



**Cuyahoga County Board of Control Agenda
Monday, September 21, 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 – 9/14/2026

III. – PUBLIC COMMENT

IV. – CONTRACTS AND AWARDS

A. – Tabled Items

B. – New Items for Review

BC2026-484

Department of Public Works, submitting an amendment to Contract No. 3995 (fka Contract No. 871) with Project Management Consultants LLC for owner's representative services in connection with the Cuyahoga County Central Services Campus (fka the Justice Center Complex Project) for the period 1/9/2019 – 7/31/2029 to extend the time period to 12/31/2029, to update the scope of services listed in Exhibit A, and for additional funds in the amount not-to-exceed \$200,000.00, effective upon signatures of all parties.

Funding Source: General Fund

BC2026-485

Department of Public Works, submitting an amendment to a Master Contract with various providers for on-call heavy construction services, on a task order basis, for various road and bridge maintenance and repairs for the period 3/1/2023 – 2/28/2027 to extend the time period to 9/30/2027 and for additional funds in the total amount not-to-exceed \$650,000.00, effective upon signatures of all parties as follows:

- a) Contract No. 6241 (fka Contract No. 2989) with CATTs Construction, Inc. in the anticipated amount of \$162,500.00.
- b) Contract No. 5664 (fka Contract No. 2990) with The Ruhlin Company in the anticipated amount of \$162,500.00.

- c) Contract No. 6217 (fka Contract No. 2991) with Schirmer Construction, LLC in the anticipated amount of \$162,500.00.
- d) Contract No. 5663 (fka Contract No. 2992) with Terrace Construction Company, Inc. in the anticipated amount of \$162,500.00.

Funding Source: Road and Bridge Fund

BC2026-486

Department of Public Works, submitting a Revenue Generating Agreement (via Contract No. 6431) with Board of Park Commissioners of the Cleveland Metropolitan Park District for anticipated revenue in the amount not-to-exceed \$475,000.00 for sewer maintenance services and disposal of wastewater sewer grit for the period 10/18/2026 – 10/17/2029, effective upon signatures of all parties.

Funding Source: Revenue Generating

BC2026-487

Department of Information Technology, recommending an award and enter into a cybersecurity purchase pursuant to R.C. 9.64 via Purchase Order No. 26003180 in the amount not-to-exceed \$63,730.00 through a joint cooperative contract for the period 11/11/2026 - 11/10/2027.

Funding Source: General Fund

BC2026-488

Department of Information Technology, recommending an award and enter into a cybersecurity services contract pursuant to R.C. 9.64 via Contract No. 6382 in the amount not-to-exceed \$57,000.00 through a joint cooperative contract for the period 9/14/2026 - 9/13/2029.

Funding Source: General Fund

BC2026-489

Department of Human Resources, recommending an award and enter into Agreement No. 6379 with The MetroHealth System in the amount not-to-exceed \$40,000.00 for flu shot clinic services for County employees, effective upon signatures of all parties through 12/31/2026.

Funding Source: Self-Insurance Fund

BC2026-490

Department of Human Resources, recommending an award and enter into Agreement No. 6428 with The MetroHealth System in the amount not-to-exceed \$66,300.00 for on-site biometric screening services for County employees participating in the Wellness Program, effective upon signatures of all parties through 12/31/2026.

Funding Source: Self-Insurance Fund

BC2026-491

Sheriff's Department, recommending an award on Purchase Order No. 26003192 with Vasu Communications, Inc. in the amount not-to-exceed \$16,197.25 for a state contract purchase of (5) Viking mobile radios, related accessories, software licenses, warranty and support for the new Dodge Durangos purchased for the Electronic Monitoring Unit.

Funding Source: Home Detention Fees

BC2026-492

Sheriff's Department,

- a) Submitting an RFP exemption, which will result in an award recommendation to Watch Systems, LLC dba Offender Watch in the amount not-to-exceed \$675,000.00 for sex offender notification mailing services for Cuyahoga County for the period 1/1/2027 – 12/31/2029.
- b) Recommending an award and enter a Contract No. 6425 with Watch Systems, LLC dba Offender Watch in the amount not to-exceed \$675,000.00 for sex offender notification mailing services for Cuyahoga County for the period 1/1/2027 – 12/31/2029.

Funding Source: General Fund

BC2026-493

Medical Examiner's Office,

- a) Submitting an RFP exemption, which will result in an award recommendation to Qualtrax, Inc. in the amount not-to-exceed \$85,750.00 for the purchase of (115) Ideagen-Qualtrax Software Licenses, Hosted Platform fee, and maintenance and support services for the period 5/1/2026 – 4/30/2031.
- b) Recommending an award and enter into Contract No. 6116 with Qualtrax, Inc. in the amount not-to-exceed \$85,750.00 for the purchase of (115) Ideagen-Qualtrax Software Licenses, Hosted Platform fee, and maintenance and support services for the period 5/1/2026 – 4/30/2031.

Funding Source: General Fund

BC2026-494

Department of Public Safety and Justice Services, requesting authority to apply for grant funds from the Ohio Department of Public Safety/Office of Criminal Justice Services in the amount of \$19,617.19 for management of the FY2026 STOP Violence Against Women Act Administrative Grant Program for the period 1/1/2027 – 3/31/2028.

Funding Source: Ohio Department of Public Safety/Office of Criminal Justice Services (\$19,617.19) and Cash Match – General Fund (\$6,539.06)

BC2026-495

Department of Public Safety and Justice Services on behalf of the Medical Examiner's Office, submitting an amendment to Contract No. 5683 with Knupp & Watson & Wallman, Inc. d/b/a KW2 for public health communication and education campaign to reduce drug overdose fatalities for the period 10/27/2025 - 9/30/2026 to expand the scope of services as outlined in Schedule A (2026), and for additional funds in the amount not-to-exceed \$16,625.00, effective upon signatures of all parties.

Funding Source: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance

BC2026-496

Department of Health and Human Services/Cuyahoga Job and Family Services, submitting an amendment to a Revenue Generating Agreement (via Contract No. 5622) with Southwest General Health Center to provide and employ a sufficient number of Cuyahoga Job and Family Services trained workers whose assigned caseloads will consist of Southwest patients applying for Medicaid or needing assistance with their Medicaid benefits for the period 9/1/2025 - 8/31/2026 to extend the time period to 8/31/2027, and for additional revenue in the amount not-to- exceed \$43,382.48, effective 9/1/2026.

Funding Source: Revenue Generating

C. – Exemptions**BC2026-497**

Department of Public Works, recommending an alternative procurement process to issue a modified informal solicitation for Café, Food and Vending service operations for the current space at the Virgil E. Brown Building by releasing the solicitation to only those vendors that offered a solution specifically for the Virgil E. Brown building during the previous RFP solicitation on RQ14927.

Funding Source: Revenue Generating

D. – Consent Agenda**BC2026-498**

Department of Public Works, submitting an amendment to Contract No. 4718 with CATTS Construction Inc. for resurfacing of Clague Road from Lorain Road to Marion Road in the City of North Olmsted for a decrease in the amount of (\$47,111.79); 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: 43.8% City of North Olmsted, 32% Federal, and 24.2% County Road and Bridge Fund

BC2026-499

Department of Health and Human Services/Community Initiatives Division/Office of Early Childhood,

- a) Requesting authority to submit a Grant application from the Bruening Foundation in the amount of \$70,335.00 for the FamilySpace program for the period 1/1/2027 - 12/31/2027.
- b) Submitting a grant agreement with the Bruening Foundation in the amount of \$70,335.00 for the FamilySpace program for the period 1/1/2027 - 12/31/2027.

Funding Source: Bruening Foundation Grant

BC2026-500

Fiscal Department, presenting proposed travel/membership requests for the week of 9/21/2026:

Dept:	Department of Information Technology							
Event:	Blue Team Con 2026							
Source:	Blue Team Con							
Location:	Chicago, IL							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
David Lauer	9/11/2026- 9/13/2026	\$229.00	\$180.00	\$458.00	\$754.64	\$0.00	\$1,621.64	General Fund

*Paid to host

**Staff reimbursement

*** Airfare will be covered by a contract with the County's Travel Vendor

Purpose:

Blue Team Con is the nation's only conference focused on cybersecurity defense, bringing together a diverse group of professionals, intent on proactively protecting their organizations against growing and evolving cybersecurity threats. Attending Blue Team Con gives you access to talks, training, and events that put the spotlight on defensive security tactics, preparing you and your team for the latest cybersecurity threats so you prevent a breach, rather than react to one. Attendance to this conference will also give me CEUs towards the maintenance of my SANS certifications.

Dept:	Department of Information Technology							
Event:	Northern Ohio Security Awareness Summit 2026							
Source:	Secure WV							
Location:	Charleston, WV							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/	Air ***	Total	Funding Source

					Mileage **			
David Lauer	10/21/2026-10/24/2026	\$75.00	\$163.00	\$345.00	\$380.00	\$0.00	\$963.00	General Fund

*Paid to host

**Staff reimbursement

*** Airfare will be covered by a contract with the County's Travel Vendor

Purpose:

Secure WV is a 2-day conference in Charleston West Virginia ran by a 501c3 non-profit that conducts an annual cyber security conference to fulfill the primary objectives of awareness and education. This conference is one of the larger regional conferences that attracts nationally known cybersecurity leaders to teach and speak about advanced cybersecurity topics. Attendance to this conference will also give me CEUs towards the maintenance of my SANS certification.

