purchase (email or printed)	N/A	N/A
Department Director’s approval to purchase TSMC goods or services (email or printed)	N/A	N/A

\*If State Contract or Cooperative purchase, must have the contract number and expiration date listed

Reviewed by Law	
	Department Initials
Exhibits	N/A
Matrix Law Screen shot	TG
COI	TG
Workers’ Compensation Insurance	TG
Performance Bond	N/A

Other documentation may be required depending upon your specific item

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

### Vendor Information

Vendor Name	Dollar Amount
THE METROHEALTH SYSTEM	\$250,000.00

## Department of Purchasing – Required Documents Checklist

<b>VERIFICATION FOR EVENTS (to be completed by Purchasing)</b>	
	<b>Purchasing</b>
Vendor Name and Dollar Amount verified (lowest and best)	THE METROHEALTH SYSTEM <b>\$250,000.00</b>
If an event(s) was created: Check Audit Log to verify Event(s) released (approved-notified) 2 <sup>nd</sup> effort will show as an amendment approved-notified or will be a separate event; minimum # of hours bid	N/A
Checked for # of Notification on Event(s)	N/A
Sealed Bid on Event(s) & Display on Portal	N/A
If brand name listed on specs, must have “or equivalent” or approved IT Standard and/or prior approval Alternative Procurement	N/A
If a service, <ul style="list-style-type: none"> <li>• Matrix approval of PO vs. Contract</li> <li>• Insurance/Workers’ Compensation requirements and/or Waiver</li> </ul>	N/A
Minimum # of bids received	N/A
Purchasing Agents Initials and date of approval	RS 4.14.26
Misc Comments	Review Complete

Purchases up to & including \$10,000.00 will be reviewed by the assigned Purchasing Agent in the Department of Purchasing. If all requirements are met, the item can be approved by DOP without additional consideration. For the following items the OnBase Agenda Action form must be completed. The item will be held until it is approved by the Board of Control.

- Purchases over \$10,000.00
- Purchases submitted in which the item has been ordered and/or received

# County Council of Cuyahoga County, Ohio

## Resolution No. R2026-0139

<p>Sponsored by: <b>County Executive Ronayne/Department of Public Safety and Justice Services</b></p> <p>Co-sponsored by: <b>Councilmember Turner</b></p>	<p><b>A Resolution</b> authorizing an amendment to Agreement No. 4054 (fka Agreement Nos. 678 and AG1500155 ) with Chagrin Valley Dispatch Council for sublease of space and equipment in connection with the relocation of the Cuyahoga Emergency Communications System Dispatch Center to the Chagrin Valley Dispatch Center, located at 88 Center Street, Bedford, for the period 1/1/2016 – 1/14/2026 to extend the time period to 6/30/2026, to change various terms, and for additional funds in the amount not-to-exceed \$101,265.00, effective upon signatures of all parties; authorizing the County Executive to execute the amendment and all other documents consistent with this Resolution, and declaring the necessity that this Resolution become immediately effective</p>
---	--

**WHEREAS**, the County Executive/Departments of Public Safety and Justice Servies recommends an amendment to Agreement No. 4054 (fka Agreement Nos. 678 and AG1500155 ) with Chagrin Valley Dispatch Council for sublease of space and equipment in connection with the relocation of the Cuyahoga Emergency Communications System Dispatch Center to the Chagrin Valley Dispatch Center, located at 88 Center Street, Bedford, for the period 1/1/2016 – 1/14/2026 to extend the time period to 6/30/2026, to change various terms, and for additional funds in the amount not-to-exceed \$101,265.00, effective upon signatures of all parties; and

**WHEREAS**, the primary goal of this project is to continue space and equipment sub-lease agreement for the Cuyahoga County Emergency Communication Systems (CECOMS); and

**WHEREAS**, this project is funded 100% Wireless 9-1-1 Government Assistance 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 approves an amendment to Agreement No. 4054 (fka Agreement Nos. 678 and AG1500155 ) with Chagrin Valley Dispatch Council for sublease of space and equipment in connection with the relocation of the Cuyahoga Emergency Communications System Dispatch Center to the Chagrin Valley Dispatch Center, located at 88 Center Street, Bedford, for the period 1/1/2016 – 1/14/2026 to extend the time period to 6/30/2026, to change various terms, and for additional funds in the amount not-to-exceed \$101,265.00, effective upon signatures of all parties.

