Cuyahoga County Board of Control Agenda
Monday, July 13, 2026 - 11:00 A.M.
County Headquarters
2079 East Ninth Street
4th Floor, Committee Room B

This meeting is open to the public and may also be accessed via livestream using the following link:
https://www.YouTube.com/CuyahogaCounty

I – CALL TO ORDER

II. – REVIEW MINUTES – 7/6/2026

III. – PUBLIC COMMENT

IV. – CONTRACTS AND AWARDS

A. – Tabled Items

B. – New Items for Review

BC2026-346

Department of Public Works, submitting an amendment to Contract No. 4344 with AECOM Services of Ohio, Inc. for general engineering services for the period 6/26/2024 - 6/25/2027 to extend the time period to 7/1/2029, to update insurance requirements, and for additional funds in the amount not-to-exceed $150,000.00, effective upon signatures of all parties.

Funding Source: $7.50 Road and Bridge Fund

BC2026-347

Department of Public Works, submitting an amendment to Contract No. 5640 with Trane U.S. Inc. for preventative maintenance services on various Trane HVAC equipment at the Jane Edna Hunter, Metzenbaum Center and William Patrick Day buildings for the period 7/8/2025 - 7/7/2026 to extend the time period to 7/7/2027, and for additional funds in the amount not-to-exceed $19,896.00, effective upon signatures of all parties.

Funding Source: General Fund

BC2026-348

Department of Public Works, recommending an award on RQ16313 and enter into Contract No. 6259 with Euthenics, Inc. (103-5) in the amount not-to-exceed $718,084.73 for Bridge Inspection & Evaluation

Services for various bridges in Cuyahoga County, effective upon signatures of all parties through project completion.

Funding Source: Road and Bridge Fund

BC2026-349

Department of Housing and Community Development, recommending an award and enter into Agreement No. 6299 with City of North Olmsted in the amount not-to-exceed $47,672.00 for their Old Town Hall Accessibility Project in connection with the FY2025 Community Development Supplemental Grant Program for the period 2/1/2026 - 3/31/2027.

Funding Source: Community Development Supplemental Grant

BC2026-350

Department of Communications, submitting an amendment to Contract No. 1147 (fka Contract No. CE1700038) with Four Winds Interactive LLC dba Poppulo for maintenance and support on various Harmony enterprise digital signage applications, access to library module and TINT subscription for the period 3/1/2017 – 2/28/2026 to extend the time period to 1/31/2029 and for additional funds in the amount not-to-exceed $116,984.50, effective 2/1/2026.

Funding Source: 50% General Fund and 50% Health and Human Services Levy Fund

BC2026-351

Court of Common Pleas/Juvenile Court Division, submitting an amendment to Contract No. 6044 (fka Contract Nos. 5090, 2993, 563 and 20002846) with OhioGuidestone for trauma informed mentoring services to the Promise Team youth population for the period 7/1/2020 – 6/30/2026 to extend the time period to 6/30/2027, to increase the per diem rates, to update insurance requirements, and for additional funds in the amount not-to-exceed $30,000.00, effective 7/1/2026.

Funding Source: RECLAIM Grant

BC2026-352

Court of Common Pleas/Juvenile Court Division, submitting an amendment to Contract No. 6297 (fka Contract Nos. 5545, 5205 and 4129) with OhioGuidestone for sex offender assessment and treatment services for Court referred youth project for the period 7/1/2023 – 6/30/2026 to extend the time period to 6/30/2027, to update the service rates, to update insurance requirements, and for additional funds in the amount not-to-exceed $114,000.00, effective 7/1/2026.

Funding Source: RECLAIM Grant

BC2026-353

Sheriff's Department, recommending an award on Purchase Order No. 26002426 with Less Lethal, LLC in the amount not-to-exceed $25,147.00 for a state contract purchase of crowd and riot control munitions and associated accessories for Law Enforcement.

Funding Source: General Fund

BC2026-354

Department of Public Safety and Justice Services, recommending an award and enter into Contract No. 6301 with SESCO Group Compliance Company, LLC (650-3) in the amount not-to-exceed $59,438.20 to conduct a Hazardous Materials Commodity Flow Study for the Cuyahoga County Local Emergency Planning Committee (LEPC), effective upon signatures of all parties through 9/15/2026.

Funding Source: 80% FY25 Hazardous Materials Emergency Preparedness (HMEP) Grant and 20% FY27 State Emergency Response Commission (SERC) Grant

BC2026-355

Department of Health and Human Services/Division of Community Initiatives/Office of Early Childhood, submitting an amendment to Contract No. 3725 with Cuyahoga County Board of Health for program administration services for the Newborn Home Visiting Program for the Invest in Children Program for the period 1/1/2024 – 6/30/2026 to extend the time period to 12/31/2026, to update scope of services, to amend various terms, and for additional funds in the amount not-to-exceed $61,636.00, effective 7/1/2026.

Funding Source: Health and Human Services Levy Fund

C. – Consent Agenda

BC2026-356

Department of Public Works, submitting an amendment to Contract No. 3952 with The Great Lakes Construction Co. for the Rehabilitation of North Main Street Bridge No. 00.12 over the Chagrin River in the Village of Chagrin Falls for a decrease in the amount of ($198,455.03); recommending to accept construction as complete and in accordance with plans and specifications; requesting authority for the County Treasurer to release the escrow account, in accordance with Ohio Revised Code Section 153.63.

Funding Source: 44% Federal, 30% Ohio Public Works Commission, 19% Village of Chagrin Falls Municipality, and 7% $5.00 Road and Bridge Fund

BC2026-357

Department of Information Technology, recommending to declare excess County computers and IT Equipment as surplus County-owned property, no longer needed for public use; requesting authority to sell surplus property to Info@Ret3.org. for a fee in the amount not-to-exceed $1.00 for the month of June 2026 in accordance with EO2012-0001.

Funding Source: Revenue Generating

BC2026-358

Fiscal Department, presenting proposed travel/membership requests for the week of 7/13/2026

Dept:	Medical Examiner's Office
Event:	109th International Association for Identification's Educational Conference

Source:	International Association for Identification
Location:	St. Louis, MO

Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Kate Snyder	8/15/2026-8/22/2026	$765.00	$400.00	$1,332.03	$536.57	$250.39	$3,283.99	Coverdell Grant
Dawn Schilens	8/16/2026-8/21/2026	$525.00	$291.00	$951.45	$340.21	$500.00	$2,607.66	Coverdell Grant

*Paid to host
**Staff reimbursement
*** Airfare will be covered by a contract with the County's Travel Vendor
Purpose:
Workshops and lectures are presented by experts in the field of Forensic Photography, focusing on Forensic Photography, and provide information on matters related to the disciplines. Some of these workshops and lectures are only presented at the conference. Additionally, as a board member of the Forensic Photography & Imaging Certification Board and the Forensic Photo Digital Imaging Subcommittee, I will also be attending meetings to discuss the Forensic Photography & Imaging Certification Program as well as other related topics to the discipline as required. This conference and workshops count as continuing education credits that are required to maintain my Forensic Photography & Imaging Certification, which is a job requirement.

Dept:	Public Defender's Office
Event:	4th Annual 2nd look Network Convening 2026
Source:	Second Look Network
Location:	Baltimore, MD

Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Leah Winsberg	8/17/2026-8/19/2026	$0.00	$180.00	$0.00	$400.00	$450.00	$3,366.79	General Fund 82% reimbursed by Ohio Public Defender

*Paid to host
**Staff reimbursement
*** Airfare will be covered by a contract with the County's Travel Vendor
Purpose:
Sessions will address core 0practice issues such as mitigation development, negotiation with prosecutors, defense-initiated victim outreach, representation of people with disabilities, training incarcerated people to pursue relief on their own behalf in under-resourced jurisdictions, and building effective collaborations between legal organizations and reentry programs. Attendees will leave the convening with new connections and learnings to take back to their organizations.

Dept:	Fiscal Office
Event:	2026 NACo Annual Conference

Source:	National Association of Counties
Location:	New Orleans, LA

Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Brad Cromes	7/17/2026-7/21/2026	$675.00	$180.00	$411.00	$100.00	$535.77	$1,901.77	Delinquent Tax Assessment Collection
Victoria Berry	7/17/2026-7/21/2026	$675.00	$180.00	$411.00	$100.00	$535.77	$1,901.77	Delinquent Tax Assessment Collection

*Paid to host
**Staff reimbursement
*** Airfare will be covered by a contract with the County's Travel Vendor
Purpose:
We would like to attend NACo's Annual conference and exposition to accept the award for the Taxpayer Assistance Program. We received the 2026 Achievement Award for Best in Category for Financial Management.