Dept:	Sheriff's Department							
Event:	2026 Major County Sheriff's Association Annual Conference							
Source:	Major County Sheriffs of America							
Location:	Milwaukee, WI							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Alfred Johnson	9/20/2026-9/23/2026	\$500.00	\$178.00	\$975.00	\$150.00	\$625.00	\$2,428.00	Continuing Professional Training Fund
Aaron Reese	9/20/2026-9/23/2026	\$500.00	\$178.00	\$975.00	\$150.00	\$625.00	\$2,428.00	Continuing Professional Training Fund
Richard Peters	9/20/2026-9/23/2026	\$500.00	\$178.00	\$975.00	\$150.00	\$625.00	\$2,428.00	Continuing Professional Training Fund

*Paid to host

**Staff reimbursement

*** Airfare will be covered by a contract with the County's Travel Vendor

Purpose:

To address national, state, and local issues and bring back diverse experiences and best practices that enhance safety, security, and quality of life for the communities we serve. This travel will also provide opportunities to collaborate with command staff from other Sheriff's Departments and to attend classes and seminars that support continued professional development.

Dept:	Medical Examiner's Office							
Event:	NAME 2026 Annual Meeting							
Source:	National Association of Medical Examiners							
Location:	Kansas City, MO							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Dr. Thomas Gilson	10/16/2026- 10/20/2026	\$1,050.00	\$250.00	\$600.00	\$340.28	\$700.00	\$2,940.28	Coroner Lab Fund

*Paid to host

**Staff reimbursement

*** Airfare will be covered by a contract with the County's Travel Vendor

Purpose:

Annual meeting for National Association of Medical Examiners Acquire up-to-date information on forensic pathology Present current research from Cuyahoga County Medical Examiner's Office (CCMEO). Recruit for vacancies in medical staff positions Engage with fellowship candidates Maintain profile of the CCMEO
Committee meeting/business meeting advocacy.

Dept:	Department of Public Safety and Justice Services							
Event:	Crypto Currency Investigations							
Source:	Professional Law Enforcement Training							
Location:	Omaha, NE							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Melanie Molzan	10/27/2026- 10/30/2026	\$329.00	\$191.00	\$474.72	\$361.58	\$469.00	\$1,825.30	FY24 Urban Area Security Initiative (UASI) Grant

*Paid to host

**Staff reimbursement

*** Airfare will be covered by a contract with the County's Travel Vendor

Purpose:

This training course will cover the fundamentals of cryptocurrency to include how to obtain it using cryptocurrency exchanges, wallets, peer to peer networks, Coin Join multiparty services, and various other methods. Class participants will learn how to manually track cryptocurrency transactions using

public blockchain explorers. Several real-life case studies will be presented to demonstrate methods to initiate a cryptocurrency case from start to finish. In-depth practical exercises will take place during this course. Tablets will be provided to all students so that they can engage in a variety of practical exercises to include setting up cover wallets, initiating transactions, and tracking crypto transactions.

BC2026-501

Department of Purchasing, presenting proposed purchases for the week of 9/21/2026:

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
26003184	(1) Industrial Compactor with Custom Hopper	Department of Public Works	Precision Compaction Services, LLC	\$24,861.14	Capital Project-General Fund
26003249	Enter into a cybersecurity purchase order pursuant to R.C. 9.64	Department of Information Technology	Redacted per R.C. 9.64	\$10,855.45	General Fund
26003120	Various Vital Sign Monitors and related accessories for The Centers – Glick Recovery Campus	Department of Public Safety and Justice Services	Claflin Service Company dba CME Corp.	\$21,789.76	FY2022 Byrne Discretionary Funding Grant Program

V- OTHER BUSINESS

Item of Note (non-voted)

ION2026-109

Department of Public Safety and Justice Services requesting authority to apply for grant funds from Ohio Department of Public Safety/Office of Criminal Justice Services in the amount of \$681,497.33 for the Regional Planning Unit Project in connection with the FY2026 STOP Violence Against Women ACT Block Grant for the period 1/1/2027 – 3/31/2028.

Funding Source: Ohio Department of Public Safety, Office of Criminal Justice Services

ION2026-110

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
NA	3715	The Great Lakes Brewing Co.	For various projects in connection with the State of	\$0.00	Department of Development	8/28/2023 - 8/28/2026; to extend	(Original) General Fund - American Rescue	(Executive) 9/9/2026 (Law) 9/11/2026

			Ohio, Brownfield Remediation Funding Match Program; to amend the maturity date and amend and replace various loan terms, effective upon signatures of all parties.			the time to 12/31/2026	Plan Act (ARPA) Revenue Replacement /Provision of Government Services	
NA	6443 (fka 3849)	The Board of Park Commissioners of the Cleveland Metropolitan Park District	For various projects in connection with the State of Ohio, Brownfield Remediation Funding Match Program; to replace the insurance policy and amend and replace various loan terms, effective 10/3/2023.	\$0.00	Department of Development	12/29/2022-6/29/2026	(Original) General Fund - American Rescue Plan Act (ARPA) Revenue Replacement /Provision of Government Services	(Executive) 10/3/2023 (Law) 9/22/2023
NA	6287 (fka 5818 and 3953)	Court Community Service	For litter control services and oversight in selected urban communities; to increase the per diem rate from \$253.00 to \$279.00, effective 5/1/2026	\$0.00	Department of Housing and Community Development	1/1/2024 – 4/30/2028	(Original) Community Development Block Grant	(Executive) 9/16/2026 (Law) 9/16/2026
6906	5747 (fka 2318)	PCs For People Ohio, LLC	To provide assistance in the deployment of broadband services in Cuyahoga County.	\$0.00	Office Of Innovation and Performance	6/16/2022-3/31/2026; to extend the time period to 12/31/2026	(Original) General Fund- American Rescue Plan Act (ARPA) Fund	(Executive) 9/11/2026 (Law) 9/3/2026
7607	User License Agreement (via Contract No. 3005 (fka 1985))	Permitium, LLC	Sole source services for the configuration and implementation of an online weapons permit application platform for the Concealed Weapons Licensing Unit; to update insurance requirements and extend time, effective upon signatures of all parties.	\$0.00	Sheriff's Department	1/1/2022 - 12/31/2026; to extend the time period to 12/31/2027	(Original) Revenue Generating	(Executive) 9/11/2026 (Law) 9/14/2026
NA	5625	Thrive Behavioral Health Center, Inc.	For peer navigator services for inmates at the Cuyahoga County Corrections Center with mental health and substance abuse issues.	\$0.00	Sheriff's Department	10/15/2025-10/14/2026; to extend the time period to 12/31/2026	(Original) Ohio Attorney General 2025 Opioid Remediation Grant	(Executive) 9/11/2026 (Executive) 9/11/2026

NA	5387	Reach Success Inc.	To support the educational needs of incarcerated individuals who are returning to Cuyahoga County for the County's Pay for Success Initiative; to add Exhibits IV and V, effective upon signatures of all parties.	\$0.00	Office of Re-entry	1/1/2025-12/31/2027	(Original) Federal Bureau of Justice Affairs Grant Funds	(Executive) 9/15/2026 (Law) 9/11/2026
NA	5389	Lutheran Metropolitan Ministry	For housing skills classes and housing navigation services for the County's Pay for Success Initiative; to add Exhibits IV and V, effective upon signatures of all parties.	\$0.00	Office of Re-entry	1/1/2025-12/31/2027	(Original) Federal Bureau of Justice Affairs Grant Funds	(Executive) 9/15/2026 (Law) 9/11/2026

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
R2026-0217	Resurfacing of Schreiber Road from the West Corporation Line to Dunham Road in the City of Maple Heights - Council District 8	\$460,000.00		\$230,000.00 Road and Bridge \$230,000.00 City of Maple Heights	(Executive) 9/11/2026
R2026-0217	Resurfacing of Tuxedo Avenue from the West Corporation Line to West 6th Street in the Village of Brooklyn Heights - Council District 8	\$390,000.00		\$195,000.00 Road and Bridge Funds \$195,000.00 Village of Brooklyn Heights	(Executive) 9/11/2026

VI – PUBLIC COMMENT

VII – ADJOURNMENT

Minutes

Cuyahoga County Board of Control

Monday, September 14, 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 11:01 a.m.

Attending:

Katherine A. Gallagher, Chief of Operations & Community Innovation County Executive Administration
(Alternate for Chris Ronayne, County Executive)

Michael Chambers, Fiscal Officer, serving as Chairman

Mellany Seay, Finance and Operations Administrator, Department of Public Works

(Alternate for Michael Dever)

Paul Porter, Director, Department of Purchasing

Councilmember Meredith Turner

Laura Black, County Council (Alternate for Councilmember Michael Houser)

Trevor McAleer, County Council (Alternate for Councilmember Robert Schleper)

Councilmember Robert Schleper arrived at 11:11 am

II. – REVIEW MINUTES – 9/8/2026

Michael Chambers motioned to approve the minutes from the September 8, 2026, meeting; Meredith Turner 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

~~BC2026-465~~ THIS ITEM WAS HELD AT THE REQUEST OF THE COUNCIL PRESIDENT

Sheriff's Department,

~~a) Submitting an RFP exemption, which will result in an award recommendation to Excel K9 Services, Inc. in the total amount not to exceed \$63,200.00 for the purchase of (4) canine trained in narcotic detection for the Correction Officer's K-9 unit.~~

~~b) Recommending an award on Purchase Order No. 26003009 to Excel K9 Services, Inc. in the total amount not to exceed \$63,200.00 for the purchase of (4) canine trained in narcotic detection for the Correction Officer's K-9 unit.~~

~~Funding Source: Commissary Fund~~

B. – New Items for Review

BC2026-473

Department of Public Works,

- a) Requesting authority to apply for grant funds from Ohio Public Works Commission in the amount of \$706,580.00 for the Barrett Road Culvert C-12 Emergency Rehabilitation and Replacement project in connection with Ohio Public Works Commission Emergency Program for the period 10/1/2026 – 7/31/2027.
- b) Submitting a grant award with Ohio Public Works Commission in the amount of \$706,580.00 for the Barrett Road Culvert C-12 Emergency Rehabilitation and Replacement project in connection with Ohio Public Works Commission Emergency Program for the period 10/1/2026 – 7/31/2027.

