

STATE OF OHIO
 CONTROLLING BOARD
 30 East Broad Street, 34th Floor
 Columbus, Ohio 43215-3457
 (614) 466-5721 FAX:(614) 466-3813

OPERATING REQUEST

[Attachments](#) [Print](#) [Print PDF](#) [Close](#)

Controlling Board No.
MCD0100072

Status: Scheduled
 Meeting Date: 8/22/2016

GENERAL INFORMATION

Agency Medicaid Division/Institution Contracts & Procurement	<input checked="" type="radio"/> Waiver of Competitive Selection (Revised Code Section 127.16B) <input checked="" type="checkbox"/> No Competitive Opportunity <input type="checkbox"/> Agency Released Competitive Opportunity <input type="radio"/> Agency Released Competitive Opportunity (Revised Code Section 127.162) <input type="radio"/> Other Statutory Authority/Bill Section: <input type="radio"/> Operating Transfer Request (Revised Code Section 127.14) <input type="checkbox"/> Appropriation <input type="checkbox"/> Cash <input type="checkbox"/> Other Statutory Authority/Bill Section:	Fiscal Year(s) 2017 Bill No. 64 Eligible for OBM Director Approval? No
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VENDOR INFORMATION

For	Vendor ID	FY	Amount	Name	Address	City	State	County	Zip Code
MCD01	0000239360	2017	\$117,200.00	Cetan Corp	1001 Scenic Parkway, Suite 203	Chesapeake	VA		23323

FUNDING INFORMATION

Fund Group	Fund Code	Appropriation Line Item	Appropriation Line Item Name	FY	Amount	FY	Amount
	5U30	651654	Medicaid Program Support	2017	\$57,990.56		\$.00
	3F00	651624	Medicaid Program Support-Federal	2017	\$59,209.44		\$.00

SIGNATURES



Agency Director or Authorized Agent

08/01/2016

Date

On The Date Of

Controlling Board President/OBM Director

AGENCY CONTACT

Name: Bryan Stout

Title: Legislative Liaison

Phone: (614) 752 - 5093

Fax:

E-Mail: Bryan.Stout@medicaid.ohio.gov

REQUIRED EXPLANATION OF REQUEST

The Ohio Department of Medicaid (ODM) respectfully requests Controlling Board approval of a waiver of competitive selection in the amount of \$117,200 in SFY17 funds from fund 5U30, line item 651654 entitled Medicaid Program Support, and from fund 3F00, line item 651624 entitled Medicaid Program Support-Federal, for a contract with Cetan Corporation of Chesapeake, Virginia, for services related to file migration.

As a part of the separation of Medicaid from the Ohio Department of Job and Family Services (ODJFS), ODM must migrate the information technology files and functions from the ODJFS environment to the Department of Administrative Services (DAS) environment. Specifically,

these files are contained within Control M, a workload automation (traditionally called batch scheduling) software owned by BMC Software. ODM needs the expertise of a vendor who can successfully identify and move these files, provide training for staff to support after the move, and identify the appropriate design and configuration for the new environment. Medicaid initially worked with BMC through a State Term Schedule vendor to complete the analysis of all Control M jobs that remained in the ODJFS environment. The outcome of this engagement did not meet the agency's requirements and resulted in the need to locate another vendor with proven experience in the use of Control M and in the successful migration, installation and configuration of files.

Cetan Corporation is recognized as an expert in Control M and is a BMC-certified Control-M Administrator and Control-M Systems Engineer organization. Cetan planned to partner with a State Term Schedule vendor for delivery of the services needed by ODM, but the two companies could not come to terms and the cost of that partnership would have been prohibitive for ODM. At that point, ODM approached Cetan Corporation and requested a proposal for completion of this migration work. Cetan Corporation will provide training to the technical team, prepare business and technical requirements and complete data/process migration and validation. They will provide weekly updates on their progress and onsite support during migration and activation of selected workloads to assure that the work is completed to ODM's satisfaction.

ODM will receive approximately 51% federal reimbursement for these contract expenditures.

Attachments **Controlling Board Request No.: MCD0100072**

Attachment Type	Attachment Description
Contract	Cetan Corp Vendor Signed Contract

Release and Permit Information

Name	FY	Amount	R & P #	R & P Date	Issued By	Comments
Cetan Corp	2017	\$117,200.00	pending			

Operating Request Required Information **Controlling Board Request No.: MCD0100072**

New Contract - Cetan Corp

1. Selection Process: Was this contract subject to selection by a Request for Proposal (RFP) process? No
 Explain why this contract was not subject to an RFP process
 Cetan Corp is recognized as an expert in Control M and is a BMC-certified Control-M Administrator and Control-M Systems Engineer organization. Cetan planned to partner with a State Term Schedule vendor for delivery of the services needed by ODM but the two companies could not come to terms and the cost of that partnership would have been prohibitive for ODM. At that point, ODM approached Cetan Corp and requested a proposal for completion of this migration work.
2. Provide the following selected contractor information:
 Cetan Corp
 1001 Scenic Parkway, Suite 203
 Chesapeake, VA 23323
3. Contractor's location from which all or most of the contract work will be performed, if different from the location of principal place of business. (For institutional agencies, cite the location of the institution, including the city and county, where services are to be performed.)
4. Institutional agencies only: Is the contractor currently performing services at the institution listed above?
5. Specify the deliverables of this contract or describe the scope of service(s) to be performed by this contractor.
 Cetan Corp will provide training to the project team, prepare business and technical requirements and complete data/process migration and validation. They will provide weekly updates on their progress and onsite support during migration and activation of selected workloads to assure that the work is completed to ODM's satisfaction. More detailed deliverables are included in the attached proposal.
6. Cite the account category of expense being used for this purchase of service(s).