Dept:	Department of Public Safety and Justice Services
Event:	2026 National Homeland Security Conference
Source:	National Homeland Security Association
Location:	Louisville, KY

Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Sara Lippi	8/10/2026-8/13/2026	$775.00	$174.00	$472.98	$605.75	$0.00	$2,027.73	FY24 Urban Area Security Initiative Grant

*Paid to host
**Staff reimbursement
*** Airfare will be covered by a contract with the County's Travel Vendor
Purpose:
The National Homeland Security Association has been conducting conferences annually to bring together Homeland Security, emergency management professionals, law enforcement, and fire personnel from across the nation. This conference is well attended because it provides a range of topics all applicable to our field; including but not limited to active shooters, artificial intelligence, cybersecurity, natural disasters, and public health/medical. Attending this conference allows for the collaboration amongst other professionals in the field to learn from their lived experiences and takeaway best practices for our plans and future activations both planned and spontaneous. Through lectures, courses, and tours this conference provides a solid foundation for networking amongst a variety of agencies that all have expertise that would be beneficial to bring back to our county.

Dept:	Sheriff's Department
Event:	National Internal Affairs Training and Certification

Source:	Public Safety Internal Affairs Institute							
Location:	Las Vegas, NV							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Jamie Bonnette	11/29/2026-12/4/2026	$595.00	$360.00	$691.55	$0.00	$650.00	$2,296.55	Continuing Professional Training
Donald Hill	11/29/2026-12/4/2026	$595.00	$360.00	$691.55	$0.00	$650.00	$2,296.55	General Fund
Yashila Ray	11/29/2026-12/4/2026	$595.00	$360.00	$691.55	$0.00	$650.00	$2,296.55	Continuing Professional Training
Brian Williams	11/29/2026-12/4/2026	$595.00	$360.00	$691.55	$0.00	$650.00	$2,296.55	General Fund
Ralph Ian Capistrano	11/29/2026-12/4/2026	$595.00	$360.00	$691.55	$0.00	$650.00	$2,296.55	Continuing Professional Training
Steven Bartczak	11/29/2026-12/4/2026	$595.00	$360.00	$691.55	$800.00	$650.00	$3,096.55	Continuing Professional Training

*Paid to host
**Staff reimbursement
*** Airfare will be covered by a contract with the County's Travel Vendor
Purpose:
National Internal Affairs Annual Certification trip

Dept:	Fiscal Office							
Event:	ICC Board Meeting							
Source:	International Code Council							
Location:	Charleston, SC							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air **	Total	Funding Source
David Molnar	7/9/2026-7/12/2026	$0.00	$100.00	$0.00	$60.00	$634.40	$794.40	Reimbursed by the International Code Council

*Paid to host
**Staff reimbursement
*** Airfare will be covered by a contract with the County's Travel Vendor

Purpose:

As a member of the ICC Board of Directors, I am required to participate in monthly BOD meetings. Each quarterly meeting is held in person.
For serving on the BOD, ICC reimburses all Directors for their travel, lodging and meals to attend these meetings.

BC2026-359

Department of Purchasing, presenting proposed purchases for the week of 7/13/2026

Direct Open Market Purchases
(Purchases between $10,000.01 - $200,000.00 unless requiring assistance from the Department of Purchasing – See Below):

Purchase Order Number	Description	Department	Vendor Name	Total	Funding Source
26002317	Miscellaneous hydraulic hoses	Department of Public Works	Triad Technologies, LLC	Not-to-exceed $18,000.00	55.5% Sanitary Sewer Fund, 27.8% Road & Bridge Fund, and 16.7% Facilities Fund

V- OTHER BUSINESS

Time Sensitive/Mission Critical

BC2026-360

Department of Public Works, recommending an award on Purchase Order No. 26002308 to Solid Platforms, Inc. in the amount not-to-exceed $15,305.00 for rental of emergency structural scaffolding installation of Fairmount Boulevard Bridge 10.80 in the Village of Hunting Valley.

Funding Source: Road and Bridge Fund

Item of Note (non-voted)

ION2026-77

Department of Health and Human Services/Division of Senior and Adult Services, submitting Addendum No. 1 to a Subrecipient Agreement with Cuyahoga County District Board of Health for various services in connection with the FY2026 Ryan White HIV/AIDS Treatment Extension Act Part A Program and Minority Aids Initiative for the period 3/1/2026 – 2/28/2027 to change the total amount of the grant award from $15,009.00 to $54,676.00 and to replace Exhibit A with Exhibit A-1, effective upon signatures of all parties, as follows:

a) Home and Community Health Care from $11,825.00 to $43,078.00
b) Home Health Care from $3,184.00 to $11,598.00

Funding Source: Cuyahoga County Board of Health through the Health Resources and Services Administration

ION2026-78

Contracts up to $10,000.00 – Processed and executed (no vote required)

RQ No.	Contract Number	Vendor	Service Description	Amount	Department	Date(s) of Service	Funding Source	Date of Execution
13103	4626	Grow America	For design and administration of a Small Business Program with a focus on minority and women-owned businesses; **to replace Schedule 1 and 2 with an Amended and Restated Schedule 1 and 2, effective upon signatures of all parties.**	$0.00	Department of Development	8/12/2024 – 6/30/2026	(Original) Economic Development Fund	(Executive) 7/2/2026 (Law) 7/1/2026
NA	5317	Village of Woodmere	For various projects or programs in connection with the FY2025 Community Development Supplemental Grant Program; for Village of Woodmere Bandstand.	$0.00	Department of Housing and Community Development	1/1/2025 – 12/31/2025; **to extend the time period to 4/30/2026**	Community Development Supplemental Grant	(Executive) 7/2/2026 (Law) 7/1/2026
13617	5915 (fka 4909)	Legal Aid Society of Cleveland, Inc.	For financial counseling, foreclosure prevention and real property tax and services for Cuyahoga County residents; **to update insurance requirements, effective upon signatures of all parties.**	$0.00	Department of Housing and Community Development	10/1/2024-9/30/2026**; to extend the time period to 9/30/2027**	80% Community Development Block Grant and 20% Delinquent Tax Assessment Collection Fund	(Executive) 7/2/2026 (Law) 7/1/2026
14216	5091	Medical Mutual Services, L.L.C.	For group healthcare benefits for County employees and their eligible dependents and Cuyahoga County Benefits Regionalization Program participants' employees and their eligible dependents; **to amend various terms**	$0.00	Department of Human Resources	1/1/2025-12/31/2027	(Original) Self-Insurance Fund	(Executive) 7/2/2026 (Law) 7/1/2026

			as outlined in Exhibit A (2026) and B (2026), effective 1/1/2026.					

ION2026-79

Purchases Processed (No Vote Required) in the amount not-to-exceed $10,000.00 for the period 6/1/2026 - 6/30/2026 (No Vote Required) will be available at the following link at time of posting the Final Agenda. To view the report, click on the Title "7/13/2026 – Board of Control Meeting".

Board of Control (cuyahogacounty.gov)

VI – PUBLIC COMMENT

VII – ADJOURNMENT

Minutes
Cuyahoga County Board of Control
Monday, July 6, 2026 - 11:00 A.M.
County Headquarters
2079 East Ninth Street
Committee Room B

I – CALL TO ORDER
The meeting was called to order at 11:00 a.m.

Attending:
Leigh Tucker, Assistant Fiscal Officer, Fiscal Office (Alternate for Michael Chambers)
Michael Dever, Director Department of Public Works
Paul Porter, Director, Department of Purchasing
Laura Black, County Council (Alternate for Councilmember Michael Houser)
Cynthia Mason, County Council (Alternate for Councilmember Robert Schleper)

II. – REVIEW MINUTES – 6/29/2026

Leigh Tucker motioned to approve the minutes from the June 29, 2026, meeting; Michael Dever seconded. The minutes were approved by unanimous vote, as written.

III. – PUBLIC COMMENT
There was no public comment.

IV. – CONTRACTS AND AWARDS

A. – Tabled Items

B. – New Items for Review

BC2026-335

~~County Executive/~~Department of Public Works, Requesting authority to apply for and accept a grant from the Ohio Department of Transportation, Office of Aviation in the total amount not-to-exceed $749,550.00 for the apron rehabilitation (phase 4) project at the Cuyahoga County Airport, located at 26300 Curtiss Wright Parkway, Richmond Heights in connection with the Ohio Airport Improvement Program Direct Grant.

Funding Source: $749,550.00 in Ohio Department of Transportation, Office of Aviation funds. The overall project also includes $39,450.00 Airport Operations Funds for a total project cost of $789,000.00.

Matthew Hrubey, Department of Public Works, presented. There were no questions. Leigh Tucker motioned to approve the item as amended; Paul Porter seconded. Item BC2026-335 was approved by unanimous vote as amended.

BC2026-336

Fiscal Office,

a) Requesting authority to apply for grant funds from Cities for Financial Empowerment Fund, Inc. in the amount of $150,000.00 to provide financial education and awareness to Cuyahoga County citizens through counseling sessions to improve financial stability for low and moderate income households in connection with Financial Empowerment Center "FEC" Implementation Grant effective 11/3/2025 for an anticipated 30 month period.

b) Submitting a grant agreement with Cities for Financial Empowerment Fund, Inc. in the amount of $150,00.00 to provide financial education and awareness to Cuyahoga County citizens through counseling sessions to improve financial stability for low and moderate income households in connection with Financial Empowerment Center "FEC" Implementation Grant effective 11/3/2025 for an anticipated 30 month period.