Funding Source: 70% Ohio Public Works Commission (\$706,580.00) and 30% Road and Bridge Fund (\$302,820.00)

Eric Mack, Department of Public Works, presented. There were no questions. Michael Chambers motioned to approve the item; Trevor McAleer seconded. Item BC2026-473 was approved by unanimous vote.

BC2026-474

Department of Public Works,

- a) Submitting an RFP exemption, which will result in an award recommendation to Resa Service, LLC dba Resa Power, LLC in the amount not-to-exceed \$28,280.00 to recondition and retrofit breakers to (2) new AC Pro II trip units.
- b) Recommending an award on Purchase Order No. 26003156 to Resa Service, LLC dba Resa Power, LLC in the amount not-to-exceed \$28,280.00 to recondition and retrofit breakers to (2) new AC Pro II trip units.

Funding Source: Capital Project - General Fund

Matthew Rymer, Department of Public Works, presented. There were no questions. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2026-474 was approved by unanimous vote.

BC2026-475

Department of Public Works, submitting an amendment to Contract No. 5127 with Andrews Moving and Storage Company for moving services for various departments related to the 1801 Superior Avenue project for the period 2/4/2025 – 12/31/2026 to extend the time period to 12/31/2027, and for additional funds in the amount not-to-exceed \$650,000.00, effective upon signatures of all parties.

Funding Source: Capital Project - General Fund

Matthew Rymer, Department of Public Works, presented. Meredith Turner asked are the moves complete, so we should anticipate more cost related to moving. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2026-475 was approved by unanimous vote.

BC2026-476

Department of Public Works, submitting an amendment to Contract No. 5131 (fka Contract No. 4783) with Zscape LLC for landscaping, snow removal and salting services at the Cuyahoga County Animal Shelter for the period 11/11/2024 – 11/10/2026 to extend the time period to 11/10/2027, to modify the scope of services and pricing as described in Exhibit II-A and to replace the insurance requirements and for additional funds in the amount not-to-exceed \$30,000.00, effective upon signatures of all parties.

Funding Source: Animal Shelter Operations Fund

Matthew Rymer, Department of Public Works, presented. There were no questions. Michael Chambers motioned to approve the item; Trevor McAleer seconded. Item BC2026-476 was approved by unanimous vote.

BC2026-477

Department of Information Technology,

- a) Submitting an RFP exemption, which will result in an award recommendation to Infor Public Sector, Inc. in the amount not-to-exceed \$97,802.80 for the purchase of various Workforce Data Collection time clocks and related components for the ERP system, software maintenance and support, effective upon signatures of all parties for a period of 1 year.
- b) Recommending an award on Purchase Order No. 26002616 to Infor Public Sector, Inc. in the amount not-to-exceed \$97,802.80 for the purchase of various Workforce Data Collection time clocks and related components for the ERP system, software maintenance and support, effective upon signatures of all parties for a period of 1 year.

Funding Source: General Fund

Brianna Witt, Department of Information Technology, presented. There were no questions. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2026-477 was approved by unanimous vote.

~~BC2026-478~~ THIS ITEM IS BEING WITHDRAWN AT THE REQUEST OF THE DEPARTMENT OF PURCHASING. THIS ITEM WAS RESUBMITTED TO ONBASE IN ERROR.

~~Court of Common Pleas/Juvenile Court Division, submitting an amendment to Contract No. 5644 (fka Contract No. 5076) with Mental Health Services for Homeless Persons, Inc. dba Frontline Service for the Youth Acceptance Project – Family Preservation and Reunification services for Court referred youth ages 11 – 20 at risk for recidivism for the period 7/1/2024 – 6/30/2026 to extend the time period to 6/30/2027~~

~~to replace the insurance requirements and for additional funds in the amount not to exceed \$20,000.00, effective 7/1/2026.~~

Funding Source: RECLAIM Grant

BC2026-479

Department of Health and Human Services/Division of Children and Family Services, submitting an amendment to Contract No. 5844 (fka Contract No. 5652) with A Place 4 Me Collaborative for independent living skills training for youth and young adults, ages 14-21 for the period 10/1/2025 – 9/30/2026 to extend the time period to 9/30/2027 to modify the scope of work in accordance with Exhibit I-A, and for additional funds in the amount not-to-exceed \$67,064.86, effective 10/1/2026.

Funding Source: 65% Health and Human Services Levy Fund; 35% Federal Title IV-E Reimbursement Fund

Marcos Cortes, Department of Health and Human Services, presented. There were no questions. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2026-479 was approved by unanimous vote.

C. – Consent Agenda

There were no questions or comments on the Consent Agenda items. Michael Chambers motioned to approve Consent Agenda Item No. BC2026-480 through BC2026-482; Paul Porter seconded. The Consent Agenda Items were approved by unanimous vote.

BC2026-480

Department of Health and Human Services/Community Initiatives Division/Office of Homeless Services,

- a) Requesting authority to apply for grant funds from the U.S. Department of Housing and Urban Development in the amount of \$479,311.00 for navigation services and financial assistance for homeless and at-risk youth and young adults in connection with the Cuyahoga Youth Homelessness Demonstration Program - Supportive Services Only 2024 Renewal for the period 1/1/2027 – 12/31/2027.
- b) Submitting a grant award from the U.S. Department of Housing and Urban Development in the amount of \$479,311.00 for navigation services and financial assistance for homeless and at-risk youth and young adults in connection with the Cuyahoga Youth Homelessness Demonstration Program - Supportive Services Only 2024 Renewal for the period 1/1/2027 – 12/31/2027.

Funding Source: U.S. Department of Housing and Urban Development in connection with Cuyahoga Youth Homelessness Demonstration Program - Supportive Services Only 2024 Renewal

BC2026-481

Fiscal Department, presenting proposed travel/membership requests for the week of 9/14/2026:

Department	Organization	Membership Dues	Dates of Membership	Funding Source
Department of Health and Human Services/ Cuyahoga Job and Family Services	Ohio Job and Family Services Directors ASSN	\$22,418.62	1/1/2027 – 12/31/2027	50% State and Federal 50% Health and Human Service Levy

Purpose of Membership:
2027 Association Dues, Class 5

Medical Examiner's Office, recommending to amend Board of Control Approval No. BC2026-458 dated 8/31/2026 for the National Association of Medical Examiners event in Kansas City from \$1,640.00 to \$1,690.00 as indicated below:

Dept:	Medical Examiner's Office							
Event:	NAME 2026 Annual Meeting							
Source:	National Association of Medical Examiners							
Location:	Kansas City, MO							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Malavika Sengupta	10/16/2026-10/18/2026	\$0.00	\$150.00	~~\$650.00~~ \$700.00	\$240.00	\$600.00	~~\$1,640.00~~ \$1,690.00	2025 Coverdell Grant
Lo Tamburro	10/16/2026-10/20/2026	\$0.00	\$200.00	\$ 842.00	\$290.00	\$540.00	\$1,872.00	2025 Coverdell Grant

* NAME waives registration fees for students and forensic pathologists in training.

**Staff reimbursement

*** Airfare will be covered by a contract with the County's Travel Vendor

Purpose:

Educational conference hosted by National Association of Medical Examiners, to include didactic lecture series on forensic topics and review of research project posters and platform presentations and networking events.

Dept:	Medical Examiner's Office							
Event:	APHA 2026 Meeting and Expo Together We Thrive							
Source:	American Public Health Association							
Location:	San Antonio, TX							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Manreet Bhullar	10/31/2026-11/4/2026	\$295.00	\$300.00	\$1,380.00	\$303.26	\$500.00	\$2,778.26	Overdose Data to Action Grant

*Paid to host

**Staff reimbursement

*** Airfare will be covered by a contract with the County's Travel Vendor

Purpose:

Manreet will be leading a forensic epidemiology scientific session at American Public Health Association's Annual Meeting and Expo, including a presentation on recent declines in fentanyl-related overdose deaths. She also serves on the Evidentiary Review Committee, which reviews and accepts policy briefs and position statements on behalf of APHA.

