

# CAPITAL REQUEST

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