Funding Source: Cities for Financial Empowerment Fund, Inc. - $150,000.00 contingent upon the County demonstrating written proof of meeting budgeted costs for years 1 and 2 of Financial Empowerment Center operations (inclusive of these grant funds), split between $100,000.00 for year 1 and $50,000.00 for year 2. These funds currently include $150,000.00 from KeyBank, $10,000.00 from First Federal Lakewood, and $283,315.00 Delinquent Tax and Assessment Collection Fund as in-kind support using staff already employed by the County

Domonique Tatum, Fiscal Department, presented. There were no questions. Leigh Tucker motioned to approve the item; Michael Dever seconded. Item BC2026-336 was approved by unanimous vote.

BC2026-337

Department of Information Technology, recommending an award on Purchase Order No. 26002206 to SHI International Corp. in the amount not-to-exceed $93,240.00 for a joint cooperative purchase of Process Panda (40) named and (25) concurrent licenses for the IT HALO service management platform integration, effective upon activation for a period of 1 year.

Funding Source: General Fund

Kristen Kaspar, Department of Information Technology, presented. There were no questions. Leigh Tucker motioned to approve the item; Michael Dever seconded. Item BC2026-337 was approved by unanimous vote.

BC2026-338

Agency of the Inspector General, recommending an award and enter into Contract No. 6168 with Nextpoint Inc. (315-4) in the amount not-to-exceed $29,794.00 for e-discovery software services for the period 7/28/2026 - 7/27/2029.

Funding Source: General Fund

Alexa Beeler, Agency of the Inspector General, presented. There were no questions. Leigh Tucker motioned to approve the item; Michael Dever seconded. Item BC2026-338 was approved by unanimous vote.

BC2026-339

Department of Human Resources,

a) Submitting an RFP exemption, which will result in an award recommendation to Walsh University in the amount not-to-exceed $30,000.00 for the purchase of (1) Managing Projects with Microsoft 365 training course for up to 15 participants under the Ohio TechCred Grant Round 35 to be used between 7/6/2026 - 12/31/2026.

b) Recommending an award on Purchase Order No. 26002274 to Walsh University in the amount not-to-exceed $30,000.00 for the purchase of (1) Managing Projects with Microsoft 365 training course for up to 15 participants under the Ohio TechCred Grant Round 35 to be used between 7/6/2026 - 12/31/2026.

Funding Source: 100% General Fund (eligible for reimbursement by Ohio Department of Development)

Stephen Witt, Department of Human Resources, presented. There were no questions. Leigh Tucker motioned to approve the item; Paul Porter seconded. Item BC2026-339 was approved by unanimous vote.

BC2026-340

County Prosecutor, recommending an award on Purchase Order No. 26002066 with MNJ Technologies Direct, Inc. in the amount not-to-exceed $19,440.00 for a state contract purchase of (135) PowerPDF licenses including maintenance and support, effective upon activation for a period of 1 year.

Funding Source: General Fund

Josh Brower, Prosecutor's Office, presented. There were no questions. Leigh Tucker motioned to approve the item; Michael Dever seconded. Item BC2026-340 was approved by unanimous vote.

BC2026-341

Sheriff's Department, recommending an award on Purchase Order No. 26002392 with Vance Outdoor's Inc. dba Vance's Law Enforcement in the amount not-to-exceed $119,040.20 for a state contract purchase of crowd and riot control munitions and associated accessories for Law Enforcement.

Funding Source: General Fund

Chris Costin, Sheriff's Department, presented. There were no questions. Leigh Tucker motioned to approve the item; Michael Dever seconded. Item BC2026-341 was approved by unanimous vote.

BC2026-342

Department of Health and Human Services/Cuyahoga Job and Family Services, submitting an amendment to Contract No. 4579 with Catholic Charities Corporation for a Comprehensive Pre-

Employment Screening Program for the Ohio Works First/SNAP applicants for the period 7/1/2024-6/30/2026 to extend the time period to 6/30/2027, to amend budget terms, and for additional funds in the amount not-to-exceed $462,991.00, effective 7/1/2026.

Funding Source: 90% Federal Temporary Assistance for Needy Families and 10% Health and Human Services Levy Fund

Sharonda Mason, Department of Health and Human Services/Cuyahoga Job and Family Services, presented. There were no questions. Leigh Tucker motioned to approve the item; Michael Dever seconded. Item BC2026-342 was approved by unanimous vote.

C. – Exemptions

BC2026-343

Department of Public Works/Division of Public Utilities, recommending to amend Board Approval No. BC2025-15 dated 1/6/2025 which amended BC2024-408, dated 5/28/2024, which established a list of firms pre-qualified for work on the Cuyahoga County Utility Microgrid Design project, to add an additional 7 firms bringing the total pre-qualified list to 44 engineering, procurement and/or construction (EPC) firms for services to be provided in conjunction with Cuyahoga Green Energy's microgrid and solar projects to as listed below:

a) Chroma Energy Group
b) Core Development Group
c) CORE Energy, Ltd.
d) ELM Microgrid
e) Peak Electric Inc.
f) Solar Energy Solutions
g) Sulis Energy, LLC

Funding Source: n/a

Matthew Hrubey, Department of Public Works, presented. There were no questions. Leigh Tucker motioned to approve the item; Paul Porter seconded. Item BC2026-343 was approved by unanimous vote.

D. – Consent Agenda

There were no questions or comments on the Consent Agenda items. Leigh Tucker motioned to approve Consent Agenda Item No. BC2026-344 through BC2026-345; Laura Black seconded. The Consent Agenda Items were approved by unanimous vote.

BC2026-344

Fiscal Department, presenting proposed travel/membership requests for the week of 7/6/2026:

Dept:	Department of Public Works
Event:	ADS Pipe Sustainability Tour

Source:	Advanced Drainage Systems Pipe							
Location:	Shippenville, PA							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Douglas Dietzel	7/2/2026-7/2/2026	$0.00	$50.00	$0.00	$0.00	$0.00	$50.00	Sanitary Engineer

*Paid to host
**Staff reimbursement
*** Airfare will be covered by a contract with the County's Travel Vendor

Purpose:
ADS is a leading manufacturer of innovative stormwater and onsite septic wastewater solutions that manages the world's most precious resource: water. ADS and its subsidiary, Infiltrator Water Technologies, provide superior stormwater drainage and onsite septic wastewater management. ADS Pipe is offering a tour of their facility that will include learning and networking opportunities for sanitary and sustainability professionals.

Dept:	Department of Sustainability							
Event:	ADS Pipe Sustainability Tour							
Source:	Advanced Drainage System							
Location:	Shippenville, PA							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Melanie Knowles	7/2/2026-7/2/2026	$0.00	$0.00	$0.00	$223.15	$0.00	$223.15	General Fund
Jenita McGowan	7/2/2026-7/2/2026	$0.00	$0.00	$0.00	$210.10	$0.00	$210.10	General Fund

*Paid to host
**Staff reimbursement
*** Airfare will be covered by a contract with the County's Travel Vendor

Purpose:
Sustainability tour of Advanced Drainage Systems (ADS) in Shippenville, PA. ADS uses post-consumer plastic to make drainpipes.

Dept:	Department of Health and Human Services/Community Initiatives Division/ Office of Homeless Services							
Event:	2026 National Conference on Ending Homelessness/ Capitol Hill Day							
Source:	National Alliance to End Homelessness							
Location:	Washington, DC							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source

Levine Ross	7/7/2026-7/10/2026	$985.00	$240.00	$822.00	$100.00	$667.79	$2,814.79	The Gund Foundation

*Paid to host
**Staff reimbursement
*** Airfare will be covered by a contract with the County's Travel Vendor

Purpose:
The 2026 National Conference on Ending Homelessness and Capitol Hill Day will bring together service providers, system leaders, advocates, and people with lived experience of homelessness to learn from each other, discuss best practices, and share new innovations in the field. Registrants will have the opportunity to attend roundtable discussions, plenaries, and workshops focused on emerging issues surrounding homelessness. In addition to regular workshops, the conference will offer a variety of
session formats to provide attendees with exciting new ways to learn, engage, and foster connections. Capitol Hill Day will take place on day two of the conference. It is a powerful opportunity to engage your Members of Congress and their staff through face-to-face meetings to share local successes and progress, build lasting relationships, and advocate for policies that help end homelessness.

BC2026-345

Department of Purchasing, presenting proposed purchases for the week of 7/6/2026:

Direct Open Market Purchases
(Purchases between $10,000.01 - $200,000.00 unless requiring assistance from the Department of Purchasing – See Below):

Purchase Order Number	Description	Department	Vendor Name	Total	Funding Source
26002321	Various Emergency Medical Service (EMS) equipment and supplies for the Cuyahoga County Board of Health PODS	Department of Public Safety and Justice Services	CPR Savers & First Aid Supply	$16,846.54	FY2024 Urban Area Security Initiative (UASI) Grant

Items/Services Received and Invoiced but not Paid:

Purchase Order Number	Description	Department	Vendor Name	Total	Funding Source
26002309	MSY placement services for the period 7/2022-1/2023 & 6/2024-9/2024*	Division of Family and Children First Council	Division of Children and Family Services	$82,270.35	State MSY Fund

*Approval No. BC2021-496 dated 9/7/2021, which approved an alternative procurement process that resulted in award recommendations to various providers, referred by various County agencies, in the

total amount not-to-exceed $495,000.00 for the implementation of the Multi-System Youth Program for the period 7/1/2021 – 6/30/2023.

*Approval No. BC2023-467 dated 7/24/2023, which approved an alternative procurement process, which will result in award recommendations to various providers in the total amount not-to-exceed $250,000.00 for the implementation of the Multi-System Youth Program for the period 7/1/2023-6/30/2024.
a) Cuyahoga County Board of Developmental Disabilities, b) Cuyahoga County Court of Common Pleas/Juvenile Court Division, c) Cuyahoga County Department of Health and Human Services/Division of Children and Family Services, d) Cuyahoga County Alcohol, Drug Addiction and Mental Health Services Board

*Approval No. BC2024-786 dated 10/28/2024, which approved an alternative procurement process which will result in award recommendations to various County agencies and various providers referred by County agencies in the total amount not- to- exceed $375,000.00 as reimbursement for technical assistance and financial assistance to children, youth and families with complex multi- system needs in connection with Multi- System Youth Program for the period 7/1/ 2024-6/30/2025.

V- OTHER BUSINESS

Item of Note (non-voted)

ION2026-76

Contracts up to $10,000.00 – Processed and executed (no vote required)

RQ No.	Contract Number	Vendor	Service Description	Amount	Department	Date(s) of Service	Funding Source	Date of Execution
13103	4629	Economic & Community Development Institute	For design and administration of a Small Business Program with a focus on minority and women-owned businesses; **to replace Schedule 1 and 2 with an Amended and Restated Schedule 1 and 2, effective upon signatures of all parties.**	$0.00	Department of Development	08/12/2024-06/30/2026	(Original) Economic Development Fund	(Executive) 6/26/2026 (Law) 6/24/2026
13103	4635	Village Capital Corporation	For design and administration of a Small Business Program with a focus on minority and women-owned businesses; **to replace Schedule 1 and 2 with an**	$0.00	Department of Development	08/12/2024-06/30/2026	(Original) Economic Development Fund	(Executive) 6/26/2026 (Law) 6/24/2026

			Amended and Restated Schedule 1 and 2, effective upon signatures of all parties.					
NA	6294 (fka 6233, 4951)	OhioGuidestone	For high-fidelity wrap around case management services; **to update unit rate and/or monthly rates as outlined in Exhibit 1, to update insurance requirements as outlined in Exhibit 2, to extend time and for additional funds, effective 7/1/2026.**	**$10,000.00**	Court of Common Pleas/ Juvenile Court Division	7/1/2024 – 6/30/2026; **to extend the time period to 6/30/2027**	(Original) RECLAIM Grant	(Executive) 6/26/2026

Various Agreements – Processed and executed (no vote required)

Approving Resolution	Public convenience and welfare project description	Total Estimated Project Cost	Total Actual Project Cost	Funding Source	Date of Execution
R2026-0129	Removal and replacement of the Highland Road Bridge 00.00 over the Cuyahoga River and a roadway profile raising west of the Cuyahoga River in Cuyahoga and Summit Counties. Council District 6	$7,200,000.00		36% NEORSD ($2,600,000.00) 32% Road and Bridge Fund ($2,300,000.00) 32% Summit County ($2,300,000.00)	(Executive) 6/30/2026
R2025-0221	Resurfacing of Nottingham Road from St. Clair Avenue to the Southern Corporation Line in the Cities of Cleveland and Euclid. Council Districts 10 and 11	$3,700,000.00		65% Federal ($2,400,000.00) 17% Road and Bridge Fund ($650,000.00) 9% City of Cleveland ($325,000.00) 9% City of Euclid ($325,000.00)	(Executive) 6/30/2026
R2025-0221	Resurfacing of Dille Road from the Northern Corporation Line to Euclid Avenue in the Cities of Cleveland and Euclid. Council Districts 10 and 11	$3,700,000.00		65% Federal ($2,400,000.00) 17% Road and Bridge Fund ($650,000.00) 9% City of Cleveland ($325,000.00) 9% City of Euclid ($325,000.00)	(Executive) 6/30/2026

VI – PUBLIC COMMENT

There was no public comment.

VII – ADJOURNMENT

Leigh Tucker motioned to adjourn; Michael Dever seconded. The motion to adjourn was unanimously approved at 11:12 am.

Item Details as Submitted by Requesting Departments

IV. Contracts and Awards

A. – Tabled Items

B. – New Items for Review

BC2026-346

Title	DPW requesting approval of Amendment 1; AECOM Services of Ohio; RFQ#13887; Addition of funds and time extension.
Department or Agency Name	
Requested Action	☐ Contract ☐ Agreement ☐ Lease ☒ Amendment ☐ Revenue Generating ☐ Purchase Order ☐ Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	4344	AECOM Services of Ohio, Inc.	06/26/2024 – 06/25/2027	$450,000	08/10/2023	R2024-0204
A-1	4344	AECOM Services of Ohio, Inc.	Extend through 7/1/2029	$150,000	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. The purpose of this amendment is to add the design services for the Ridgewood Road Bridge 00.15 project to the existing GES contract. In order to maintain the project schedule and ensure timely advancement toward construction, it is necessary to begin design immediately. Adding this work to the existing GES contract allows the County to advance the project efficiently while maintaining continuity and avoiding delays associated with procuring a separate agreement. To accommodate completion of the design services, the contract term will need to be extended through July 1, 2029. Approval of this amendment will position the County to keep the project on schedule and ensure readiness for the planned construction phase.
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):

Department of Public Works requesting approval of a 1st amendment to the agreement with AECOM Services of Ohio for an additional $150,000 and extending the contract end date from 6/25/2027 to 7/1/2029.

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):
AECOM Services of Ohio 1300 East 9th Street, Suite 500 Cleveland, OH 44114	Angela Marinucci, PE Project Manager
Vendor Council District:	Project Council District:
7	Various
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _13887_____ ☐ RFB ☐ RFP ☒ RFQ ☐ Informal ☒ Formal Closing Date: 03/04/2024	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation: $1,350,000	☐ Exemption
Number of Solicitations (sent/received) 100/11 11 responses were scored and 3 were selected	☐ State Contract, list STS number and expiration date ☐ Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): (30%) DBE (20%) SBE (8%) MBE (2%) WBE. Were goals met by awarded vendor per DEI tab sheet review? ☒ Yes ☐ No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	☐ Sole Source ☐ Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ( ).
Recommended Vendor was low bidder: ☐ Yes ☒ No, please explain: Vendors were scored based on qualifications.	☐ Government Purchase ☐ Alternative Procurement Process

How did pricing compare among bids received? N/A	☐ Contract Amendment - (list original procurement)
	☐ Other Procurement Method, please describe:

Is Purchase/Services technology related ☒ No ☐ Yes If yes, list date of TAC approval and answer the questions below.
List date of TAC approval | Date: ☐ Check if item on IT Standard List of approved purchase and provide date of TAC approval. ☐ Check if item is ERP related? ☐ No ☐ Yes.
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% Road & Bridge $7.50 Fund (PW270205 55030)
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.
Payment Schedule: ☒ Invoiced ☒ Monthly ☐ Quarterly ☐ One-time ☐ Other (please explain):

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

HISTORY (see instructions):

BC2026-347

Title	Public Works – Trane US, Inc. – Chillers – Amendment 1

Department or Agency Name	Department of Public Works
Requested Action	☐ Contract ☐ Agreement ☐ Lease ☒ Amendment ☐ Revenue Generating ☐ Purchase Order ☐ Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	5640	Trane U.S. Inc.	7/8/2025 – 7/7/2026	$19,314.00	9/29/2025	BC2025-608
A1	5640	Trane U.S. Inc.	7/8/2026 – 7/7/2027	$19,896.00	Pending	Pending

Service/Item Description (include quantity if applicable). When submitting an amendment, address any changes to the time period of the agreement, reduction or addition of funds, changes to the existing scope of services, changes to service rates/costs, and retroactive applicability of the changes, if any. The Department of Public Works is requesting approval to amend the contract with Trane US, Inc for 1 year and add funds in the amount of $19,896.00 for preventative maintenance services of the HVAC chillers located at Jane E. Hunter, Metzenbaum and William Patrick Day buildings.
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): Trane can provide preventative maintenance services on the HVAC chillers at the (3) County buildings. This will ensure HVAC systems are maintained and operate efficiently.

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):
Trane U.S. Inc. 800 Beatty St. Davidson, NC 28036	Seth King / Service Acct. manager
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ ☐ RFB ☐ RFP ☐ RFQ	Provide a short summary for not using competitive bid process.

☐ Informal ☐ Formal Closing Date:	Trane is the factory authorized dealer that can service the HVAC chillers at these three locations, which all have the Trane HVAC systems and this continues contractual services. *See Justification for additional information.
The total value of the solicitation:	☐ Exemption
Number of Solicitations (sent/received) /	☐ State Contract, list STS number and expiration date ☐ Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): ( ) DBE ( ) SBE ( ) MBE ( ) WBE. Were goals met by awarded vendor per DEI tab sheet review? ☐ Yes ☐ No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	☐ Sole Source ☐ Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ( ).
Recommended Vendor was low bidder: ☐ Yes ☐ No, please explain:	☐ Government Purchase
	☐ Alternative Procurement Process
How did pricing compare among bids received?	☒ Contract Amendment - (list original procurement) Exemption
	☐ 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. General Fund / 100%
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.

PW750100 / 55220
Payment Schedule: ☒ Invoiced ☐ Monthly ☐ Quarterly ☐ One-time ☐ Other (please explain):

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

HISTORY (see instructions):

BC2026-348

Title	DPW requesting approval of a Bridge Inspection Services contract with Euthenics, Inc.; RFQ#16313;
Department or Agency Name	Public Works
Requested Action	☒ Contract ☐ Agreement ☐ Lease ☐ Amendment ☐ Revenue Generating ☐ Purchase Order ☐ Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	6259	Euthenics, Inc.	Effective upon signature of all parties for a period of 3-years	$718,084.73	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. This contract provides for detailed inspections and engineering evaluations of five county bridges over active railroad and GCRTA rapid transit corridors in Cleveland and Lakewood. The work also includes an updated feasibility study for the W. 150th Street Bridge to support future rehabilitation or replacement planning.

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): This project provides comprehensive inspections and condition assessments of five County-owned bridges over railroad and GCRTA transit corridors in Cleveland and Lakewood. The work includes engineering reports, maintenance and capital improvement recommendations, railroad coordination, required permits, and an updated feasibility study for the W. 150th Street Bridge to support future rehabilitation or replacement planning.

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):
Euthenics, Inc. 8235 Mohawk Drive Strongsville, OH 44136	Brandon Sopko, PE Vice President
Vendor Council District:	Project Council District:
5	Various
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _16313_____ ☐ RFB ☐ RFP ☒ RFQ ☐ Informal ☒ Formal Closing Date: 01/22/2026	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation: $750,000	☐ Exemption
Number of Solicitations (sent/received) 103/5 5 responses were scored and 1 was selected	☐ State Contract, list STS number and expiration date ☐ Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): (0%) DBE (0%) SBE (0%) MBE (0%) WBE. Were goals met by awarded vendor per DEI tab sheet review? ☒ Yes ☐ No, please explain.	☐ Sole Source ☐ Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ( ).

If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	
Recommended Vendor was low bidder: ☐ Yes ☒ No, please explain: Vendors were scored based on qualifications.	☐ Government Purchase ☐ Alternative Procurement Process
How did pricing compare among bids received? N/A	☐ Contract Amendment - (list original procurement) ☐ Other Procurement Method, please describe:

Is Purchase/Services technology related ☒ No ☐ Yes If yes, list date of TAC approval and answer the questions below.
List date of TAC approval | Date: ☐ Check if item on IT Standard List of approved purchase and provide date of TAC approval. ☐ Check if item is ERP related? ☐ No ☐ Yes.
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% Road & Bridge Fund
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. (PW270205 55030)
Payment Schedule: ☒ Invoiced ☒ Monthly ☐ Quarterly ☐ One-time ☐ Other (please explain):

Provide status of project.	
Is contract/purchase late ☒ No ☐ Yes, In the fields below provide reason for late and timeline of late submission	
Reason:	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	
Date documents were requested from vendor:	

Date of insurance approval from risk manager:	
Date Department of Law approved Contract:	
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? ☐ No ☐ Yes (if yes, please explain)	
Have payments been made? ☐ No ☐ Yes (if yes, please explain)	

HISTORY (see instructions):

BC2026-349

Title	CM6299 - Housing and Community Development – City of North Olmsted – Community Development Supplemental Grant – 2026 – Old Town Hall
Department or Agency Name	Housing and Community Development
Requested Action	☐ Contract ☒ Agreement ☐ Lease ☐ Amendment ☐ Revenue Generating ☐ Purchase Order ☐ Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	6299	City of North Olmsted	02/01/2026 – 03/31/2027	$47,672.00	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. The Department of Housing and Community Development is requesting approval to enter into an agreement with the City of North Olmsted for a Community Development Supplemental Grant per the chart above for a project and amount previously approved through Council Resolution R2025-0040. Old Town Hall is on the National Register of Historic Places and obtaining the required Environmental certifications took longer than expected so the project period is now 02/01/2026 – 03/31/2027.
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): Old Town Hall accessibility project involving the engineering, preparation, electrification and installation of a Vertical Platform List and a motorized door to access the lift from the exterior of the building.

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):
City of North Olmsted 5200 Dover Center Rd North Olmsted, OH 44070	Nicole Daily Jones, Mayor
Vendor Council District: 1	Project Council District: 1
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ ☐ RFB ☐ RFP ☐ RFQ ☐ Informal ☐ Formal Closing Date:	Provide a short summary for not using competitive bid process. Community Development Supplemental Grant process outlined in Ordinance O2015-0003. *See Justification for additional information.
The total value of the solicitation:	☐ Exemption
Number of Solicitations (sent/received) /	☐ State Contract, list STS number and expiration date ☐ Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): ( ) DBE ( ) SBE ( ) MBE ( ) WBE. Were goals met by awarded vendor per DEI tab sheet review? ☐ Yes ☐ No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	☐ Sole Source ☐ Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ( ).
Recommended Vendor was low bidder: ☐ Yes ☐ No, please explain:	☐ Government Purchase
	☐ Alternative Procurement Process
How did pricing compare among bids received?	☐ Contract Amendment - (list original procurement)

	☒ Other Procurement Method, please describe: GRNT

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% Community Development Supplemental Grant
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. HC223200
Payment Schedule: ☒ Invoiced ☐ Monthly ☐ Quarterly ☒ One-time ☐ Other (please explain):

Provide status of project. Project started in January 2025, has remained underway and is pending completion in August 2026.
Is contract/purchase late ☐ No ☒ Yes, In the fields below provide reason for late and timeline of late submission
Reason: In the Fall of 2024, North Olmsted submitted their CDSG Supplemental Grant application for $47,672.00 for their Old Town Hall Accessibility Project. The total project cost is listed at $2 million on their application. Their application was approved in February 2025. North Olmsted was to receive a $271,000 NPS Historic Preservation Fund grant from the US Park Service, so the Park Service performed their own, more in depth, environmental review. The review was not completed until 08/20/25 because the Old Town Hall is listed on the National Register of Historic Places. This delayed the timeline for the project beyond the original CDSG contract date until this requested time period.

Timeline	
Project/Procurement Start Date (date your team started working on this item):	Original Matrix ticket for contract created 10/29/2025 New Matrix ticket for contract created 5/4/2026 Procurement received signed contract 6/18/2026
Date documents were requested from vendor:	6/18/2026
Date of insurance approval from risk manager:	6/26/2026

Date Department of Law approved Contract:	6/2/2026
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? ☒ No ☐ Yes (if yes, please explain)	
Have payments been made? ☒ No ☐ Yes (if yes, please explain)	

HISTORY (see instructions):						
Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	4428	City of North Olmsted	03/12/2024 – 02/28/2025	$46,153.00	03/26/2024	R2024-0085

BC2026-350

Title	Digital Signage Subscription
Department or Agency Name	Department of Communications
Requested Action	☒ Contract ☐ Agreement ☐ Lease ☐ Amendment ☐ Revenue Generating ☐ Purchase Order ☐ Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
Original	CE1700038	Four Winds Interactive, LLC dba Poppulo	03/01/2017 – 02/29/2020	$35,350.00	04/03/2017	BC2017-252
1st Amendment	CE1700038	Four Winds Interactive, LLC dba Poppulo	03/01/2020 – 02/28/2023	$106,927.00	01/06/2020	BC2020-03
2nd Amendment	CM1147	Four Winds Interactive, LLC dba Poppulo	03/01/2023 – 02/28/2026	$101,230.65	04/17/2023	BC2023-224
3rd Amendment	CM1147	Four Winds Interactive, LLC dba Poppulo	03/01/2026 – 01/31/2029	$116,984.50	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. The Department of Communications plans to amend Contract No. CM1147 with Four Winds Interactive, LLC dba Poppulo, to extend the time period to January 31, 2029, for Digital Signage Subscription in the amount of $116,984.50.
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): Four Winds Interactive, LLC. dba Poppulo provides the County's Digital Signage system. This contract covers the licenses for the signs and access to the web interface to control and program the content for the Admin HQ and HHS buildings.

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):
Four Winds Interactive, LLC. dba Poppulo 1221 Broadway Street Denver, Colorado 80203	Jessica Price Senior Renewals Manager
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ ☐ RFB ☐ RFP ☐ RFQ ☐ Informal ☐ Formal Closing Date:	Provide a short summary for not using competitive bid process. This request is for a 3rd contract amendment to extend the signage subscription through January 31, 2029. *See Justification for additional information.
The total value of the solicitation:	☐ Exemption
Number of Solicitations (sent/received) /	☐ State Contract, list STS number and expiration date ☐ Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): ( ) DBE ( ) SBE ( ) MBE ( ) WBE. Were goals met by awarded vendor per DEI tab sheet review? ☐ Yes	☐ Sole Source ☐ Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ( ).