Dept:	Medical Examiner's Office							
Event:	NAME 2026 Annual Meeting							
Source:	National Association of Medical Examiners							
Location:	Kansas City, MO							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Alison Krywanczyk	10/16/2026-10/19/2026	\$1,050.00	\$200.00	\$1,800.00	\$140.00	\$455.00	\$3,645.00	2025 Coverdell Grant
Joseph Felo	10/15/2026-10/21/2026	\$1,050.00	\$236.00	\$2,454.83	\$380.00	\$541.00	\$4,661.83	2025 Coverdell Grant

*Paid to host

**Staff reimbursement

*** Airfare will be covered by a contract with the County's Travel Vendor

Purpose:

Educational conference hosted by National Association of Medical Examiners, to include didactic lecture series on forensic topics and review of research project posters and platform presentations and networking events for mentoring and fellowship candidate recruitment. Accepted as author for poster presentation and NAME board member.

Dept:	Public Defender's Office							
Event:	Youth Defender Leadership Summit							
Source:	The Gault Center							
Location:	Detroit, MI							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Caitlyn Idoine	10/28/2026-10/30/2026	\$300.00	\$150.00	\$423.66	\$500.32	\$0.00	\$1,373.98	General Fund 80% reimbursed by Ohio Public Defender

*Paid to host

**Staff reimbursement

*** Airfare will be covered by a contract with the County's Travel Vendor

Purpose:

Each fall since 1997, the Gault Center hosts the only national gathering and training for youth defenders and advocates. The Youth Defender Leadership Summit brings together hundreds of youth defense attorneys and advocates from every state, DC, and Puerto Rico, and offers an invaluable space of inspiration, collaboration, and collectivity where novel strategies to strengthen youth rights are born and activated. Summit is a longstanding space dedicated exclusively to the specialization of youth defense, offering a home for youth defenders to participate in cutting-edge training workshops, develop and share strategies to better defend youth rights, learn from experts, and connect as a community to work collectively to strengthen youth rights. We convene leading legal minds, advocates, system decision-makers, and community leaders to focus deeply on the unique legal, developmental, and systemic issues impacting young people.

BC2026-482

Department of Purchasing, presenting proposed purchases for the week of 9/14/2026:

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
26003138	Delivery, rental and pick up of portable restrooms for Cleveland Browns' home games	Department of Public Works	United Site Services, United Rentals (North America), Inc. dba Johnny on the Spot, LLC	Not-to-Exceed \$17,675.00	General Fund
26002816	On-site build-out of (5) 2026 Dodge Durango for use by the Sheriff's Department	Sheriff's Department	Hall Public Safety Co.	\$100,904.30	Home Detention Fees

Items/Services Received and Invoiced but not Paid:

Purchase Order Number	Description	Department	Vendor Name	Total	Funding Source
26003134	Factory Authorized – Service call and repairs of Court Tower AC Fan Drives at the Justice Center*	Department of Public Works	Direct Air Systems, Inc. aka Direct Air Systems, LLC	\$45,612.00	General Fund
26003104	Out-of-home care placement services for the period 3/1/2026-3/31/2026 & 5/1/2026 5/27/2026 **	Division of Children and Family Services	Care One Home Health Services LLC	\$41,289.00	65% Health and Human Services Levy Fund and 35% Title IV-E

*Approval No. BC2025-805, dated 12/22/2025 which approved an alternative procurement process, which will result in award recommendations and issuance of purchase orders to Factory Authorized Dealers in the amount

not-to-exceed \$1,000,000.00 for vehicle and equipment repairs, parts and services for the period 1/1/2026-12/31/2027.

**Approval No. BC2026-29, dated 1/27/2026, which amended BC2025-324, dated 5/12/2025, which amended multiple prior approved alternate procurement processes resulting in purchase orders to various licensed providers for reimbursement for out of home care placement services for the period 12/1/2022 – 12/31/2025 to extend the time period to 12/31/2026 and to change the total amount not to exceed from \$1,750,000. 00 to \$2,000,000.00.

V- OTHER BUSINESS

Time Sensitive/Mission Critical

BC2026-483

Department of Public Works, recommending an award on Purchase Order No. 26003155 to Resa Service, LLC dba Resa Power, LLC in the amount not-to-exceed \$22,473.00 for emergency services and repairs to the MCC and electrical distribution systems, including fuse and breaker replacements due to a ruptured waterline at the Justice Center.

Funding Source: Capital Project - General Fund

Matthew Rymer, Department of Public Works, presented. There were no questions. Michael Chambers motioned to approve the item; Laura Black seconded. Item BC2026-483 was approved by unanimous vote.

Item of Note (non-voted)

ION2026-106

Department of Health and Human Services/Office of the Director submitting a Data Sharing and Confidentiality Agreement between Cuyahoga County Division of Children and Family Services and Cleveland Christian Home, Inc. dba The Centers' H.O.P.E. Campus to define the roles and responsibility to enable data sharing for children and youth in the custody of the Division of Children and Family Services placed at the H.O.P.E. Campus effective 4/1/2026 for a period of 3 years.

Funding Source: Not applicable

ION2026-107

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
NA	6394 (fka 6002)	NC PHASE II LLC (designee of Emerald Development and Economic	For rehabilitation of four (4) new housing units and the construction of one (1) housing unit for	\$0.00	Department of Housing and Community Development	2/5/2025 - 8/5/2027	(Original) HOME Investment Partnership Federal Grant	(Executive) 7/29/2026 (Law) 7/29/2026

		Network, Inc.) for the assignment and assumption of the contract to Emerald Development and Economic Network, Inc.; to amend various terms, effective 7/29/2026.	Nelson Court Phase II Project located at 11714 – 11716 Nelson Court, in the City of Lakewood.					
N/A	N/A	Cuyahoga County Public Library – Parma-Snow Branch	Rental Agreement for use of the library's auditorium for the 2026 "Be Prepared" Event.	\$0.00	Department of Public Safety and Justice Services/ Office of Emergency Management	9/19/2026 – 9/19/2026	n/a	(Executive) 9/9/2026

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
R2026-0217	Resurfacing of White Road from Richmond Road to the East Corporation Line in the City of Richmond Heights- Council District 11	\$536,000.00		\$250,000.00 Road and Bridge Fund \$286,000.00 City of Richmond Heights	(Executive) 9/3/2026
R2026-0217	Reconstruction of Broadway Avenue from Oak Leaf Road to Forbes Road in Oakwood Village- Council District 6	\$500,000.00		\$250,000.00 Road and Bridge Fund \$250,000.00 Village of Oakwood	(Executive) 9/3/2026

ION2026-108

Purchases Processed (No Vote Required) in the amount not-to-exceed \$10,000.00 for the period 8/1/2026 – 8/31/2026 (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 “9/14/2026 – Board of Control Meeting”.

[Board of Control \(cuyahogacounty.gov\)](http://cuyahogacounty.gov)

VI – PUBLIC COMMENT

VII – ADJOURNMENT

Michael Chambers motioned to adjourn; Mellany Seay seconded. The motion to adjourn was unanimously approved at 11:14 am.

Item Details as Submitted by Requesting Departments

IV. Contracts and Awards

A. – Tabled Items

B. – New Items for Review

BC2026-484

Title	2026 Public Works, Approval of 8th Amendment to the contract with Project Management Consultants, LLC, for additional funds of \$200,000 and extending the contract to 12/31/2029
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	CE190002 -01	Project Management Consultants, LLC (PMC)	1/9/2019-1/8/2021	\$ 800,000	1/8/2019	R2018-0007
A-1	871	Project Management Consultants, LLC (PMC)	1/9/2019-1/8/2022	\$ 0	2/8/2021	BC2021-53
A-2	871	Project Management Consultants, LLC (PMC)	1/9/2019- 12/31/2022	\$1,270,000	6/8/2021	R2021-0136
A-3	871	Project Management Consultants, LLC (PMC)	1/9/2019-7/1/2023	\$400,000	9/6/2022	BC2022-509
A-4	871	Project Management Consultants, LLC (PMC)	1/9/2019- 12/31/2023	\$ 0	7/24/2023	BC2023-468
A-5	3995 (fka 871)	Project Management Consultants, LLC (PMC)	1/9/2019- 12/31/2024	\$ 0	12/11/2023	BC2023-815
A-6	3995 (fka 871)	Project Management	1/9/2019- 05/31/2025	\$971,000	4/9/2024	R2024-0102

		Consultants, LLC (PMC)				
A-7	3995 (fka 871)	Project Management Consultants, LLC (PMC)	1/9/2019-07/31/2029	\$4,815,000	5/13/2025	R2025-0159
A-8	3995 (fka 871)	Project Management Consultants, LLC (PMC)	1/9/2019-12/31/2029	\$200,000	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.

Department of Public Works is requesting an 8th amendment for the Owner's Representative Services for the Justice Center Complex Project contract with Project Management Consultants, LLC to additional funds of \$200,000 and extend the time period (currently 1/9/2019 to 7/31/2029) to December 31, 2029.

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 N/A
Age of items being replaced: How will replaced items be disposed of

Project Goals, Outcomes or Purpose (list 3):

The primary goal of this request is to approve the 8th amendment. This amendment covers the additional work that has been required to address the ORC 153.36 committee and the associated coordination with the design-builder.