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

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

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

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

Yeas:

Nays:

\_\_\_\_\_  
County Council President

\_\_\_\_\_  
Date

\_\_\_\_\_  
County Executive

\_\_\_\_\_  
Date

\_\_\_\_\_  
Clerk of Council

\_\_\_\_\_  
Date

First Reading/Referred to Committee: May 12, 2026

Committee(s) Assigned: Public Safety & Justice Affairs

Additional Sponsorship Requested on the Floor: May 12, 2026

Journal \_\_\_\_\_  
\_\_\_\_\_, 20\_\_\_\_

**PURCHASE-RELATED TRANSACTIONS**

<b>Title</b>	2026 – Public Safety & Justice Services/Chagrin Valley Dispatch Council – 4th Amendment to Contract #678	
<b>Department or Agency Name</b>	Public Safety & Justice Services	
<b>Requested Action</b>	<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	AG1500155	Chagrin Valley Dispatch Council	1/1/2016-1/14/2026	\$3,712,818.95	12/8/2015	R2015-0255
A-1	AG1500155	Chagrin Valley Dispatch Council	1/1/2016-1/14/2026	\$172,628.92	11/9/2020	BC2020-601
A-2	678 (fka AG1500155)	Chagrin Valley Dispatch Council	1/1/2016-1/14/2026	-\$70,749.00	5/8/2023	BC2023-291
A-3	4054 (fka 678 and AG1500155)	Chagrin Valley Dispatch Council	1/1/2016-1/14/2026	0.00	7/14/2025	BC2025-450
A-4	4054 (fka 678 and AG1500155)	Chagrin Valley Dispatch Council	1/1/2016-6/30/2026	\$101,265.00	Pending	Pending

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

**Chagrin Valley Dispatch Council sub-leases its space and equipment to the Cuyahoga Emergency Communications System (CECOMS). This amendment is to extend the lease agreement till 6/30/2026 for \$15,627.50 per month and then \$16,485.00 on a month-to-month renewal basis. The extension also allows for variable costs not to exceed \$7,500.**

**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. Continue space and equipment sub-lease agreement for Cuyahoga Emergency Communication Systems (CECOMS).**

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

Vendor Name and address:	Owner, executive director, other (specify):
Chagrin Valley Dispatch Council 88 Center Rd. Suite B 100 Bedford, OH 44146	<b>Kristen Holzheimer, President</b>
Vendor Council District:	Project Council District:
District 9	<b>County Wide</b>
If applicable provide the full address or list the municipality(ies) impacted by the project.	

<b>COMPETITIVE PROCUREMENT</b>	<b>NON-COMPETITIVE PROCUREMENT</b>
RQ# _____ <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process.  *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) <b>Government Purchase</b>
	<input type="checkbox"/> Other Procurement Method, please describe:

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

List date of TAC approval	Date:
---------------------------	-------

Check if item on IT Standard List of approved purchase and provide date of TAC approval.  
 Check if item is ERP related?  No  Yes.

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

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

**100% Wireless 9-1-1 Government Assistance**

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.

**PJ280105**

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

**Provide status of project.**

**Currently awaiting approval.**

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

**Reason: Negotiation regarding language and pricing caused delay in submittal.**

**Timeline**

Project/Procurement Start Date (date your team started working on this item):	12/4/2025
Date documents were requested from vendor:	12/4/2025
Date of insurance approval from risk manager:	3/19/2026
Date Department of Law approved Contract:	3/10/2026

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) The CECOMS Department is currently occupying the space.

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

**HISTORY (see instructions): see chart above**

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):	
Buyspeed RQ# (if applicable):	
Infor/Lawson PO # Code (if applicable):	AMND
CM Contract#	4054

Late Submittal Required:	Yes <input checked="" type="checkbox"/>	No <input 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"/>
---	------------------------------	--

Contract Amendments Reviewed by Purchasing				
			Department Initials	Purchasing
Briefing Memo			DS	
Justification Form			DS	
IG#	Political Subdivision		N/A	
Annual Non-Competitive Bid Contract Statement (See Contracts Checklist Glossary on the intranet for form requirements).	Date:	To be approved by OPD	N/A	
Debarment/Suspension Verified	Date:	3/20/2026	DS	
Auditor’s Findings	Date:	3/20/2026	DS	
Independent Contractor (I.C.) Form	Date:	Political Subdivision	N/A	
Cover - Master contracts only			N/A	
Contract Evaluation – if required provide most recent CM history on contract history table (see pg 2)			DS	
TAC/CTO Approval or IT Standards (if required attach and identify relevant page #s or meeting approval number)			N/A	
Checklist Verification			DS	