Account Category	Subject	Amount
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7. Duration of this contract (beginning and ending dates) within the fiscal biennium.

Beginning Date	Ending Date
08/25/2016	12/31/2016

8. Is the contractor already performing work under this contract? No

9. 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 institutions 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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10. Contractor Procurement Compliance:

a. Is this contractor in compliance with Buy America? N/A

Explain: The services provided through this contract are not subject to Buy America regulations.

b. Is this contractor in compliance with Buy Ohio? N/A

Explain: The services provided through this contract are not subject to Buy Ohio regulations.

11. Provide the following employee information:

	Nationwide	Ohio
Total Number of Employees	17	0
Percentage of Women	35%	0%
Percentage of Minorities	18%	0%

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

If more than 50%, provide the same information for each subcontractor as requested in number 11 above for the contractor.

Subcontractor	Nationwide # of Employees	Nationwide % of Women	Nationwide % of Minorities	Ohio # of Employees	Ohio % of Women	Ohio % of Minorities
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13. Provide all subsequent renewal schedules (beginning and ending dates) and amounts associated with this contract.

A contract renewal is the exercise of an option to enter into a subsequent contract with a vendor in accordance with renewal provisions specified in a preceding contract.

Beginning Date	Ending Date	Total Lease Amount
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Explain contract provisions. At this time there are no renewals planned for this vendor for this work.

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OPERATING REQUEST

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Controlling Board No.
MCD0100073

Status: Scheduled
 Meeting Date: 8/22/2016

GENERAL INFORMATION

Agency Medicaid	<input type="radio"/> Waiver of Competitive Selection (Revised Code Section 127.16B) <input type="checkbox"/> No Competitive Opportunity <input type="checkbox"/> Agency Released Competitive Opportunity <input checked="" type="radio"/> Agency Released Competitive Opportunity (Revised Code Section 127.162) <input type="radio"/> Other Statutory Authority/Bill Section: <input type="radio"/> Operating Transfer Request (Revised Code Section 127.14) <input type="checkbox"/> Appropriation <input type="checkbox"/> Cash <input type="checkbox"/> Other Statutory Authority/Bill Section:	Fiscal Year(s) 2017
Division/Institution Contracts & Procurement		Bill No. 64
		Eligible for OBM Director Approval? No

VENDOR INFORMATION

For	Vendor ID	FY	Amount	Name	Address	City	State	County	Zip Code
MCD01	0000072343	2017	\$159,000.00	Mercer Health & Benefits LLC	2325 Camelback Road, Suite 600	Phoenix	AZ		85016

FUNDING INFORMATION

Fund Group	Fund Code	Appropriation Line Item	Appropriation Line Item Name	FY	Amount	FY	Amount
	GRF	651425	Medicaid Program Support-State	2017	\$79,547.70		\$0.00
	3F00	651624	Medicaid Program Support-Federal	2017	\$79,452.30		\$0.00

SIGNATURES

John McCarthy

Agency Director or Authorized Agent

07/29/2016

Date

On The Date Of

Controlling Board President/OBM Director

AGENCY CONTACT

Name: Bryan Stout Title: Legislative Liaison
 Phone: (614) 752 - 5093 Fax: E-Mail: Bryan.Stout@medicaid.ohio.gov

REQUIRED EXPLANATION OF REQUEST

The Ohio Department of Medicaid (ODM) respectfully requests Controlling Board approval for an agency release a competitive opportunity per ORC 127.162 in the amount of \$159,000.00 in SFY17 funds from fund GRF, ALI 651425 and fund 3F00, ALI 651624 (Medicaid Program Support-State and Federal, respectively), to contract with Mercer Health & Benefits LLC of Phoenix, Arizona, for a pharmacy cost of dispensing fee survey and assistance with pharmacy payment policy modifications.

Payments to pharmacies by insurance companies, including Medicaid and Medicare Part D programs, generally consist of the drug product (ingredient) cost plus a dispensing fee. The definition of dispensing fee can be found in the Code of Federal Regulations (CFR) at 42 CFR 447.502. The federal Centers for Medicare and Medicaid Services (CMS) intends for the Medicaid dispensing fee to cover all costs incurred by a pharmacy to dispense prescriptions to Medicaid recipients, other than the cost of the drug product. These costs may include staffing, overhead, supplies, and any other costs to operate the pharmacy. CMS suggests that state Medicaid programs conduct a cost of dispensing survey to ensure appropriate payment to pharmacies.

In conformance with the CMS requirements set forth in CFR 42 C.F.R. 447.500 to 447.518, ORC Section 5164.752 states that the department of Medicaid shall initiate a confidential survey of the cost of dispensing drugs in the state. The survey shall be used as the basis for establishing the Medicaid program's dispensing fee. The survey shall be completed and its results published not later than the last day of October of the year in which it is conducted. All providers which meet the definitions in ORC Section 5164.753 shall participate in the survey.

Additionally, in January 2016, CMS released its Covered Outpatient Drug Final Rule with Comment (also known as the AMP Final Rule). The purpose of the AMP Final Rule is to address key areas of Medicaid drug reimbursement to pharmacies and changes made to the Medicaid Drug Rebate Program by the Affordable Care Act. Among other things, the AMP Final Rule: A. sets a regulatory definition of Average Manufacturer's Price (AMP), B. updates the Federal Upper Limit (FUL) formula for reimbursement in regards to generic drugs, C. clarifies the definition of "retail community pharmacy", and, D. seeks to ensure that a Medicaid agency's payment to a pharmacy is aligned with the pharmacy's actual acquisition cost of the drug and that states pay an appropriate professional dispensing fee.