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):
Project Management Consultants, LLC 3900 Key Center 127 Public Square Cleveland, Ohio 44114	Jeff Appelbaum Managing Director
Vendor Council District:	Project Council District:
7	8
If applicable provide the full address or list the municipality(ies) impacted by the project.	Garfield Heights

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ ☐ RFB ☐ RFP ☐ RFQ ☐ Informal ☐ Formal Closing Date:	Provide a short summary for not using competitive bid process. PMC was selected for the entire scope of Owner's Representative work as part of the County's RFQ 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.	☐ 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) RQ40411 - RFQ ☐ Other Procurement Method, please describe:

Is Purchase/Services technology related ☒ No ☐ Yes If yes, list date of TAC approval and answer the questions below.		
<table border="1" style="width: 100%;"> <tr> <td style="width: 60%;">List date of TAC approval</td> <td style="width: 40%;">Date:</td> </tr> </table> ☐ Check if item on IT Standard List of approved purchase and provide date of TAC approval. ☐ Check if item is ERP related? ☐ No ☐ Yes.	List date of TAC approval	Date:
List date of TAC approval	Date:	
Are the purchases compatible with the new ERP system? ☐ Yes ☐ No, please explain.		

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% 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.	
Payment Schedule: ☒ Invoiced ☒ Monthly ☐ Quarterly ☐ One-time ☐ Other (please explain):	
Provide status of project.	
This project is ongoing as planned.	
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): see chart above

BC2026-485

Title	3rd Amendment On-Call Heavy Construction Services Master Contract for Road & Bridge Repairs, (Catts-Terrace-Ruhlin & Shirmer Construction), RFP #11147, \$650K + extension through 9/30/2027
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	Various	Various	3/1/2023-2/28/2026	\$1,500,000.00	2/28/2023	R2023-0033
	2989	CATTS Construction, Inc.	3/1/2023-2/28/2026	\$375,000		
	2990	The Ruhlin Company		\$375,000		
	2991	Schirmer Construction, LLC		\$375,000		

	2992	Terrace Construction Company		\$375,000		
A-1	Various	Various	3/1/2023-2/28/2026	\$1,500,000.00	3/11/2025	R2025-0074
	2989	CATTS Construction, Inc.		\$375,000		
	2990	The Ruhlin Company		\$375,000		
	2991	Schirmer Construction, LLC		\$375,000		
	2992	Terrace Construction Company		\$375,000		
A-2	Various	Various	3/1/2023-2/28/2027	\$0	12/1/2025	ION No. 1
	2989	CATTS Construction, Inc.		\$0		
	5664 (fka 2990)	The Ruhlin Company		\$0		
	2991	Schirmer Construction, LLC		\$0		
	5663 (fka 2992)	Terrace Construction Company		\$0		
A-3	Various	Various	3/1/2023-9/30/2027	\$650,000.00	pending	pending
	6241 (fka 2989)	CATTS Construction, Inc.		\$162,500	tbd	tbd
	5664 (fka 2990)	The Ruhlin Company		\$162,500		
	6217 (fka 2991)	Schirmer Construction, LLC		\$162,500		
	5663 (fka 2992)	Terrace Construction Company		\$162,500		

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 received approval to utilize alternative procurement methods with RFP #11147 for On-Call Heavy Construction Services (BC2022-536) for Road and Bridge repairs and maintenance. This is a Master Contract with a total of four vendors for a period of three years. This 3 rd Amendment is for a time extension through 9/30/2027 and additional funds of \$650,000 for continued services/projects.
Indicate whether: ☐ New service/purchase ☒ Existing service/purchase ☐ Replacement for an existing service/purchase (provide details in Service/Item Description section above)
For purchases of furniture, computers, vehicles: ☐ Additional ☐ Replacement Age of items being replaced: _____ How will replaced items be disposed of _____
Project Goals, Outcomes or Purpose (list 3): The primary goal of this contract is to utilize four contractors: Catts, Terrace, Schirmer and The Ruhlin Company Construction for On-Call heavy construction services for Road and Bridge maintenance and repairs. Projects are on a task-order basis. DPW conducts a mini-bid process for each task with the awarded contractors to then select the contractor with the lowest and best bid using standard ODOT/County bid items.

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):
Terrace Construction Co., Inc. 3965 Pearl Road Cleveland, Ohio 44109 Vendor Council District 7	Michael Guinto Project Council District: various
Schirmer Construction Co., LLC 31350 Industrial Parkway North Olmsted, Ohio 44070 Vendor Council District 1	Brett lafigliola Project Council District: various
Catts Construction, Inc. 21223 Aurora Road Warrensville Heights, Ohio 44146 Vendor Council District 9	Mike Dempsey Project Council District: various
The Ruhlin Company 6931 Ridge Road PO Box 190 Sharon Center, Ohio 44274 Vendor Council District- N/A	Marty Fritz Project Council District: various
Vendor Council District: see above	Project Council District: various
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
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RQ# __11147_____ ☐ RFB ☒ RFP ☐ RFQ ☐ Informal ☐ Formal Closing Date: Nov 28, 2022	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation: \$1.5M	☐ Exemption
Number of Solicitations (sent/received) 19 / 4	☐ State Contract, list STS number and expiration date ☐ Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): (30) DBE (6) SBE (19) MBE (5) 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) RFP 11147 ☐ Other Procurement Method, please describe:

Is Purchase/Services technology related ☒ No ☐ Yes If yes, list date of TAC approval and answer the questions below.		
<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">List date of TAC approval</td> <td style="width: 50%;">Date:</td> </tr> </table> ☐ Check if item on IT Standard List of approved purchase and provide date of TAC approval. ☐ Check if item is ERP related? ☐ No ☐ Yes.	List date of TAC approval	Date:
List date of TAC approval	Date:	
Are the purchases compatible with the new ERP system? ☐ Yes ☐ No, please explain.		

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. PW270205-73300 (100%) Road and Bridge funds
Is funding for this included in the approved budget? ☒ Yes ☐ No (if "no" please explain): NA- time only

List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. PW270205-73300 (100%) Road and Bridge funds
Payment Schedule: ☒ Invoiced ☐ Monthly ☐ Quarterly ☐ One-time ☐ Other (please explain):

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

HISTORY (see instructions): see chart above

BC2026-486

Title	2026 Cleveland Metroparks Wastewater Grit Disposal Agreement with DPW Sanitary Division, \$475K, 10/18/2026-10/17/2029, rev gen
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	6431	Cleveland Metroparks	10/18/2026- 10/17/2029	\$475,000	tbd	tbd

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.
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This is a requested repeat contract to continue revenue generating sewer maintenance and grit/septic wastewater disposal for the Cleveland Metroparks. The primary goal is for the County Sanitary Division to provide cleaning services for catch basins and pump lift stations as well as transportation and delivery of hauled wastewater to NEORS D.	
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 new contract to continue sewer maintenance and grit/septic wastewater disposal for the Cleveland Metroparks. The primary goal is for the County Sanitary Division to provide cleaning services for catch basins and pump lift stations upon request as well as transportation and delivery of hauled wastewater to the appropriate disposal location, the Southerly Wastewater Treatment Plan, owned and operated by the Northeast Ohio Regional Sewer District (NEORS D) on a task order basis.	

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):
Cleveland Metroparks 4101 Fulton Parkway Cleveland, Ohio 44144	Brian Zimmerman, CEO
Vendor Council District: 7	Project Council District: 7
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 – govt to govt rev gen Agreement
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.		
<table border="1"> <tr> <td>List date of TAC approval</td> <td>Date:</td> </tr> </table> ☐ Check if item on IT Standard List of approved purchase and provide date of TAC approval. ☐ Check if item is ERP related? ☐ No ☐ Yes.	List date of TAC approval	Date:
List date of TAC approval	Date:	
Are the purchases compatible with the new ERP system? ☐ Yes ☐ No, please explain.		

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. PW715100- Sanitary Sewer Funds- FOR DEPOSIT ONLY-
Is funding for this included in the approved budget? ☐ Yes ☐ No (if "no" please explain): N/A rev gen
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. PW715100- Sanitary Sewer Funds- FOR DEPOSIT ONLY-
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):						
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	3810	Cleveland Metroparks	10/18/2023-10/17/2026	\$475,000	10/16/2023	BC2023-634
A-1	3810	Cleveland Metroparks	same	\$0	12/2/2024	ION

BC2026-487

Title	Cybersecurity services purchase order, redacted per R.C. 9.64
Department or Agency Name	The Department of Information Technology
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.
	PO26003180 JCOP	Redacted per R.C. 9.64	11/11/2026-11/10/2027	\$63,730.00	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. Redacted per R.C. 9.64

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): Redacted per R.C. 9.64

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):
Redacted per R.C. 9.64	Redacted per R.C. 9.64
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. A competitive process was completed through Sourcewell with an award being made to (redacted per R.C. 9.64). All joint cooperative contracts go through a competitive process with the vendors being vetted and the proposals reviewed prior to award. (Redacted per R.C. 9.64) is able to provide Cuyahoga County with joint cooperative purchasing contract pricing under Sourcewell contract #121923. *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 Sourcewell contract #121923, which expires February 27, 2028

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.		
<table border="1"> <tr> <td>List date of TAC approval</td> <td>Date:9.2.2026</td> </tr> </table> ☒ Check if item on IT Standard List of approved purchase and provide date of TAC approval. ☐ Check if item is ERP related? ☐ No ☐ Yes.	List date of TAC approval	Date:9.2.2026
List date of TAC approval	Date:9.2.2026	
Are the purchases compatible with the new ERP system? ☐ Yes ☐ No, please explain.		