☐ No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	
Recommended Vendor was low bidder: ☐ Yes ☐ No, please explain:	☐ Government Purchase
	☐ Alternative Procurement Process
How did pricing compare among bids received?	☒ Contract Amendment - (list original procurement) Sole Source award on RQ39478; BC2017-252
	☐ 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: 03/12/2026 ☐ 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. 50% General Fund, 50% Health & Human Services Levy Fund
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. EX100105, HS260110
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:	
The vendor delayed in contract negotiations, submitting required forms and completing the Inspector General required registration. Vendor stated their legal teams are short staffed and there were issues submitting electronic payment through the IG portal.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	12/05/2025
Date documents were requested from vendor:	12/05/2025, 01/15/2026, 02/01/2026, 02/10/2026, 02/19/2026, 03/09/2026, 03/17/2026, 03/18/2026,

	03/24/2026, 03/30/2026, 03/31/2026, 04/08/2026, 04/22/2026, 04/23/2026, 04/29/2026,05/06/2026
Date of insurance approval from risk manager:	03/30/2026 Business Decision
Date Department of Law approved Contract:	03/25/2026 Business Decision
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) Services have not been shut off during contract negotiations, processing and submission for approval.	
Have payments been made? ☒ No ☐ Yes (if yes, please explain)	

HISTORY (see instructions):

BC2026-351

Title	SIXTH CONTRACT AMENDMENT FOR OHIOGUIDSTONE TRAUMA INFORMED MENTORING
Department or Agency Name	CUYAHOGA COUNTY COURT OF COMMON PLEAS, JUVENILE DIVISION
Requested Action	☐ Contract ☐ Agreement ☐ Lease ☒ Amendment ☐ Revenue Generating ☐ Purchase Order ☐ Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
(O) Original	20002846, 563	OhioGuidestone	7/1/2020-6/30/2021	$40,000.00	11/23/2020	BC2020-625
(A- 1)	2993/563	OhioGuidestone	6/30/2022	$40,000.00	10/12/2021	BC2021-564
(A- 2)	2993/563	OhioGuidestone	6/30/2023	$25,000.00	1/9/2023	BC2023-13
(A- 3)	5090/2993, 563	OhioGuidestone	6/30/2024	$25,000.00	3/18/2024	BC2024-217
(A- 4)	5090/2993, 563	OhioGuidestone	6/30/2026	$50,000.00	1/21/2025	BC2025-39
(A- 5)	5090/2993, 563	OhioGuidestone	6/30/2026	($5,000.)	8/4/2025	ITEM No. 2
(A- 6)	6044/5090, 2993,563	OhioGuidestone	6/30/2027	$30,000.00	Pending	Pending

Service/Item Description (include quantity if applicable). When submitting an amendment, address any changes to the time period of the agreement, reduction or addition of funds, changes to the existing scope of services, changes to service rates/costs, and retroactive applicability of the changes, if any.
Trauma-Informed Mentoring Services shall focus on the goal of strengthen the ability of the participating youth and their families to access resources in the community to support the youth with pro-social activities and decision-making skills. The sixth amendment to extend the time-period to June 30, 2027, increase the funds in the amount of $10,000, through June 30, 2026, increase funds in the amount $20,000., through June 30, 2027,

replace applicable language set forth in Exhibit 1, and replace applicable language setting forth rates for services.
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): Trauma Informed Mentoring Services for Court referred youth and their families to access resources in the community to support the youth with pro-social activities and decision-making skills.

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: OhioGuidestone 343 W. Bagley Rd. Berea, Ohio 44017	Owner, executive director, other (specify): Brant Russell (President & CEO)
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ ☐ RFB ☐ RFP ☐ RFQ ☐ Informal ☐ Formal Closing Date:	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation:	☐ Exemption
Number of Solicitations (sent/received) /	☐ State Contract, list STS number and expiration date ☐ Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): ( ) DBE ( ) SBE ( ) MBE ( ) WBE. Were goals met by awarded vendor per DEI tab sheet review? ☐ Yes ☐ No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	☐ Sole Source ☐ Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ( ).
	☐ Government Purchase

Recommended Vendor was low bidder: ☐ Yes ☐ No, please explain:	☐ Alternative Procurement Process
How did pricing compare among bids received?	☒ Contract Amendment - (list original procurement)
	☐ Other Procurement Method, please describe:

Is Purchase/Services technology related ☒ No ☐ Yes If yes, list date of TAC approval and answer the questions below.
List date of TAC approval | Date: ☐ Check if item on IT Standard List of approved purchase and provide date of TAC approval. ☐ Check if item is ERP related? ☒ No ☐ Yes.
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% Funded by the RECLAIM Grant.
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. JC330100
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: The compliance documents were uploaded and released on 6.18.26 and the current contract expires 6.30.26.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	4.24.26
Date documents were requested from vendor:	5.7.2026
Date of insurance approval from risk manager:	2.25.26
Date Department of Law approved Contract:	5.5.26
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? ☐ No ☐ Yes (if yes, please explain)	
Have payments been made? ☐ No ☐ Yes (if yes, please explain)	

HISTORY (see instructions):

BC2026-352

Title	SECOND CONTRACT AMENDMENT OF SEX OFFENDER ASSESSMENT AND TREATMENT SERVICES OHIO GUIDESTONE
Department or Agency Name	CUYAHOGA COUNTY COURT OF COMMON PLEAS, JUVENILE DIVISION
Requested Action	☐ Contract ☐ Agreement ☐ Lease ☒ Amendment ☐ Revenue Generating ☐ Purchase Order ☐ Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
(O-)	4129	Ohio Guidestone	7/1/2023-6/30/2025	$30,000.00	02/26/2024	BC2024-155
(A-#1)	5205 fka 4129	Ohio Guidestone	6/30/2026	$155,000.00	03/03/2025	BC2025-141
(A-#2)	6297 fka 5545,5205, 4129	Ohio Guidestone	6/30/2027	$114,000.00	Pending	Pending

Service/Item Description (include quantity if applicable). When submitting an amendment, address any changes to the time period of the agreement, reduction or addition of funds, changes to the existing scope of services, changes to service rates/costs, and retroactive applicability of the changes, if any. Above Sex Offender Assessment and Treatment Services for Court referred youth to extend the time period of the contract to June 30, 2027, increase the funds in the amount of $54,000. Through June 30, 2026, allocate funds in the amount of $60,000., replace applicable language set forth in Exhibit 1, and replace applicable language within the contract as set forth service rates.
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): Provide Sex Offender Assessment and Treatment Services.

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify). If there are multiple vendors copy this table and complete for each vendor.	
Vendor Name and address: OhioGuidestone 343 W. Bagley Rd. Berea, Ohio 44017	Owner, executive director, other (specify): Brant Russell (President & CEO)

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

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

Is Purchase/Services technology related ☒ No ☐ Yes If yes, list date of TAC approval and answer the questions below.	
List date of TAC approval	Date:
☐ Check if item on IT Standard List of approved purchase and provide date of TAC approval. ☐ Check if item is ERP related? ☒ No ☐ Yes.	
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% RECLAIM Grant.
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. JC330100
Payment Schedule: ☐ Invoiced ☒ Monthly ☐ Quarterly ☐ One-time ☐ Other (please explain):

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

HISTORY (see instructions):

BC2026-353

Title	Sheriff; Less Lethal, LLC; Munitions; PO26002426 STAC
Department or Agency Name	Sheriff
Requested Action	☐ Contract ☐ Agreement ☐ Lease ☐ Amendment ☐ Revenue Generating ☒ Purchase Order ☐ Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	26002426 STAC	Less Lethal, LLC		$25,147.00	Pending	Pending

Service/Item Description (include quantity if applicable). When submitting an amendment, address any changes to the time period of the agreement, reduction or addition of funds, changes to the existing scope of services, changes to service rates/costs, and retroactive applicability of the changes, if any. Requesting an award with Less Lethal, LLC in the amount not-to-exceed $25,147.00 for a state contract purchase of munitions for the Sheriff's Department.
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): Sheriff's Department is requesting to purchase resupply of riot control devices and munitions. The current munitions are expired and need of replacement. The Sheriff's Department would use the riot control devices and munitions to effectively respond to crowd control or riots.

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):
Less Lethal, LLC 5463 Pallisades Drive Cincinnati, OH 45238	Richard Juler, CEO
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ ☐ RFB ☐ RFP ☐ RFQ ☐ Informal ☐ Formal Closing Date:	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation:	☐ Exemption
Number of Solicitations (sent/received) /	☒ State Contract, list STS number and expiration date RSI027534, expiration date 3/31/2028 ☐ Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): ( ) DBE ( ) SBE ( ) MBE ( ) WBE. Were goals met by awarded vendor per DEI tab sheet review? ☐ Yes ☐ No, please explain.	☐ Sole Source ☐ Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ( ).