ODM prepared and released a Request for Proposals (RFP) to obtain the services of a qualified vendor to conduct the pharmacy dispensing fee survey and to assist ODM with setting a new pharmacy payment policy for the fee-for-service population consistent with the new federal requirements published in 2016. The RFP was released in May, 2016, via the Ohio Department of Administrative Services website and announcements were sent to seven known experts in the field. Two proposals were received by the deadline and evaluated based on the criteria outlined in the RFP. Both proposals' scores exceeded the minimum value required to advance to the cost proposal scoring phase. Final selection was made by determining the best (lowest) cost per quality point. The proposal from Mercer Health & Benefits LLC was selected for award based on this computation. Mercer will subcontract approximately 22% of the work to an Ohio-certified Minority Business Enterprise vendor (RAMA Consulting Group).

The expenditures under this contract are eligible for 50.03% federal financial participation.

Attachments **Controlling Board Request No.: MCD0100073**

Attachment Type	Attachment Description
Request for Proposal (RFP)	Dispensing Fee Survey RFP
Response to RFP from selected vendor	Mercer Technical Proposal
Response to RFP from selected vendor	Mercer Cost Proposal
Contract	Mercer Vendor Signed Contract
Other	Blanket Release and Permit

Release and Permit Information

Name	FY	Amount	R & P #	R & P Date	Issued By	Comments
Mercer Health & Benefits LLC	2017	\$159,000.00	MCD01 16-17			

Operating Request Required Information

Controlling Board Request No.: MCD0100073

New Contract - Mercer Health & Benefits LLC

1. Selection Process: Was this contract subject to selection by a Request for Proposal (RFP) process? Yes

a. Explain how the RFP was publicized or advertised.

The RFP was posted on the Ohio Dept. of Administrative Services website and announcement letters were sent to seven vendors with expertise in this area.

b. Number of proposals distributed. Unknown

c. Number of days in which interested parties had to respond to the RFP. 33

d. Number of proposals received. 2

e. Information for each proposal received (or see attachment).

Name	Proposal Amount	Address	City	State	County
Mercer Health & Benefits LLC	\$159,000.00	2325 Camelback Road, Suite 600	Phoenix	AZ	
Myers &	\$108,500.00	700 W 47th St, Suite 1100	Kansas City	MO	

b. Is this contractor in compliance with Buy Ohio? N/A

Explain: The services provided through this contract are not subject to Buy Ohio regulations.

11. Provide the following employee information:

	Nationwide	Ohio
Total Number of Employees	8201	189
Percentage of Women	58.4%	58.7%
Percentage of Minorities	20.3%	15.3%

12. What percent of the work will be done by subcontractors? 22.3

If more than 50%, provide the same information for each subcontractor as requested in number 11 above for the contractor.

Subcontractor	Nationwide # of Employees	Nationwide % of Women	Nationwide % of Minorities	Ohio # of Employees	Ohio % of Women	Ohio % of Minorities
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13. Provide all subsequent renewal schedules (beginning and ending dates) and amounts associated with this contract.

A contract renewal is the exercise of an option to enter into a subsequent contract with a vendor in accordance with renewal provisions specified in a preceding contract.

Beginning Date	Ending Date	Total Lease Amount
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Explain contract provisions. There are no planned renewals for this contract.

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OPERATING REQUEST

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Controlling Board No.
DMR0100359

Status: Scheduled
 Meeting Date: 8/22/2016

GENERAL INFORMATION

Agency Department of Developmental Disabilities Division/Institution Department of Developmental Disabilities	<input checked="" type="radio"/> Waiver of Competitive Selection (Revised Code Section 127.16B) <input checked="" type="checkbox"/> No Competitive Opportunity <input type="checkbox"/> Agency Released Competitive Opportunity <input type="radio"/> Agency Released Competitive Opportunity (Revised Code Section 127.162) <input type="radio"/> Other Statutory Authority/Bill Section: <input type="radio"/> Operating Transfer Request (Revised Code Section 127.14) <input type="checkbox"/> Appropriation <input type="checkbox"/> Cash <input type="checkbox"/> Other Statutory Authority/Bill Section:	Fiscal Year(s) 2017 Bill No. 64 Eligible for OBM Director Approval? No
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VENDOR INFORMATION

For	Vendor ID	FY	Amount	Name	Address	City	State	County	Zip Code
DMR01	0000213774	2017	\$57,100.00	Peter Dale DiLeo	266 Roaring Brook Drive	St. Augustine	FL		32084

FUNDING INFORMATION

Fund Group	Fund Code	Appropriation Line Item	Appropriation Line Item Name	FY	Amount	FY	Amount
	GRF	322508	Employment First Initiative	2017	\$57,100.00		\$.00

SIGNATURES

John L. Martin

Agency Director or Authorized Agent

07/27/2016

Date

On The Date Of

Controlling Board President/OBM Director

AGENCY CONTACT

Name: Jeremiah Wagner

Title: Legislative Liaison

Phone: (614) 728 - 5311

Fax:

E-Mail: Jeremiah.Wagner@dodd.ohio.gov

REQUIRED EXPLANATION OF REQUEST

The Department of Developmental Disabilities respectfully requests Controlling Board approval to waive competitive selection in the amount of \$57,100 from GRF, ALI 322508 (Employment First Initiative), in FY17, to renew the contract with Peter Dale Dileo, St. Augustine, Florida to provide and incorporate additional Ohio specific curricula into the Employment First course and train additional facilitators.

Peter Dale Dileo will be revising and adding curriculum regarding employer engagement and job coaching to the course. This will include updating the trainer handbook.

In order to ensure sustainability of Employment First training and shift the burden for continued training from the use of outside experts to those residing within Ohio, Peter Dale Dileo will be providing in person training for new facilitators on the new curriculum. The continued in-person training sessions will serve to meet the need of new provider staff to the project as well as address staff turnover.

The Department of Developmental Disabilities originally awarded a contract to Peter Dale Dileo for FY14 and FY15 for the development of curriculum, training and technical assistance for employment providers as a result of a Request for Proposals. The resulting contract had an option for renewal for up to two years. The contract was initially renewed only for one year (FY16) and approved by the Controlling Board (DMR100308). The agency is requesting to enact the option to renew the contract for services for a second year.

DMR0100308

Attachments **Controlling Board Request No.: DMR0100359**

Attachment Type	Attachment Description
Contract renewal	Contract Renewal

Release and Permit Information

Name	FY	Amount	R & P #	R & P Date	Issued By	Comments
Peter Dale DiLeo	2017	\$57,100.00	DMR16/17			

Operating Request Required Information

Controlling Board Request No.: DMR0100359

Contract Renewal - Peter Dale DiLeo

- Identify the contractor and provide the contractor's address of their principal place of business.
 Peter Dale DiLeo
 266 Roaring Brook Drive
 St. Augustine, FL 32084
- Provide a brief history of the project or program being affected by the work of the contractor.
 The Department of Developmental Disabilities originally awarded a contract to Peter Dale Dileo for FY14 and FY15 for the development of curriculum, training and technical assistance for employment providers as a result of a Request for Proposals. The resulting contract had an option for renewal for up to two years. The contract was initially renewed only for one year (FY16) and approved by the Controlling Board (DMR100308).
- Specify the deliverables of this contract or describe the scope of the services to be performed by renewing this contract.
 Peter Dale Dileo will be revising and adding curriculum regarding employer engagement and job coaching to the course. This will include updating the trainer handbook. The continued in-person training sessions will serve to meet the need of new provider staff to the project as well as address staff turnover.
- Cite the account category of expense being used for this purchase of service(s).

Account Category	Subsubject	Amount	Non-Exempt Amount
510050		\$57,100.00	\$57,100.00
Total Amounts		\$57,100.00	\$57,100.00

- Provide the dates of previous Controlling Board approvals for this contract. Indicate whether the approvals were for the initial contract, amendments to this contract, or previous renewals for this contract. In addition to the date(s) of Controlling Board approval, provide the following information depending upon the type of contract previously approved by the Controlling Board.

Initial Contract - Total amount of the initial contract or number of hours and the rate per hour.

Amendment - Total amount of the amended contract (initial + amendment) or total number of hours (initial + amendment) and the total rate per hour (initial contract + contract amendment + contract renewals within the biennium).

Renewal - Total amount of the renewed contract or the total number of hours and the total rate per hour.

NOTE: All amounts must be shown in amounts per fiscal year.

CB Approval Date	Type of Contract	Amount per FY	# of Hours	Rate per Hour per FY
12/02/2013	Initial	\$65,220.00	0.00	\$0.00
12/02/2013	Initial	\$34,320.00	0.00	\$0.00
02/09/2014	Amendment	\$56,200.00	0.00	\$0.00
07/06/2015	Renewal	\$74,250.00	0.00	\$0.00

- Provide the total amount of the contract renewal or total number of hours and total rate per hour.

Total Contract Amount	Total # of Hours	Total Rate per Hour	FY
\$57,100.00	0	\$0.00	17

7. Is this contract rate an increase in the total amount of the contract or the rate per hour over the previous contract rate? No

8. Duration (beginning and ending dates) of this contract renewal within the biennium.

Beginning Date	Ending Date
07/01/2016	06/30/2017

9. Provide all subsequent renewal schedules (beginning and ending dates) and amounts associated with this contract.

Beginning Date	Ending Date	Total Amount
07/01/2015	06/30/2016	\$74,250.00

Explain contract provisions.

10. Provide the following employee information:

	Nationwide	Ohio
Total Number of Employees	1	0
Percentage of Women	0%	0%
Percentage of Minorities	0%	0%

STATE OF OHIO
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FUND/APPROPRIATION REQUEST

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Controlling Board No.
DMR0100360

Status: Scheduled
 Meeting Date: 8/22/2016

GENERAL INFORMATION

Agency Department of Developmental Disabilities Division/Institution Department of Developmental Disabilities	Authorization Requested Pursuant to Revised Code Section 131.35 <input checked="" type="checkbox"/> Increase Appropriation Authority <input type="checkbox"/> Create a New Fund <input type="checkbox"/> Establish Appropriation Authority	Fiscal Year(s) 2017 Bill No. 64
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FUNDING INFORMATION

Fund Group	Fund Code	Appropriation Line Item	Fund/Appropriation Line Item Name	FY	Current Appropriation Amount	Amount of Increase or New Fund	Total Appropriation Amount
	5QM0	320607	System Transformation Supports	2017	\$3,000,000.00	\$2,391,225.00	\$5,391,225.00

SIGNATURES



Agency Director or Authorized Agent

 08/01/2016

 Date

On The Date Of

 Controlling Board President/OBM Director

AGENCY CONTACT

Name: Jerimiah Wagner	Title: Legislative Liaison
Phone: (614) 728 - 5311	E-Mail: Jerimiah.Wagner@dodd.ohio.gov
Fax:	

REQUIRED EXPLANATION OF REQUEST

The Department of Developmental Disabilities (DODD) respectfully requests Controlling Board approval to increase appropriation authority in the amount of \$2,391,225 for FY17 in Fund 5QM0, line item 320607, System Transformation Supports.

Fund 5QM0 contains funding specified for one-time projects that support the system transformation initiatives funded in the biennium budget. In FY16, not all planned projects were completed and some were under budget. This request will allow the department to spend the cash that is available in 5QM0 on projects that were not completed in FY16 and on new projects that will further these initiatives.

Attachments

Controlling Board Request No.: DMR0100360

Attachment Type	Attachment Description
No attachments found.	

Fund/Appropriation Request Required Information

Controlling Board Request No.: DMR0100360

- Identify the source of additional revenue (e.g., increase in fee, increase in state or federal grants, etc.).
 There is no additional revenue. The cash is available in Fund 5QM0 to support these projects. The amount of this appropriation request is the

amount of unspent funds from FY16 due to projects that were planned for, but were not completed in FY16 or projects that came in under budget.

2. If applicable, explain why creating and/or increasing a new fund and/or line item is more appropriate than depositing the revenue into an existing fund and increasing the appropriation authority of an existing line item.
N/A

3. Time line: Has the revenue been received? Yes
Provide the receipt date of the revenue. July 1, 2015

4. For federal funds only, provide the following information:
 a. Grant identification number from the Catalog of Federal Domestic Assistance:
 b. Amount of state matching funds required: 0
 c. Source (appropriation line item) of that match:
 d. Statutory or executive authority for participation in the program:
 N/A
 Include a brief summary of the text or a copy of the reference.
 N/A

5. How will the additional appropriation and/or cash be used?
This funding will be used for contracts and grant agreements for systems transformation initiatives as identified by the Director of DODD.

Provide the following information below relative to this budgetary adjustment. NOTE: If a new fund and new appropriation authority are being requested, the "Current" and "Requested" columns are not required.

Account Category	Account Category Description	Current Appropriation Authority	Requested Increase in Appropriation	Total Appropriation Authority
500	Personal Services - Payroll	\$0.00	\$0.00	\$0.00
510	Purchases Personal Services and Others	\$1,550,000.00	\$500,000.00	\$2,050,000.00
520	Supplies and Maintenance	\$125,000.00	\$0.00	\$125,000.00
530	Equipment	\$0.00	\$0.00	\$0.00
550	Subsidies and Shared Revenue	\$1,325,000.00	\$1,891,225.00	\$3,216,225.00
570	Capital Items	\$0.00	\$0.00	\$0.00
590	Judgements, Settlements and Bonds	\$0.00	\$0.00	\$0.00
Other	Other	\$0.00	\$0.00	\$0.00
	Total:	\$3,000,000.00	\$2,391,225.00	\$5,391,225.00

6. For each additional amount shown in the table, provide a short description of what the dollars will be used to accomplish. For example, if increasing a subsidy account category, provide detail on the added recipients or the allocation formula for distribution of moneys. For Account Category 500, respond to specific questions in number 9 below.

Account Category	Short Description
500	
510	Contracts will be established for projects that further the department's initiatives as identified by the Director of DODD.
520	
530	
550	Grant agreements will be established that further the department's initiatives as identified by the Director of DODD.
570	
590	
Other	

7. Will this transfer be used to maintain current service levels, expand an existing program or activity, or begin a new program? Explain.
This request will maintain current service levels. The requested funding is for one-time projects.

8. Based upon the response to number 7, explain how these services or programs would have been funded if this additional funding were not available.
The cash is available in Fund 5QM0, but without the increased appropriation, DODD does not have the authority to expend these funds. Therefore, these initiatives would not be funded.

9. Account Category 500-Personal Services:

a. Explain why changes are being requested in the personal services account category 500.

N/A

b. How many existing staff are being affected by this transfer? 0

What appropriation line item are they currently being paid?

c. How would these existing staff have been affected if these additional funds were not available?

d. Will new staff be hired as a result of the additional funds?

10. List any other transfers involving these appropriation line items and/or cash approved by the Controlling Board in the current biennium, including the date and requested amount of the adjustment(s).

ALI	Transfer Date	Transfer Amount	CBR Number
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STATE OF OHIO
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 30 East Broad Street, 34th Floor
 Columbus, Ohio 43215-3457
 (614) 466-5721 FAX:(614) 466-3813

CAPITAL REQUEST

Controlling Board No.
DNRO101170

Status: Scheduled
 Meeting Date: 8/22/2016

GENERAL INFORMATION		
<p>Agency Natural Resources</p> <p>Division/Institution Engineering</p> <p>Eligible for Local Administration? Yes</p>	<p><input type="radio"/> Real Estate Acquisition</p> <p><input type="radio"/> Release of Capital Funds (R.C.Sec. 127.14G)</p> <p><input type="radio"/> Transfer of Capital Funds (R.C.Sec. 127.14G and/or Sec. 127.15)</p> <p><input type="radio"/> Higher Education Authorization Request (Sec. 3333.071)</p> <p><input type="radio"/> Other Statutory Authority/Bill Section:</p> <hr/> <p><input checked="" type="radio"/> Capital Request</p> <p><input checked="" type="radio"/> Release of Capital Funds (R.C.Sec. 127.14G)</p> <p><input type="radio"/> Transfer of Capital Funds (R.C.Sec. 127.14G and/or Sec. 127.15)</p> <p><input type="radio"/> Waiver of Competitive Selection (R.C.Sec. 127.16B)</p> <p><input type="checkbox"/> No Competitive Opportunity</p> <p><input type="checkbox"/> Agency Released Competitive Opportunity</p> <p><input type="radio"/> Agency Released Competitive Opportunity (R.C.Sec. 127.162)</p> <p><input type="radio"/> Release Percent for Arts (R.C.Sec. 3379.10)</p> <p><input type="radio"/> Other Statutory Authority/Bill Section:</p> <p><input type="radio"/> Other:</p>	<p>Fiscal Year(s) 2017</p> <p>Bill No. SB 260/310</p> <p>Eligible for OBM Director Approval? No</p>

VENDOR INFORMATION						
For	Vendor ID	FY	Amount	Name	Address	County

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
CPF	7086	C725A7	COOP FUNDING FOR BOATING FAC	\$5,305,619.56

SIGNATURES	
 Agency Director or Authorized Agent 08/02/2016 Date	On The Date Of Controlling Board President/OBM Director

AGENCY CONTACT	
Name: Brad Bales	Title: Legislative Liaison

REQUIRED EXPLANATION OF REQUEST

The Department of Natural Resources respectfully requests Controlling Board approval to release capital appropriation in the amount of \$5,305,619.56 from Fund 7086, ALI C725A7, Cooperative Funding for Boating Facilities, in FY17, for improvements at the Alum Creek State Park, Hollenback Marina, located in Lewis Center, Ohio in Delaware County.

This total includes a contingency in the amount of \$411,133.81.

The Alum Creek Hollenback Marina is one of two marinas located on the 3,387 acre Alum Creek Reservoir. Alum Creek also has four launch ramps (2 South, 1 East, and 1 North) which offer access to the lake. The lake south of Cheshire Road is a boater's paradise with unlimited horsepower and plenty of room for skiers, while the northern portion of the lake offers a quieter scene with tree-lined shores, shale cliffs and sheltered inlets for paddling. Alum Creek reservoir, which was created by the Alum Creek Dam, is part of the flood control plan for the Ohio River Basin. The lake was authorized by Congress in the Flood Control Act of 1962. Construction began in August of 1970 and was completed in 1974. It is managed by the US Army Corps of Engineers Huntington District. The reservoir along with the 4,630-acres of fields and woodlands provides a hub of recreational activity just minutes from Ohio's capital city. The Hollenback Marina was originally completed and opened for use in in the late 1970's. As such, it was originally designed to suit the needs of the time period. As time has gone on, the marina has seen a change in the size of boats, along with an increased demand for updated amenities. The reconstruction of the current marina will answer those demands along with providing a safer and more efficient atmosphere for the Alum Creek boating community.

This project is for the full replacement of the current 246 slip marina with a new 246 slip marina which includes: Demolition of the existing docks, piers, fingers and piles, salvage the existing fuel station and dump station for reuse on the new docks, construct a new marina that will include new piles, head docks, piers and fingers, add electric and water to each of the main piers by way of pedestals. These pedestals will also provide the electric needed for the winterization system during the off season.

The following alternates were accepted:

Alternate #1- Add Electric and Water to all slips on Pier D for \$62,000

Alternate #2- Add Electric and Water to all slips on Pier G for \$96,500

Both alternates are for the addition of electric and water pedestals to accommodate the 32 slips on the 2 piers.

All work on the project is scheduled for completion by July, 2017.

The legal notice for bidding this project was advertised in the Columbus Dispatch, beginning on June 18, 2016 and posted on Bid Express. A total of five, (5) bids were received on July 19, 2016. The lowest responsive and responsible bidder for the project is Righter Co., Inc. of Columbus, Ohio located in Franklin County who submitted a bid in the amount of \$4,894,485.75 for the project including the accepted alternates.

A complete bid tabulation for all bids received is attached to this request.

Righter Co., Inc. has proposed a 5% EDGE participation through K. Davis, Inc.

DNR0101042, Approved 11/9/2015

Attachments**Controlling Board Request No.: DNR0101170**

Attachment Type	Attachment Description
Other	Aerial map
Other	Site Map
Other	Bid Tab

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CAPITAL REQUEST

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Controlling Board No.
DNRO101173

Status: Scheduled
 Meeting Date: 8/22/2016

GENERAL INFORMATION

Agency Natural Resources	<input 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:	Fiscal Year(s) 2017
Division/Institution Engineering		<input checked="" type="radio"/> Capital Request <input checked="" 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"/> Waiver of Competitive Selection (R.C.Sec. 127.16B) <input 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 type="radio"/> Release Percent for Arts (R.C.Sec. 3379.10) <input type="radio"/> Other Statutory Authority/Bill Section: <input type="radio"/> Other:
Eligible for Local Administration? Yes		Eligible for OBM Director Approval? No

VENDOR INFORMATION

For	Vendor ID	FY	Amount	Name	Address	County

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
CPF	7086	C725A7	COOP FUNDING FOR BOATING FAC	\$72,481.30

SIGNATURES

James Kehring

Agency Director or Authorized Agent

08/02/2016

Date

On The Date Of

Controlling Board President/OBM Director

AGENCY CONTACT

Name: Brad Bales Title: Legislative Liaison

REQUIRED EXPLANATION OF REQUEST

The Department of Natural Resources respectfully requests Controlling Board approval to release capital appropriation in the amount of \$72,481.30 from Fund 7086, ALI C725A7 (Cooperative Funding for Boat Facilities), in FY17, for installation of an accessible paddle-craft launch dock at the Hueston Woods State Park marina located in College Corner, Ohio in Butler County. This total includes a contingency in the amount of \$6,589.12.