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% General 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. IT100135
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):						
Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
	PO25004 201JCOP	SHI International Corp.	11/3/2025-11/2/2026	\$38,805.48	11/3/2025	BC2025-683

BC2026-488

Title	Cybersecurity services contract, redacted per R.C. 9.64
Department or Agency Name	Department of Information Technology
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.
	CM6382 JCOP	Redacted per R.C. 9.64	09/14/2026 – 09/13/2029	\$57,000.00	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. Redacted per R.C. 9.64
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): Redacted per R.C. 9.64

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):
Redacted per R.C. 9.64	Redacted per R.C. 9.64
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. A competitive process has been completed through OMNIA with (Redacted per R.C. 9.64) being awarded a joint cooperative purchasing contract. (Redacted per R.C. 9.64) is able to provide Cuyahoga County with joint cooperative contract pricing using OMNIA contract #R240303 *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

	OMNIA contract #R240303 which expires December 31, 2027.
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.		
<table border="1"> <tr> <td>List date of TAC approval</td><td>Date: 08/06/2026</td></tr> </table> ☐ Check if item on IT Standard List of approved purchase and provide date of TAC approval. ☐ Check if item is ERP related? ☒ No ☐ Yes.	List date of TAC approval	Date: 08/06/2026
List date of TAC approval	Date: 08/06/2026	
Are the purchases compatible with the new ERP system? ☐ Yes ☐ No, please explain.		

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% General 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. IT100135
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: This is a new contract. The contract term has been revised several times by the contracted vendor through the manufacturer and each time the revision was received by DoIT it was not in time to meet the deadline. This was in part due to holiday deadline requirements as the final contract was signed by Infor on 9/2, however, after the noon deadline.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	05/26/2026
Date documents were requested from vendor:	05/26/2026
Date of insurance approval from risk manager:	08/13/2026
Date Department of Law approved Contract:	08/13/2026
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) Subscription set to begin 9/14/2026	
Have payments been made? ☒ No ☐ Yes (if yes, please explain)	

HISTORY (see instructions):

BC2026-489

Title	Human Resources; 2026 Agreement with The MetroHealth System for on-site flu shot clinics for County employees for the period effective upon last signature through 12/31/2026 in the amount not-to-exceed \$40,000.00.
Department or Agency Name	Human Resources
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	6379	The MetroHealth System	Effective - 12/31/2026	40,000.00		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. Human Resources requesting approval of an agreement with The MetroHealth System for on-site flu shot clinics as part of the employee wellness program for the anticipated cost not-to-exceed \$40,000.00. MetroHealth will

provide on-site flu shot clinics for County employees to be conducted at County buildings through the end of 2026.
This has been an annual contract as part of the County's Wellness incentive program. The previous contract for 2025 flu shot clinics was approved under BC2025-657 on 10/20/2025 and ran through 12/31/2025.
Indicate whether: ☐ New service/purchase ☐ Existing service/purchase ☒ Replacement for an existing service/purchase (provide details in Service/Item Description section above)
For purchases of furniture, computers, vehicles: ☐ Additional ☐ Replacement Age of items being replaced: _____ How will replaced items be disposed of _____
Project Goals, Outcomes or Purpose (list 3): The primary goal of the project is to enable employees convenient access to obtain flu shots to promote a healthy workforce during the flu season. This furthers the overall mission of the Wellness Incentive Program by protecting employees and the public during the flu season.

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 MetroHealth System 2500 Metrohealth Dr Cleveland, OH 44109	Dr. Alexander-Rager, CEO
Vendor Council District:	Project Council District:
07	Countywide
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ ☐ RFB ☐ RFP ☐ RFQ ☐ Informal ☐ Formal Closing Date: _____	Provide a short summary for not using competitive bid process. MetroHealth is the County's hospital system and the current Wellness Program provider. *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.	☐ 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.		
<table border="1"> <tr> <td>List date of TAC approval</td> <td>Date:</td> </tr> </table>	List date of TAC approval	Date:
List date of TAC approval	Date:	
☐ Check if item on IT Standard List of approved purchase and provide date of TAC approval.		
☐ Check if item is ERP related? ☐ No ☐ Yes.		
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% Self-Insurance Fund (Wellness)
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. HR765120
Payment Schedule: ☒ Invoiced ☐ Monthly ☐ Quarterly ☐ One-time ☐ Other (please explain):

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

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

HISTORY (see instructions):

Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	5701	The MetroHealth System	10/20/2025-12/31/2025	\$40,000	10/20/2026	BC2025-657

BC2026-490

Title	Human Resources; 2026 Agreement with The MetroHealth System for on-site biometric screenings for County employees for the period effective upon last signature through 12/31/2026 in the amount not-to-exceed \$66,300.00.
Department or Agency Name	Human Resources
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	6428	The MetroHealth System	Effective - 12/31/2026	66,300.00		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.

Human Resources requesting approval of an agreement with The MetroHealth System for on-site biometric screenings as part of the employee wellness program for the anticipated cost not-to-exceed \$66,300.00. MetroHealth will provide on-site biometric screenings for County employees to be conducted at County buildings through the end of 2026.

This has been an annual contract as part of the County's Wellness incentive program. The previous contract for 2025 biometric screenings was approved under BC2025-656 on 10/20/2025 and ran through 12/31/2025.

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

For purchases of furniture, computers, vehicles: ☐ Additional ☐ Replacement

Age of items being replaced:	How will replaced items be disposed of
Project Goals, Outcomes or Purpose (list 3): The primary goal of the project is to enable employees convenient access to complete their biometric screening as part of the County Wellness program. This furthers the overall mission of the Wellness Incentive Program offering convenient on-site screenings.	

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 MetroHealth System 2500 Metrohealth Dr Cleveland, OH 44109	DR. Alexander-Rager, CEO
Vendor Council District:	Project Council District:
07	Countywide
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ ☐ RFB ☐ RFP ☐ RFQ ☐ Informal ☐ Formal Closing Date:	Provide a short summary for not using competitive bid process. MetroHealth is the County's hospital system and the current Wellness Program provider. *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% Self-Insurance Fund (Wellness)
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. HR765120
Payment Schedule: ☒ Invoiced ☐ Monthly ☐ Quarterly ☐ One-time ☐ Other (please explain):

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

HISTORY (see instructions):						
Prior Original (O) and subsequent	Contract No. (If	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.

Amendments (A-#)	PO, list PO#)					
O	5700	The MetroHealth System	10/20/2025-12/31/2025	\$65,000	10/20/2026	BC2025-656

BC2026-491

Title	Sheriff; Vasu Communications, Inc.; PO 26003192 STAC; Mobile Radios
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.
	26003192 STAC	Vasu Communications, Inc.		\$16,197.25	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.

Sheriff's Department requesting the purchase and installation of five (5) Viking Mobile Radios for the new Dodge Durangos purchased for the Electronic Monitoring Unit (EMU).

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):
 Outfit new Dodge Durangos vehicles with Mobile Radios.

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):
Vasu Communications, Inc. 2432 Ridgeland Dr. Avon, OH 44011	Donna Vasu, President
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 573004-0-1 exp 12/31/2026 ☐ 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.		
<table border="1" style="width: 100%;"> <tr> <td style="width: 60%;">List date of TAC approval</td> <td style="width: 40%;">Date:</td> </tr> </table> ☐ Check if item on IT Standard List of approved purchase and provide date of TAC approval. ☐ Check if item is ERP related? ☐ No ☐ Yes.	List date of TAC approval	Date:
List date of TAC approval	Date:	
Are the purchases compatible with the new ERP system? ☐ Yes ☐ No, please explain.		

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. Home Detention Fees – 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. SH285105
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):

BC2026-492

Title	Sheriff; Watch Systems LLC; 2027-2029 Contract for Sex Offender Notification Mailing Services
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	6425	Watch Systems, LLC dba Offender Watch	1/1/2027- 12/31/2029	\$675,000.00	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. Watch Systems LLC will provide Sex Offender Notification Mailing Services
Indicate whether: ☒ New service/purchase ☐ Existing service/purchase ☐ Replacement for an existing service/purchase (provide details in Service/Item Description section above) Watch Systems is currently providing services.
For purchases of furniture, computers, vehicles: ☐ Additional ☐ Replacement Age of items being replaced: _____ How will replaced items be disposed of _____
Project Goals, Outcomes or Purpose (list 3): The count is required to remain compliant with ORC 2950.01

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):
Watch Systems LLC 4 Sanctuary Blvd., Suite 100 Mandeville, LA 70448	Mike Cormaci, President
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.	☐ 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.		
<table border="1"> <tr> <td>List date of TAC approval</td> <td>Date:</td> </tr> </table> ☐ Check if item on IT Standard List of approved purchase and provide date of TAC approval. ☐ Check if item is ERP related? ☐ No ☐ Yes.	List date of TAC approval	Date:
List date of TAC approval	Date:	
Are the purchases compatible with the new ERP system? ☐ Yes ☐ No, please explain.		

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

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	1909	Watch Systems, LLC	1/1/2022-12/31/2026	\$475,000.00	11/29/2021	BC2021-691
A1	1909	Watch Systems, LLC	1/1/2022-12/31/2026	\$300,000.00	6/23/2025	BC2025-408
A2	1909	Watch Systems, LLC	1/1/2022-12/31/2026	\$0	8/4/2025	ION-2-080425

BC2026-493

Title	New contract with Qualtrax, Inc. 5/1/2026 thru 4/30/2031 for Ideagen-Qualtrax Software Subscription in the amount of \$85,750.00.
Department or Agency Name	Medical Examiner's Office
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	CM6116	Qualtrax, Inc.	5/1/2026 – 4/30/2031	\$85,750.00	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.