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

Is Purchase/Services technology related ☒ No ☐ Yes If yes, list date of TAC approval and answer the questions below.
List date of TAC approval | Date: ☐ Check if item on IT Standard List of approved purchase and provide date of TAC approval. ☐ Check if item is ERP related? ☐ No ☐ Yes.
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. General Fund
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. SH100115
Payment Schedule: ☒ Invoiced ☐ Monthly ☐ Quarterly ☐ One-time ☐ Other (please explain):

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

HISTORY (see instructions):

BC2026-354

Title	2026, PSJS; SESCO Group Compliance Company LLC; Contract – LEPC Commodity Flow Study
Department or Agency Name	Public Safety & Justice Services
Requested Action	☒ Contract ☐ Agreement ☐ Lease ☐ Amendment ☐ Revenue Generating ☐ Purchase Order ☐ Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
O	6301	SESCO Group Compliance Company, LLC	Execution – September 15, 2026	$59,438.20	Pending	Pending

Service/Item Description (include quantity if applicable). Indicate whether ☐ New or ☐ Existing service or purchase. Requesting approval of a contract as indicated in the chart above with SESCO Group Compliance Company LLC in the amount of $59,438.20 for the period Execution Date – September 15, 2026. SESCO Group will complete a Hazardous Materials Commodity Flow Study for the benefit of the Local Emergency Planning Committee (LEPC) so the committee has a current understanding of the types and volume of hazardous materials being transported through Cuyahoga County. The assessment will take place by recording HM placards on vehicles traveling on highways, rail, waterways and air.
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): • Provide current data of hazardous materials using transportation avenues through the county • Data will provide a new base for LEPC focus of grant funding
If a County Council item, are you requesting passage of the item without 3 readings. ☐ Yes ☐ No

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address:	Owner, executive director, other (specify):
SESCO Group Compliance Company LLC 5154 E. 65th St. Indianapolis, IN 46220	Alexa Roemke Compliance Manager
Vendor Council District:	Project Council District:

N/A	District Countywide
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT X	NON-COMPETITIVE PROCUREMENT
RQ # if applicable ☐ RFB ☒ RFP ☐ RFQ ☒ Informal ☐ Formal Closing Date: 4/21/2026	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation: $60,000	☐ Exemption
Number of Solicitations (sent/received) 650/3	☐ State Contract, list STS number and expiration date ☐ Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): ( ) DBE ( ) SBE ( ) MBE ( ) WBE. Were goals met by awarded vendor per DEI tab sheet review?: ☐ Yes ☐ No, please explain.	☐ Sole Source ☐ Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ( ).
Recommended Vendor was low bidder: ☐ Yes ☒ No, please explain: Recommended vendor submitted highest scored proposal	☐ Government Purchase
	☐ Alternative Procurement Process
How did pricing compare among bids received? $49,449 – 59,438	☐ Contract Amendment (list original procurement)
	☐ Other Procurement Method, please describe:

Is Purchase/Services technology related ☐ Yes ☒ No. If yes, complete section below:	
☐ 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? ☐ No ☐ Yes, answer the below questions.	
Are services covered under the original ERP Budget or Project? ☐ Yes ☐ No, please explain.	
Are the purchases compatible with the new ERP system? ☐ Yes ☐ No, please explain.	

FUNDING SOURCE: i.e. General Fund, Health and Human Services Levy Funds, Community Development Block Grant (No acronyms i.e. HHS Levy, CDBG, etc.). Include % if more than one source. FY25 Year 1 Hazardous Materials Emergency Preparedness (HMEP) Federal funding - 80% FY27 State Emergency Response Commission (SERC) State funding – 20%
Is funding for this included in the approved budget? ☒ Yes ☐ No (if “no” please explain):

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

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

HISTORY (see instructions):

BC2026-355

Title	RQ# NA -2026 – Cuyahoga County Board of Health – Contract Amendment – Newborn Home Visiting
Department or Agency Name	Office Early Childhood/Invest in Children
Requested Action	☐ Contract ☐ Agreement ☐ Lease ☒ Amendment ☐ Revenue Generating ☐ Purchase Order ☐ Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	3725	Cuyahoga County Board of Health	1/1/2024-12/31/2025	$1,450,000.00	2/20/2024	R2024-0029
A -1	3725	Cuyahoga County Board of Health	1/1/2026-6/30/2026	$312,500.00	3/4/2026	BC2026-101
A-2	3725	Cuyahoga County Board of Health	7/1/2026-12/31/2026	$61,636.00	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. The Office of Early Childhood Invest in Children is requesting approval of a contract amendment to change the existing scope of work, add funding in the amount of $61,630.00 to Cuyahoga County Board of Health for the Newborn Home Visting Program and extend the time period of 7/1/2026 - 12/31/2026. The Board of Health will be implementing the Family Connects Ohio model and this additional funding will be use to track and analyze consistent data points across both home visiting models throughout the transition.
Indicate whether: ☐ New service/purchase ☒ Existing service/purchase ☐ Replacement for an existing service/purchase (provide details in Service/Item Description section above) The Newborn Home Visiting Program provides a home visit by a registered nurse to low income and teenage mothers giving birth at Metro, University, Hillcrest and Fairview hospitals within the first weeks of bringing the baby home.
For purchases of furniture, computers, vehicles: ☐ Additional ☐ Replacement Age of items being replaced: How will replaced items be disposed of N/A
Project Goals, Outcomes or Purpose (list 3): Improve maternal and infant health. Connect families to other community resources that support families. Link families to a medical home.

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):
Cuyahoga County Board of Health 5550 Venture Dr. Parma, OH 44130	Dr. Roderick Harris Health Commissioner
Vendor Council District:	Project Council District:
District 4	County wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	County wide

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ ☐ RFB ☐ RFP ☐ RFQ ☐ Informal ☐ Formal Closing Date:	Provide a short summary for not using competitive bid process. The Cuyahoga County District Board of Health is uniquely qualified to provide skilled nurses for the program.

	*See Justification for additional information.
The total value of the solicitation:	☐ Exemption
Number of Solicitations (sent/received) /	☐ State Contract, list STS number and expiration date ☐ Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): ( ) DBE ( ) SBE ( ) MBE ( ) WBE. Were goals met by awarded vendor per DEI tab sheet review? ☐ Yes ☐ No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	☐ Sole Source ☐ Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ( ).
Recommended Vendor was low bidder: ☐ Yes ☐ No, please explain: N/A	☐ Government Purchase
	☐ Alternative Procurement Process
How did pricing compare among bids received? N/A	☒ Contract Amendment - (list original procurement) Amendment 2 - Government Purchase Agreement CM3725
	☐ 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. N/A

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. Health and Human Services Levy – 100%
Is funding for this included in the approved budget? ☒ 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. HS260240 55130 UCH09999 Other Expenditures

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

Provide status of project. ongoing	
Is contract/purchase late ☐ No ☒ Yes, In the fields below provide reason for late and timeline of late submission	
Reason: Vendor requested changes to the Scope and once resolved. We sent to the vendor on May 27 for signature and had to wait 3 weeks to get on the Board of Health agenda for their approval process.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	5/11/2026
Date documents were requested from vendor:	5/11/2026
Date of insurance approval from risk manager:	2/11/2026
Date Department of Law approved Contract:	6/25/2026
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? ☒ No ☐ Yes (if yes, please explain)	
Have payments been made? ☒ No ☐ Yes (if yes, please explain)	

HISTORY (see instructions):

C. - Consent Agenda

BC2026-356

Title	North Main Street Bridge AMD #4 (Final)
Department or Agency Name	Public Works
Requested Action	☐ Contract ☐ Agreement ☐ Lease ☒ Amendment ☐ Revenue Generating ☐ Purchase Order ☐ Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
0	3952	The Great Lakes Construction Co.	05/08/2023-11/17/2023	$8,018,591.97	December 5th, 2023	R2023-0362
A-1	3952	The Great Lakes Construction Co.	n/a	$0	September 3rd, 2024	Item No. 2
A-2	3952	The Great Lakes Construction Co.	n/a	$0	August 25th, 2025	BC2025-550
A-3	3952	The Great Lakes Construction Co.	n/a	($55,712.36)	March 30th, 2026	BC2026-155

A-4	3952	The Great Lakes Construction Co.	n/a	($198,455.03)	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. The project consist of rehabilitation of existing structures over the Charin River by lining the existing stone arches with precast and cast in place concrete arches supported on new concrete pedestals, constructing new concrete headwalls (spandrel walls), rehabilitating existing retaining walls, and installing new sidewalks, decorative railings, and the resurfacing of North Main Street. This is the 4th and amendment, decreasing the project cost by a total of $198,455.03 via one line item.
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): See above

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):
The Great Lakes Construction 2608 Great Lakes Way Hinckley, OH 44233	Albert P. Leonard
Vendor Council District: n/a	Project Council District: 6
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# ___13433_____ ☒ RFB ☐ RFP ☐ RFQ ☐ Informal ☐ Formal Closing Date: 10/30/2023	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation: $8,018,597.97	☐ Exemption
Number of Solicitations (sent/received) 8 / 1	☐ State Contract, list STS number and expiration date ☐ Government Coop (Joint Purchasing Program/GSA), list number and expiration date

Participation/Goals (%): (10) DBE ( ) SBE ( ) MBE ( ) WBE. Were goals met by awarded vendor per DEI tab sheet review? ☒ Yes ☐ No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	☐ Sole Source ☐ Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ( ).
Recommended Vendor was low bidder: ☒ Yes ☐ No, please explain:	☐ Government Purchase
	☐ Alternative Procurement Process
How did pricing compare among bids received? One Bid Received. Lowest and Best.	☒ Contract Amendment - (list original procurement)
	☐ Other Procurement Method, please describe:

Is Purchase/Services technology related ☒ No ☐ Yes If yes, list date of TAC approval and answer the questions below.
List date of TAC approval | Date: ☐ Check if item on IT Standard List of approved purchase and provide date of TAC approval. ☐ Check if item is ERP related? ☐ No ☐ Yes.
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. 44% Federal 30% Ohio Public Works Commission 19% Municipality 7% County Road & Bridge $5.00 Fund
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. PW605100
Payment Schedule: ☒ Invoiced ☐ Monthly ☐ Quarterly ☐ One-time ☐ Other (please explain):

Provide status of project. Complete pending project closeout.
Is contract/purchase late ☒ No ☐ Yes, In the fields below provide reason for late and timeline of late submission
Reason:
Timeline

Project/Procurement Start Date (date your team started working on this item):	5/27/2026
Date documents were requested from vendor:	6/10/2026
Date of insurance approval from risk manager:	6/10/2026
Date Department of Law approved Contract:	
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? ☐ No ☐ Yes (if yes, please explain)	
Have payments been made? ☐ No ☐ Yes (if yes, please explain)	

HISTORY (see instructions): SEE ABOVE

BC2026-357

Department of Information Technology, recommending to declare excess County computers and IT Equipment as surplus County-owned property, no longer needed for public use; requesting authority to sell surplus property to Info@Ret3.org. for a fee in the amount not-to-exceed $1.00 for the month of June 2026 in accordance with EO2012-0001.

Funding Source: Revenue Generating

Agency: Department of IT

Sale of property to:

Info@Ret3.org
1814 E. 40th Street
Cleveland, Ohio 44103
Kenny Kovach-Director

Decommissioned from BlueBridge on June 23, 2026, to be RT3'ed.				
MFG	Model/Description	Serial	Tag	
HP	BladeSystem c7000 Enclosure G3	2SN61601G1	86361	
HP	ProLiant BL460c Gen9	2M261602R9	88020	
HP	ProLiant BL460c Gen9	2M261602RB	88019	
HP	ProLiant BL460c Gen9	2M261602RC	88018	
HP	ProLiant BL460c Gen9	2M261602R6	88017	
HP	PROLIANT DL360G7	MXQ21506ZR	76605	
HP	PROLIANT DL360G7	MXQ21506ZN	76606	
Cisco	3850 Switch	FOC1824U083	95045	
Cisco	3850 Switch	FCW1825C0KL	95046	

Cisco	3850 Switch	FCW1825C0KP	95047	
Cisco	3850 Switch	FOC1825X0KX	95048	
F5	BigIP 5250	f5-bbux-cjer	95067	
F5	BigIP 5250	f5-yxmw-kacb	95068	
HP	ProLiant BL460c Gen9	2M261602R8	88021	
HP	ProLiant BL460c Gen9	2M261602RD	88022	
HP	ProLiant BL460c Gen9	2M261602R7	88023	*not in CMDB
HP	ProLiant BL460c Gen9	CZ26240376	UNK29	
HP	ProLiant BL460c Gen10	2M284403XX	90637	
HP	ProLiant BL460c Gen10	2M284403XY	90638	
HP	ProLiant BL460c Gen10	2M284403XZ	90639	

BC2026-358
(See related items for proposed travel/memberships for the week of 7/13/2026 in Section C above).

BC2026-359
(See related items for proposed purchases for the week of 7/13/2026 in Section C above).

V – OTHER BUSINESS

Time Sensitive/Mission Critical

BC2026-360

Title	Department of Public Works – Time Sensitive Mission Critical - Solid Platforms Inc – Emergency Scaffolding
Department or Agency Name	Department of Public Works
Requested Action	☐ Contract ☐ Agreement ☐ Lease ☐ Amendment ☐ Revenue Generating ☒ Purchase Order ☐ Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	26002308	Solid Platforms, Inc.	NA	$15,305.00	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. This is a Mission Critical request for the deployment, set-up and dismantling of scaffolding required for the repair of the Huntington Valley Bridge.

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): This is a mission critical procurement process resulting in a purchase order for the set up or required scaffolding for bridge structural repair on the underside of the Huntington Valley Bridge. The scaffolding will provide access for County staff to conduct necessary bridge repairs.

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):
Solid Platforms Inc 6610 Melton Road Portage, IN 46368	Brad Brown / project manager
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ ☐ RFB ☐ RFP ☐ RFQ ☒ Informal ☐ Formal Closing Date:	Provide a short summary for not using competitive bid process. This was a time sensitive request authorized by the department Director. *See Justification for additional information.
The total value of the solicitation:	☐ Exemption
Number of Solicitations (sent/received) 18 / 2	☐ State Contract, list STS number and expiration date ☐ Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): ( ) DBE ( ) SBE ( ) MBE ( ) WBE. Were goals met by awarded vendor per DEI tab sheet review? ☐ Yes ☐ No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	☐ Sole Source ☐ Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ( ).
	☐ Government Purchase

Recommended Vendor was low bidder: ☐ Yes ☐ No, please explain:	☐ Alternative Procurement Process
How did pricing compare among bids received?	☐ Contract Amendment - (list original procurement)
	☒ Other Procurement Method, please describe: Time Sensitive Mission Critical

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. Road & Bridge Funds / 100%
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. PW270165 / 54400 / 200
Payment Schedule: ☒ Invoiced ☐ Monthly ☐ Quarterly ☐ One-time ☐ Other (please explain):

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

HISTORY (see instructions):

Item of Note (non-voted)

ION2026-77

TITLE	2026-2027 Ryan White Part A – Addendum 1 - DSAS
DEPARTMENT OR	Department of Senior and Adult Services

REQUESTED ACTION – PLEASE CHECK ALL THAT IS APPLICABLE *PLEASE INCLUDE SUPPORTING DOCUMENTS AS ATTACHMENTS TO THE SUBMISSION IN ONBASE.	☐ Authority to Apply (for grants with Cash Match and/or Subrecipients). ☐ Grant Application (for grants with no Cash Match or Subrecipients). ➢ Is County Executive signature required ☐ Yes ☐ No ☒ Grant Agreement (when the signature of the County Executive is required). ☐ Grant Award (when the signature of the County Executive is not required). ☒ Grant Amendments ☐ Pre-Award Conditions Forms (when no signature is required by the County Executive)

GRANT CURRENT/ HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL (PLEASE PROVIDE BOC MEETING DATE)	APPROVAL NO.
ORIGINAL (O)	Ryan White Part A	3/1/2026-2/28/2027	$15,009.00	4/20/2026	ION2026-39
Addendum 1	Ryan White Part A	3/1/2026-2/28/2027	$54,676.00	Pending	Pending

DESCRIPTION/ EXPLANATION OF THE GRANT:	To provide home and community-based services to individuals with HIV/AIDS To provide home health services to individuals with HIV/AIDS
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	Deliver professional services in a manner consistent with the corresponding public health standards, generally accepted best practices and professional protocols, and the definition for service as established by the U.S. Department of Health and Human Services, Provide each client with information and referral regarding all RW Act Part A services and providers and other community services for persons living with HIV/AIDS.

GRANT SUBRECIPIENTS – ARE THERE ANY SUBRECIPIENTS THAT ARE WRITTEN INTO THE GRANT ☐ YES ☒ NO	
IF ANSWERED YES, PLEASE COMPLETE THE BOXES BELOW AS IT PERTAINS TO THE SUBRECIPIENT. FOR MULTIPLE SUBRECIPIENTS, PLEASE COPY THIS SECTION AND COMPLETE FOR EACH SUBRECIPIENT.	
SUBRECIPIENT'S NAME AND ADDRESS:	
LIST THE (OWNERS, EXECUTIVE DIRECTOR, OTHER(specify) FOR THE CONTRACTOR/VENDOR	Mr. Roderick Harris, PHD Cuyahoga County Board of Health 5550 Venture Drive, Parma OH 44130

SUBRECIPIENT'S COUNCIL DISTRICT:	Council District 4
DOLLAR AMOUNT ALLOCATED:	

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

FUNDING SOURCE:	Please provide the complete, proper name of the funding source (no acronyms) for receipt of this grant.
	This is being paid by the Cuyahoga County Board of Health
	Does this require a Cash Match by the County? ☐ YES ☒ NO
	If yes, how much is required for the Cash Match by the County? Also, please provide the complete, proper name of the County funding source (no acronyms) that will be used for the Cash Match. Include percentages of funding if using more than one County funding source for the Cash Match.

ION2026-78
(See related list of Contracts up to $10,000.00 processed and executed for the week of 7/13/2026 in Section V. above).

ION2026-79
(See related list of purchases processed (No Vote Required) in the amount not-to-exceed $10,000.00 for the period 6/1/2026 - 6/30/2026 in Section V. above).

VI – PUBLIC COMMENT

VII – ADJOURNMENT