

GENERAL INFORMATION		
<b>Agency</b> Test TTT Agency	<input checked="" type="radio"/> Real Estate Acquisition <input type="radio"/> Release of Capital Funds (R.C.Sec. 127.14G) <input type="radio"/> Transfer of Capital Funds (R.C.Sec. 127.14G and/or Sec. 127.15) <input type="radio"/> Higher Education Authorization Request (Sec. 3333.071) <input type="radio"/> Other Statutory Authority/Bill Section:	<b>Fiscal Year(s)</b> 2012  <b>Bill No.</b>
<b>Division/Institution</b> Test Division 1	<input checked="" type="radio"/> Capital Request <input type="radio"/> Release of Capital Funds (R.C.Sec. 127.14G) <input type="radio"/> Transfer of Capital Funds (R.C.Sec. 127.14G and/or Sec. 127.15) <input checked="" type="radio"/> Waiver of Competitive Selection (R.C.Sec. 127.16B) <input checked="" type="checkbox"/> No Competitive Opportunity <input type="checkbox"/> Agency Released Competitive Opportunity <input type="radio"/> Agency Released Competitive Opportunity (R.C.Sec. 127.162) <input checked="" type="radio"/> Release Percent for Arts (R.C.Sec. 3379.10) <input type="radio"/> Other Statutory Authority/Bill Section: <input type="radio"/> Other:	<b>Eligible for OBM Director Approval?</b>  No
<b>Eligible for Local Administration?</b> No		

VENDOR INFORMATION					
For	FY	Amount	Name	Address	County
TTT01	2012	\$ .00	Test Vendor	Test Vendor Address , OH43215	

TRANSFER INFORMATION								
From	To	FY	Fund Group	Fund Code	Appropriation Line Item	Appropriation Line Item Name	Transfer Amount	Prev Rel Amount

FUNDING INFORMATION				
Fund Group	Fund Code	Appropriation Line Item	Appropriation Line Item Name	Total Amount

SIGNATURES	
Agency Director or Authorized Agent  Date	On The Date Of  Controlling Board President/OBM Director

AGENCY CONTACT			
Name:		Title:	
Phone:		Fax:	
		E-Mail:	

REQUIRED EXPLANATION OF REQUEST

The Test TTT Agency respectfully requests Controlling Board approval to {complete the summary paragraph for this request}.

**Attachments** Controlling Board Request No.: TTT0100029

Attachment Type	Attachment Description
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No attachments found.

**Release and Permit Information**

Name	FY	Amount	R & P #	R & P Date	Issued By	Comments
Test Vendor	2012	\$0.00				

**Capital Request Required Information** Controlling Board Request No.: TTT0100029  
**Amendments to architect, engineering or other professional service contracts - Test Vendor**

1. Type of service to be provided:
2. Identify the vendor and location of vendor's principal place of business.  
 Test Vendor  
 Test Vendor Address  
 OH43215  
 County:
3. Explain why the contract is being amended.
4. What is the effect of the contract amendment on the project?
5. Provide the dates of previous Controlling Board approvals for this contract. Indicate whether the approvals were for the initial contract or previous amendments to this contract. In addition, provide the information regarding the contract amount(s) depending upon the type of contract previously approved by the Controlling Board.

CB Approval Date	Type of Contract	Amount per FY	# of Hours	Rate per Hour per FY
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6. In addition to the revised project budget, provide a revised fee analysis which includes the following:

Fee Analysis	Original Contract Amount	Original Percent of Total Construction Cost	Revised Contract Amount	Revised Percent of Total Construction Cost
Professional Design Services and/or Construction Management Services	\$0.00	0%	\$0.00	0%
Change Order Fee Allowance	\$0.00	0%	\$0.00	0%
Soil Test & Surveys	\$0.00	0%	\$0.00	0%
Other	\$0.00	0%	\$0.00	0%

Refer to the requirements of Revised Code Sections 153.65-153.70.

7. Provide the following employee information:
 

	Nationwide	Ohio
Total Number of Employees	0	0
Percentage of Women	0%	0%
Percentage of Minorities	0%	0%

**Capital Request Required Information** Controlling Board Request No.: TTT0100029  
**Architect, engineering, or other professional service contracts - Test Vendor**

1. Type of Service to be provided:
2. Selection Process:
  - a. Explain how the Request for Proposal (RFP) was publicized or advertised.

- b. Number of proposals distributed.
- c. Number of days in which interested parties had to respond to the RFP: 0
- d. Number of proposals received: 0

e. For each proposal received, provide name, complete address of the principal place of business, and amount of each proposal.

Name	Proposal Amount	Address	City	State	County
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f. Indicate who rated the responses and was involved in the selection of the contractor.

3. Identify the selected contractor: Test Vendor

Explain why this contractor was selected.

4. Provide contractor's location of their principal place of business.

Test Vendor Address  
OH 43215  
County:

5. Provide contractor's location from which all or most of contract work will be performed, if different from the location of principal place of business.

OH  
County:

6. Identify all state contracts which the selected contractor has had approved by the Controlling Board since the beginning of the last fiscal year through this fiscal year to date. Also include contracts approved for this agency or institution of higher education.

a. Total number of contracts: 0

b. For each contract, list the state agency and the contract amount.

Agency	Contract/Agreement Amount	FY
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7. Provide the following employee information:

	Nationwide	Ohio
Total Number of Employees	0	0
Percentage of Women	0%	0%
Percentage of Minorities	0%	0%

8. What percent of the work will be done by subcontractors? 0%

If more than 50%, provide the following employee information.

Subcontractor	Nationwide # of Employees	Nationwide % of Women	Nationwide % of Minorities	Ohio # of Employees	Ohio % of Women	Ohio % of Minorities
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9. Fee Analysis: For architect and engineer contracts, other professional design services contracts, and construction management services, also provide a fee analysis which includes the following:

a. Total estimated construction cost: \$0.00

b. Provide the following information regarding the contractor's fees for the services to be performed.

Fee Analysis	Contract Amount	Percent of Total Construction Cost
Professional Design Services and/or Construction Management Services	\$0.00	0%
Change Order Fee Allowance	\$0.00	0%
Soil Test & Surveys	\$0.00	0%
Other-	\$0.00	0%

Refer to the requirements of Revised Code Sections 153.65-153.70.

**Capital Request Required Information  
Purchases of Equipment - Test Vendor**

Controlling Board Request No.: TTT0100029

1. Identify the equipment and provide the amount of each item

Supply/Equipment Name	Price per Unit	Number of Units	Amount
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2. Selection Process

- a. Explain how the Request for Proposal (RFP) was publicized or advertised.
- b. Number of proposals/quotes distributed.
- c. Number of days in which interested parties had to respond to the RFP: 0
- d. Number of proposals received: 0
- e. For each proposal received provide name, complete address of the principal place of business, and amount of each proposal (or attach a list).

Name	Proposal Amount	Address	City	State	County
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- f. Indicate who rated the responses and was involved in the selection of the contractor.

3. Identify the selected vendor. Test Vendor

Explain why this vendor was selected.

4. Provide vendor's location of their principal place of business.

Test Vendor Address  
OH43215  
County: