

CAPITAL REQUEST

Controlling Board No.

GENERAL INFORMATION

Agency Name	Controlling Board Authorization Requested (Check all that apply)	Fiscal Year(s)
Eligible for Local Administration?	<input type="radio"/> Transfer/Release of Capital Funds (R.C.Sec 127.14G and/or Sec.127.15) <input type="radio"/> Waiver of Competitive Selection (R.C.Sec. 127.16B) <input type="radio"/> Release Percent for Arts (R.C.Sec. 3379.10) <input type="radio"/> Other Statutory Authority/Bill Section: _____ <input type="radio"/> Other: _____	Bill No.
<input checked="" type="radio"/> Yes <input type="radio"/> No	Eligible for OBM Director Approval? <input checked="" type="radio"/> Yes <input type="radio"/> No	

WAIVER OF COMPETITIVE SELECTION INFORMATION

Complete this section ONLY if a WAIVER OF COMPETITIVE SELECTION is being requested. If requesting a Waiver for more than one vendors, use VENDOR CONTINUATION FORM and leave this section blank.

Vendor Name	Vendor Address of Principal Place of Business
Vendor ID Number	Waiver Amount
	City State County (Ohio Only)

IF REQUESTING A TRANSFER, COMPLETE THIS INFORMATION

From	To	Fund Group	Fund Code	Appropriation Line Item	Appropriation Line Item Name	Transferred Amount	Previously Released Amount
<input type="radio"/>	<input type="radio"/>			—			
<input type="radio"/>	<input type="radio"/>			—			
<input type="radio"/>	<input type="radio"/>			—			
<input type="radio"/>	<input type="radio"/>			—			

FOR A RELEASE OF CAPITAL FUNDS, COMPLETE THIS INFORMATION

Fund Group	Fund Code	Appropriation Line Item	Appropriation Line Item Name	Total Amount Requested for Release/Approval
		—		
		—		
		—		

SIGNATURES

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

AGENCY CONTACT

Name _____	Title _____
Phone (____) _____	Fax (____) _____
E-Mail _____	

REQUIRED EXPLANATION OF REQUEST