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
Original Executed Contract (containing insurance terms) & all executed amendments	DS

## Department of Purchasing – Required Documents Checklist

### CONTRACT SPENDING PLAN

Time Period	Accounting Unit	Account Number	Activity Code	Account Category or Subaccount	Dollar Amount
Effective as of the latest date of signature - 6/30/2026	PJ280105	55130			\$101,265.00
			<b>TOTAL</b>		\$101,265.00

### 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#				678	
	Original Amount	Amendment Amount (if applicable)	Original Time Period/Amended End Date	BOC/ Resolution Approval Date	BOC/ Resolution Approval #
<b>Original Amount</b>	\$3,712,818.95		1/1/2016-1/14/2026	1/4/2016	R2015-0255
<b>Prior Amendment Amounts (list separately) (A-#)</b>		A-1: \$172,628.92	1/1/2016-1/14/2026	11/9/2020	BC2020-601
		A-2: - \$70,749.00	1/1/2016-1/14/2026	5/8/2023	BC2023-291
		A-3 – \$0.00	1/1/2016-1/14/2026	7/14/2025	BC2025-450
<b>Pending Amendment</b>		A-4 - \$101,265.00	1/1/2016-6/30/2026	Pending	Pending
<b>Total Amendments</b>		\$203,144.92			
<b>Total Contract Amount</b>		\$3,915,963.87			

### PURCHASING USE ONLY

Prior Resolutions:	R2015-0255; BC2020-601; BC2023-291; BC2025-450
CM#:	4054 AKA 678
Vendor Name:	Chagrin Valley Dispatch Council
Time Period:	1/1/2016 – 1/14/2026 EXT 6/30/2026
Amount:	\$101,265.00
History/CE:	OK
EL:	OK
Purchasing Notes:	Contract amount includes the \$93,765.00 rental rate from 1/1/2026-6/30/2026 and the variable cost of \$7,500.00 for office supplies
Purchasing Agents Initials and date of approval	EB 4/13/2026

## CONTRACT EVALUATION FORM

<b>Contractor</b>	Chagrin Valley Dispatch Council				
<b>Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#:</b>	CM 4054				
<b>RQ#</b>	N/A				
<b>Time Period of Original Contract</b>	1/7/2016 – 1/14/2026				
<b>Background Statement</b>	Cuyahoga Emergency Communications System (CECOMS) provides 9-1-1 call taking for all of Cuyahoga County. To properly conduct these services a large space is necessary to hold the many dispatchers, supervisors, and managers to seamlessly provide these services.				
<b>Service Description</b>	Chagrin Valley Dispatch Council (CVDC) provides CECOMS with the space and equipment necessary for its operations.				
<b>Performance Indicators</b>	<ol style="list-style-type: none"> <li>1. Provide space for CECOMS to operate daily 9-1-1 call taking services.</li> <li>2. Conduct maintenance on the equipment used by dispatchers to properly provide 9-1-1 call taking services.</li> </ol>				
<b>Actual Performance versus performance indicators (include statistics):</b>					
<b>Rating of Overall Performance of Contractor</b>	<b>Superior</b>	<b>Above Average</b>	<b>Average</b>	<b>Below Average</b>	<b>Poor</b>
<b>Select One (X)</b>			X		
<b>Justification of Rating</b>	The vendor's overall performance met the basic requirements of the contract but did not consistently exceed expectations. Deliverables were generally completed as required; however, there were occasional delays and minor issues that required follow-up or clarification.				
<b>Department Contact</b>	Lisa Raffurty				
<b>User Department</b>	CECOMS				
<b>Date</b>	03/12/2026				

# County Council of Cuyahoga County, Ohio

## Resolution No. R2026-0145

<p>Sponsored by: <b>County Executive Ronayne/Sheriff's Department</b></p>	<p><b>A Resolution</b> 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 July 31, 2026, to add funds in the amount of \$4,500,000, for a total not-to-exceed amount of \$132,665,111.00; 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.</p>
---	---

**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 May 31, 2026; and

**WHEREAS**, the County Executive/Sheriff Department recommends an amendment to Contract No. 228 with The MetroHealth System to extend the term to July 31, 2026 and to add funds in the amount not-to-exceed \$4,500,000.00; 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 July 31, 2026 and to add funds in the amount of \$4,500,000.00 for a total not to-exceed amount of \$132,665,111.00.

**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: May 12, 2026  
Committee(s) Assigned: Public Safety & Justice Affairs

Journal \_\_\_\_\_  
\_\_\_\_\_, 20\_\_\_\_