Hueston Woods State Park, located in Butler and Preble counties, is nearly 3,000 acres of natural resources for outdoor recreation, such as hiking, fishing, canoeing, and fossil hunting which is unique to this region. The park surrounds 625-acre Acton Lake, with campsites, cabins, and a resort lodge. Acton Lake is restricted to boats with motors of 10 hp or less, and is a very popular lake for paddle craft, such as canoes and kayaks. The existing dock used for launching paddle craft does not provide accessibility to those with physical challenges.

This project will provide a new ADA-compliant floating dock from which canoes and paddle craft can be easily launched by anyone.

All work on the project is scheduled for completion by December 31, 2016.

IAP Government Services Group, Inc. of Columbus, Ohio a Job Order Contractor on State Optional Use Contract No. CSP905815, will perform the work in accordance with the Optional Use Contract requirements. The contract is attached.

Subcontractor bids were solicited and are attached to this request. The selected subcontractor is Engelke Construction Solutions, LLC.

IAP Government Services Group, Inc. is a certified EDGE vendor which provides for 100% EDGE participation.

Attachments**Controlling Board Request No.: DNR0101173**

Attachment Type	Attachment Description
Other	Bid Tab
Other	Site Map
Other	Site Map 2
Other	Drawing
Other	STS Contract

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CAPITAL REQUEST

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Controlling Board No.
DNRO101174

Status: Scheduled
 Meeting Date: 8/22/2016

GENERAL INFORMATION		
Agency Natural Resources Division/Institution Engineering Eligible for Local Administration? Yes	<input 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:	Fiscal Year(s) 2017 Bill No. SB 260 Eligible for OBM Director Approval? No
	<input checked="" type="radio"/> Capital Request <input checked="" 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"/> Waiver of Competitive Selection (R.C.Sec. 127.16B) <input 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 type="radio"/> Release Percent for Arts (R.C.Sec. 3379.10) <input type="radio"/> Other Statutory Authority/Bill Section: <input type="radio"/> Other:	

VENDOR INFORMATION						
For	Vendor ID	FY	Amount	Name	Address	County

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
CPF	7035	C725A0	ST PKS CAMPGROUNDS/LODGS/CABNS	\$27,009.54

SIGNATURES	
 Agency Director or Authorized Agent 08/02/2016 Date	On The Date Of Controlling Board President/OBM Director

AGENCY CONTACT	
Name: Brad Bales	Title: Legislative Liaison

REQUIRED EXPLANATION OF REQUEST

The Department of Natural Resources respectfully requests Controlling Board approval to release capital appropriation in the amount of \$27,009.54 from Fund 7035, ALI C725A0 (State Parks, Campgrounds, Lodges & Cabins), in FY17, for construction of a pergola-style shade structure at the Nature Center at Findley State Park located in Wellington, Ohio in Lorain County. This total includes a contingency in the amount of \$ 2,455.42.

Once a state forest, 838-acre Findley State Park is heavily wooded with stately pines and various hardwoods. The scenic hiking trails allow nature lovers to view spectacular wildflowers and observe wildlife. In addition to hiking trails, the park offers over 270 camp sites, three camper cabins, a newly renovated Nature Center, disc golf, and a 93-acre lake with a swimming beach, fishing, two boat launch ramps, and a marina. The Nature Center offers an indoor venue for nature programs and displays, but the number of attendees is limited by the space available.

This project will construct a 21' x 15' x 10' cedar pergola-style shade structure, with a retractable canvas cover and electric outlet. The pergola will be installed on an existing concrete pad behind the newly renovated Nature Center to provide an outdoor location for nature programs for larger groups.

All work on the project is scheduled for completion by December 31, 2016.

IAP Government Services Group, Inc. of Columbus, Ohio a Job Order Contractor on State Optional Use Contract No. CSP905815, will perform the work in accordance with the Optional Use Contract requirements. The contract is attached.

Subcontractor bids were solicited and are attached to this request. The selected subcontractor is Engelke Construction Solutions, LLC.

IAP Government Services Group, Inc. is a certified EDGE vendor which provides for 100% EDGE participation.

Attachments**Controlling Board Request No.: DNR0101174**

Attachment Type	Attachment Description
Other	Bid Tab
Other	Selected Bid
Other	Site Map 1
Other	Site Map 2
Other	STS Contract
Other	Example

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CAPITAL REQUEST

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Controlling Board No.
DNRO101175

Status: Scheduled
 Meeting Date: 8/22/2016

GENERAL INFORMATION

Agency Natural Resources Division/Institution Engineering Eligible for Local Administration? Yes	<input 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:	Fiscal Year(s) 2017 Bill No. SB 260
	<input checked="" type="radio"/> Capital Request <input checked="" 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"/> Waiver of Competitive Selection (R.C.Sec. 127.16B) <input 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 type="radio"/> Release Percent for Arts (R.C.Sec. 3379.10) <input type="radio"/> Other Statutory Authority/Bill Section: <input type="radio"/> Other:	Eligible for OBM Director Approval? No

VENDOR INFORMATION

For	Vendor ID	FY	Amount	Name	Address	County

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
CPF	7035	C725A0	ST PKS CAMPGROUNDS/LODGS/CABNS	\$984,480.00

SIGNATURES

James Kehring

Agency Director or Authorized Agent

08/02/2016

Date

On The Date Of

Controlling Board President/OBM Director

AGENCY CONTACT

Name: Brad Bales Title: Legislative Liaison

REQUIRED EXPLANATION OF REQUEST

The Department of Natural Resources respectfully requests Controlling Board approval to release capital appropriation in the amount of \$984,480.00 from Fund 7035, ALI C725AO (State Parks Campgrounds, Lodges, and Cabins), in FY17, for infrastructure and exterior renovations at the Deer Creek State Park Lodge located in Mount Sterling, Ohio in Madison County.