New contract with Qualtrax, Inc. for software licenses for document management system for CCMEOLab personnel.

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):

Quality management system houses Standard Operating Procedures (SOP) and controlled forms.
 Documents all training and education that are needed for accreditation.

Proficiency test monitoring and validation for new equipment and methods, per the international standard for testing and calibration laboratories -ISO17025/ANAB3125.

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):
Qualtrax, Inc. 105 E. Roanoke Street Blacksburg, VA 24060	Amy Ankrum, CEO Britney Cotton, Renewals Mgr.
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. Request for Exemption. Currently contracted with vendor thru 4/30/2026 for Qualtrax, Inc. software subscription. The software is used for the ME's Regional Forensic Science Labs required document control engine as part of its annual accreditation requirement. *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: TAC Meeting 4/2/2026 Item 06 2026-TAC-043 Approved
☐ Check if item on IT Standard List of approved purchase and provide date of TAC approval. ☐ Check if item is ERP related? ☐ No ☐ Yes.	
Are the purchases compatible with the new ERP system? ☐ Yes ☐ No, please explain.	

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100 % General Fund ME100105 55130
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. ME100105 51130
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: Vendor delayed response to documents completion and return. Vendor and Law Dept. contract negotiation.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	Dept. notification of renewal on 2/4/2026.
Date documents were requested from vendor:	Request to vendor for quote and 2026 vendor documents 2/4/2026. Subsequent follow up request 2/10 2/18, 3/4, 3/19. Quote rec'd. 3/20; vendor docs rec'd 4/15. Vendor delays in response to contract redlines; extended negotiations with contract draft regarding technology standards and data security.
Date of insurance approval from risk manager:	MED-0542 for Insurance requirements opened 3/30/2026 Final approval 4/20/2026
Date Department of Law approved Contract:	MED-0543 for draft contract opened 3/30/2026 Final Signed Contract returned from vendor on 8/28/2026
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) Original contract expired 4/30/2026-request to continue services while the new contract was being processed.	
Have payments been made? ☒ No ☐ Yes (if yes, please explain)	

HISTORY (see instructions):						
Original Contract below was a sole source award on RQ 3910 and funded annually, via amendment approvals, by the Paul Coverdell Forensic Science Improvement Program Grant.						
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	CM471	Qualtrax, Inc.	5/1/2021 – 4/30/2022	\$21,744.50	6/28/2021	BC2021-312
A-1	CM471 Copied to CM1584	Qualtrax, Inc.	5/1/2022 – 4/30/2023	\$14,156.32	8/15/2022	BC2022-493
A-2	CM1584 Copied to 3614 and 3615	Qualtrax, Inc.	5/1/2023 – 4/30/2024	\$14,581.00	7/10/2023	BC2023-428
A-3	CM3615 Copied to 4447	Qualtrax, Inc.	5/1/2024 – 4/30/2025	\$15,018.44	5/13/2024	BC2024-364
A-4	CM4447 Copied to 5738	Qualtrax, Inc.	5/1/2025 – 4/30/2026	\$15,468.99	10/27/2025	BC2025-671

BC2026-494

TITLE	Public Safety and Justice Services, 2025, Requesting authority to apply for the STOP Violence Against Woman act (VAWA) Administrative funds in the amount of \$19,617.19.
DEPARTMENT OR AGENCY NAME	Cuyahoga County Public Safety and Justice 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)
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GRANT CURRENT/ HISTORICAL INFO	NAME OF GRANT FY25 Violence Against Women Act Grant	TIME PERIOD 1/1/2026 – 3/31/2027	AMOUNT \$19,355.61	PREVIOUS APPROVAL (PLEASE PROVIDE BOC MEETING DATE) 12/15/2025	APPROVAL NO. BC2025- 781
ORIGINAL (O)	FY26 Violence Against Women Act Grant	1/1/2027 – 3/31/2028	\$19,617.19	Pending	Pending
AMENDMENT (A-1)					
AMENDMENT (A-)					
DESCRIPTION/ EXPLANATION OF THE GRANT:	Public Safety and Justice Services, 2025, Requesting authority to apply for the STOP Violence Against Woman act (VAWA) Administrative funds in the amount of \$19,617.19 The VAWA Administration Grant will consist of the following components: 1. Salaries and fringes (calculated at a minimum of 18%) for a Fiscal Specialist and a Senior Grants Coordinator to administer the VAWA Block Grant. Activities will consist of the following: A. Completing all County required fiscal activities. B. Reviewing and approving monthly financial reports submitted by the providers for reimbursement based on allowable expenses under the project. C. Reconciliation of budget versus actuals. D. Submitting budget adjustment requests as needed for the VAWA Administrative and Block grants. E. Submitting financial reports on a quarterly basis and requesting reimbursement of funds expended for the quarter. F. Maintaining electronic and hard copy of all financial and programmatic files. G. Preparing contracts to be submitted to the providers for execution. H. Monitoring contracts for compliance. I. Submitting program reports quarterly for the VAWA Admin grant. J. Submitting program reports quarterly for the VAWA Block Grant.				
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	The goal of the funding for the grant is to manage the VAWA Block funding through programmatic oversight and fiscal management of subrecipients.				

	Management of subrecipients monthly reporting and conduction site visits.
	Preparing monthly and yearly reports to submit to the state.

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	
SUBRECIPIENT'S COUNCIL DISTRICT:	
DOLLAR AMOUNT ALLOCATED:	

PROJECT COUNCIL DISTRICT:	
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.
	Ohio Department of Public Safety /Office of Criminal Justice Services
	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.
	The Match is \$6,539.06 and it will come from the County General Fund.

BC2026-495

Title	PSJS on behalf of the Medical Examiner's Office; Knupp & Watson & Wallman, Inc (KW2); Contract Amendment #2 for Public Health Communication and Education Campaign to Reduce Overdose Fatalities; to add \$16,625.00		
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/Council Approved	Approval No.
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O	5683	Knupp & Watson & Wallman, Inc. d/b/a KW2	10/27/25-8/30/26	\$419,000.00	10/27/25	BC2025-672
A-1	5683	Knupp & Watson & Wallman, Inc. d/b/a KW2	10/27/25-9/30/26	\$85,648.00	13/23/26	BC2026-135
A-2	5683	Knupp & Watson & Wallman, Inc. d/b/a KW2	10/27/25-9/30/26	\$16,625.00	Pending	Pending

Service/Item Description (include quantity if applicable).

Department of Public Safety and Justice Services on behalf of the Medical Examiner's Office, submitting an amendment to Contract No. 5683 with Knupp & Watson & Wallman, Inc. d/b/a KW2 for public health communication and education campaign to reduce drug overdose fatalities for the period 10/27/2025 - 9/30/2026 to expand the scope of services in accordance with Schedule A (2026), and for additional funds in the amount not-to-exceed \$16,625.00, effective upon signatures of all parties.

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):

Bring awareness of the different dangers of substance use to the general public.

Provide information to the general public on the locations of places offering help those currently impacted by substance use disorder .

Educate emergency department providers/medication prescribers on substance use disorders.

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):
Knupp & Watson & Wallman, Inc. d/b/a KW2 937 Buring Wood Way Madison, WI 53704	Jennifer Savino, CEO
Vendor Council District:	Project Council District:
N/A	All Districts
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT

NON-COMPETITIVE PROCUREMENT X

☐ RFB ☐ RFP ☐ RFQ ☐ Informal ☐ Formal Closing Date:	Provide a short summary for not using competitive bid process. Amending an active contract. *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. Grant funded 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) RQ #: 16237 Event #: 6532 CM: 5683 ☐ 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 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. U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance – 100% (Grant: BJA FY23 Comprehensive Opioid, Stimulant, and Substance Use Site-based Program)
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. Accounting Unit: ME285150 Account: 55130 Activity: ME-23-COSSUP

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):

BC2026-496

Title	2025-2026 Revenue Generating Agreement – Southwest General Health Center		
Department or Agency Name	Cuyahoga County Job and Family Services		
Requested Action	☐ Contract ☐ Agreement ☐ Lease ☒ Amendment ☐ Revenue Generating ☐ Purchase Order ☐ Other (please specify):		

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	5622	Southwest General Health Center	9/1/2025-8/31/2026	\$42,527.05	9/15/2025	BC2025-586
A-1	5622	Southwest General Health Center	9/1/2026-8/31/2027	\$43,382.48	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.

Provide and employ a sufficient number of CJFS trained workers whose assigned caseloads will consist of Southwest patients applying for Medicaid or needing assistance with their Medicaid benefits.

Cuyahoga Job and Family Services is requesting approval of amendment 1 to Revenue Generating agreement with Southwest General Health Center in the amount of \$43,382.48 for year 2 of 2026 paid on a quarterly basis.
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): Caseworkers responsible for determining income eligibility for Southwest patients. Medicaid eligibility shall also be determined by a caseworker for Southwest General Health Center.

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):
Southwest General Health Center 18697 Bagley Road Middleburg Heights, Ohio 44130	Matthew Sheldon, Revenue Cycle Director
Vendor Council District:	Project Council District:
	Countywide
If applicable provide the full address or list the municipality(ies) impacted by the project.	Countywide

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ ☐ RFB ☐ RFP ☐ RFQ ☐ Informal ☐ Formal Closing Date: _____	Provide a short summary for not using competitive bid process. An amendment 1 to a revenue generating agreement is being requested because Southwest General Health Center is unable to choose any other vendor to complete these tasks. CJFS caseworkers are the only individuals in Cuyahoga County who can complete Southwest's Medicaid applications. *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: Revenue Generating CM5622

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. The project is a revenue-generating agreement where Southwest General Health Center will pay CJFS for this program.
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. No accounting units are used because this is revenue generating
Payment Schedule: ☐ Invoiced ☐ Monthly ☒ Quarterly ☐ One-time ☐ Other (please explain):

Provide status of project. Reoccurring contract/ service
Is contract/purchase late ☐ No ☒ Yes, In the fields below provide reason for late and timeline of late submission Reason: Southwest Geneal Health Center was required to seek approval from their corporate counsel before approving continued partnership with the County which caused delays in the document collection process. CJFS did not receive confirmation from the vendor until 8/5/2026.

Timeline	
Project/Procurement Start Date (date your team started working on this item):	7/22/2026 (CJFS); 8/5/2026 (DCAP)
Date documents were requested from vendor:	8/6/2026; 8/14/2026
Date of insurance approval from risk manager:	N/A- No Insurance/Revenue Generating Agreement
Date Department of Law approved Contract:	8/25/2026
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: N/A	
If late, have services begun? ☐ No ☒ Yes (if yes, please explain)	
Have payments been made? ☒ No ☐ Yes (if yes, please explain)	

HISTORY (see instructions):

C.- Exemptions

BC2026-497

TITLE	Public Works – VEB Cafe – Alternative Procurement
DEPARTMENT OR AGENCY NAME	Department of Public Works

REQUESTED ACTION	☒ Alternative Procurement ☐ Amendment to Alternative Procurement
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LIST MOST RECENT/PRIOR ALTERNATIVE PROCUREMENT APPROVALS FOR THIS REQUEST; INCLUDING AMENDMENTS, AS APPLICABLE	DATE BOC APPROVED/COUNCIL'S JOURNAL DATE	APPROVAL NO.
	NA	NA
DESCRIPTION/ EXPLANATION OF REQUEST:	The Department of Public Works is requesting authority to utilize an Alternative Procurement process to release a modified procurement procedure, allowing for the release of an informal RFP to County café vendors with intentions of awarding a new contract for the current café space at the Virgil E. Brown building. Public Works will release the informal RFP opportunity to only those vendors that offered a solution specifically for the Virgil E. Brown building during the previous RFP #14927 process.	

	By only soliciting these vendors and accepting such proposals, the County ensures an award to a vendor that has previously vetted the location, is familiar with County operations and is adaptable to changing real estate environments.
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FUNDING SOURCE:	Is funding for this included in the approved budget?
	☒ YES ☐ NO (if “no” please explain):
	Please provide the complete, proper name of the funding source (no acronyms). Include percentages of funding if using more than one source.
	NA – Revenue Neutral

D. - Consent Agenda

BC2026-498

Title	Clague Road Rehabilitation Amendment #2 (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.
O	4718	CATTS Construction, Inc.	n/a	\$2,479,899.76	July 30, 2024	R2024-0298
A-1	4718	CATTS Construction, Inc.	n/a	\$61,830.69	June 23, 2025	BC2025-398
A-2	4718	CATTS Construction, Inc.	n/a	(\$47,111.79)	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 project includes the rehabilitation of approximately 0.97 miles of Clague Road (CR-52) from Lorain Road to Marion Road in the City of North Olmsted. Work tasks include the installation of new asphalt intermediate and surface courses overlay, full and partial depth pavement repairs and curb repairs, as required, utility adjustments, ADA upgrades and new pavement markings for the length of the corridor. A northbound left turn lane to Maple Ridge Road will be installed requiring the widening of the road, and a pedestrian hybrid beacon at Alexander Road / Little Clague Park will be installed.

This is the 2nd and Final Amendment to close out the project with numerous increases and decreases, along with six new items added (justifications below), which will decrease the overall cost of the project.

New Item Justifications:

Ref. No. 165: Cost adjustments made per ODOT 2023 Spec 104.02.

Ref. No. 166: Repairs called for due to condition of the roadway during the punchlist walk through.

Ref. No. 167: City of North Olmsted identified need for additional signage in the area where Clague Road was widened at Maple Ridge.

Ref. No. 168: Additional drainage was needed to correct the ponding issue occurring at the intersection of Clague and LeBern.

Ref. No. 169: Lakeland Electric took temporary ownership of electrical service while work was on-going for the project.

Ref. No. 170: Lakeland installed 2 temporary wooden poles, messenger wire, signal cable, radar cable, pedestrian signals, pushbuttons, radar detectors, pre-emption detectors and confirmation lights at Clague and Maple Ridge.

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 description

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):
CATTS Construction, Inc. 21223 Aurora Road Warrensville Heights, Ohio 44146	Michael Dempsey
Vendor Council District:	Project Council District:

District 9	District 5
If applicable provide the full address or list the municipality(ies) impacted by the project.	North Olmsted

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) Request for Bids RQ14635 in 2024 ☐ Other Procurement Method, please describe:

Is Purchase/Services technology related ☒ No ☐ Yes If yes, list date of TAC approval and answer the questions below.		
<table border="1" style="width: 100%;"> <tr> <td style="width: 60%;">List date of TAC approval</td> <td style="width: 40%;">Date:</td> </tr> </table> ☐ Check if item on IT Standard List of approved purchase and provide date of TAC approval. ☐ Check if item is ERP related? ☐ No ☐ Yes.	List date of TAC approval	Date:
List date of TAC approval	Date:	
Are the purchases compatible with the new ERP system? ☐ Yes ☐ No, please explain.		

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. Federal – 32% County \$5.00 Fund – 24.2% Municipality – 43.8%
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. Roughly 90% complete, this amendment will help start the closeout process of the 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): see chart above
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BC2026-499

TITLE	Office of Early Childhood/Invest in Children 2027 Bruening Foundation
DEPARTMENT OR AGENCY NAME	Office of Early Childhood/Division of Invest in Children

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)
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GRANT CURRENT/ HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL (PLEASE PROVIDE BOC MEETING DATE)	APPROVAL NO.
ORIGINAL (O)	Bruening Foundation	1/1/2027- 12/31/2027-	\$70,335.00	Pending	Pending
AMENDMENT (A-1)					
AMENDMENT (A-)					
DESCRIPTION/ EXPLANATION OF THE GRANT:		This grant helps keep our four current FamilySpace locations open in 2027. Without it, and due to budget cuts, we would have had to go down to 3 locations.			
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):		Providing safe space for families with young children to play, grow and connect with, (approximately 4358 attendees)			
		Young children build language, cognitive skills and social-emotional skills.			

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:	Cuyahoga County Public Library 2111 Snow Road Parma, OH 44134 Cleveland Public Library 325 Euclid Avenue E. Cleveland, OH 44114
LIST THE (OWNERS, EXECUTIVE DIRECTOR, OTHER(specify) FOR THE CONTRACTOR/VENDOR	The Eva L. and Joseph M. Bruening Foundation 1422 Euclid Avenue, Suite 966 Cleveland, OH 44115-1952
SUBRECIPIENT'S COUNCIL DISTRICT:	County Wide
DOLLAR AMOUNT ALLOCATED:	\$70,335.00

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.
	Bruening Foundation Grant
	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.
	Bruening Foundation Grant

BC2026-500

(See related items for proposed travel/memberships for the week of 9/21/2026 in Section D above).

BC2026-501

(See related items for proposed purchases for the week of 9/21/2026 in Section D above).

V – OTHER BUSINESS

Item of Note (non-voted)

ION2026-109

TITLE	Authority to Apply for FY25 Violence Against Women Act (VAWA) Block
DEPARTMENT OR AGENCY NAME	Cuyahoga County Public Safety and Justice 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)
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GRANT CURRENT/HISTORICAL INFO	NAME OF GRANT FY25 Violence Against Women Act Grant	TIME PERIOD 1/1/2026 - 3/31/2027	AMOUNT \$677,582.59	PREVIOUS APPROVAL (PLEASE PROVIDE BOC MEETING DATE) 12/15/2025	APPROVAL NO. CON2025-109
ORIGINAL (O)	FY26 Violence Against Women Act Grant	1/1/2027 – 3/31/2028	\$681,497.33	Pending	Pending
AMENDMENT (A-1)					
AMENDMENT (A-)					

DESCRIPTION/ EXPLANATION OF THE GRANT:	The VAWA Grant creates and supports comprehensive, cost-effective responses to domestic violence, sexual assault, dating violence and stalking. It builds on existing protections and programs to better meet survivors' needs.
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	The goal of the funding for the grant is to allocate funding to the projects selected by the VAWA Allocation Committee.
	The subgrant programs emphasizes coordinated community approaches to reduce violence against women and others to create mutually respectful partnerships between the justice system and victim services
	Aims to dramatically improve federal, tribal, state and local responses the domestic violence crime.

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	
SUBRECIPIENT'S COUNCIL DISTRICT:	
DOLLAR AMOUNT ALLOCATED:	

FUNDING SOURCE:	Please provide the complete, proper name of the funding source (no acronyms) for receipt of this grant.
	Ohio Department of Public Safety /Office of Criminal Justice Services
	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.

ION2026-110

(See related list of Contracts up to \$10,000.00 and Various Agreements – processed and executed for the week of 9/21/2026 in Section V. above).

VI – PUBLIC COMMENT

VII – ADJOURNMENT