This total includes a contingency in the amount of \$89,498.00.

Located in the heart of Ohio's agricultural country, Deer Creek State Park is central Ohio's vacation showplace. A collage of meadows and woodlands surround the scenic reservoir. This 2,337-acre resort park features a modern lodge, cottages, campground, golf course, swimming beach and boating for outdoor enthusiasts. The contemporary lodge was constructed in 1979 and currently includes modern rooms, some with bunk beds and/or lofts, feature classic decor, and offer en-suite bathrooms, and balconies and/or patios. They also have satellite TV, mini fridges and coffeemakers, as well as free Wi-Fi. Suites add kitchenettes and sitting areas. Local fare is served at the lodge in a bistro-style restaurant and a casual bar. Additional amenities include a golf course, indoor and outdoor pools, whirlpool tub, fitness center, game room and fire pits.

The original site lighting (parking, walking paths, outdoor pool area, and tennis courts) is beyond its useful life as the controls no longer operate properly and require thousands of dollars for emergency repairs to remain or be made operational. Improvements also include replacement of original HVAC components (heat pumps, fresh air intakes) and installation of direct digital controls. Additionally, the site surrounding the exterior pool is being renovated to meet current code requirements and removal/replacement of the original retaining walls which are beginning to fail.

This project will improve the operation and efficiency of the heating and cooling in the common spaces. Exterior improvements to the lighting and site work will bring those components up to current code and improve public safety. Existing conditions of each component are beyond repair and in need of replacement to avoid shutting down areas of the lodge.

Two electrical alternates were selected to replace site lighting along walking paths from the cabin/pavilion area, along the south end of lodge (alternate E-2 \$47,000.00), and improve lighting at the pool/shuffleboard court (alternate E3 - \$3,000). Two additional alternates were selected to replace timber retaining wall assemblies at the shuffle board court (alternate A4 - \$4,719.00) and stairwell to access the outdoor pool (alternate A5 - \$13,263.00).

All work on the project is scheduled for completion by January 9, 2017.

The legal notice for bidding this project was advertised in the Madison Press beginning on June 28, 2016 and posted on Bid Express. A total of 5 bids were received on July 22, 2016. The lowest responsive and responsible bidder for the project is Mid-Ohio Structures of Norwalk, Ohio located in Huron County who submitted a base bid in the amount of \$827,000.00. The total contract value is \$894,982.00 for the project which includes the 4 alternates selected. A complete bid tabulation for all bids received is attached to this request.

Mid-Ohio Structures has proposed a 48% EDGE participation through their electrical subcontractor Royal Electric Construction Corporation.

DNR0101030 - Approved 10/19/15

Attachments**Controlling Board Request No.: DNR0101175**

Attachment Type	Attachment Description
Other	Site Plans
Other	Site Map
Other	Bid Tab

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OPERATING REQUEST

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Controlling Board No.
DNR0101176

Status: Scheduled
 Meeting Date: 8/22/2016

GENERAL INFORMATION

Agency Natural Resources Division/Institution Wildlife	<input checked="" type="radio"/> Waiver of Competitive Selection (Revised Code Section 127.16B) <ul style="list-style-type: none"> <input checked="" type="checkbox"/> No Competitive Opportunity <input type="checkbox"/> Agency Released Competitive Opportunity <input type="radio"/> Agency Released Competitive Opportunity (Revised Code Section 127.162) <input type="radio"/> Other Statutory Authority/Bill Section: <input type="radio"/> Operating Transfer Request (Revised Code Section 127.14) <ul style="list-style-type: none"> <input type="checkbox"/> Appropriation <input type="checkbox"/> Cash <input type="checkbox"/> Other Statutory Authority/Bill Section: 	Fiscal Year(s) 2017 Bill No. H.B. 64 Eligible for OBM Director Approval? No
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VENDOR INFORMATION

For	Vendor ID	FY	Amount	Name	Address	City	State	County	Zip Code
DNR01	0000089451	2017	\$63,506.75	Wildlife Management Institute	4426 VT Route 215N	Cabot	VT		05647

FUNDING INFORMATION

Fund Group	Fund Code	Appropriation Line Item	Appropriation Line Item Name	FY	Amount	FY	Amount
DPF	7015	740401	DIVISION OF WILDLIFE CONSERVATION		\$.00	2017	\$63,506.75

SIGNATURES

James Kehring

Agency Director or Authorized Agent

08/02/2016

Date

On The Date Of

Controlling Board President/OBM Director

AGENCY CONTACT

Name: Brad Bales Title: Legislative Liaison
 Phone: (614) 265 - 6891 Fax: (614) 261 - 9601 E-Mail: brad.bales@dnr.state.oh.us

REQUIRED EXPLANATION OF REQUEST

The Ohio Department of Natural Resources respectfully requests Controlling Board approval to waive competitive selection in the amount of \$63,506.75 from Fund 7015, ALI 740401 (Division of Wildlife Conservation) for FY17 to contract with Wildlife Management Institute, Washington, D.C., to provide Chronic Wasting Disease surveillance services.

Chronic wasting disease (CWD) is an emerging threat to Ohio's wild white-tailed deer herd. Since October of 2014, 19 privately held captive white-tailed deer have tested positive for CWD at a shooting preserve and breeding facility in Holmes County, Ohio. The risk of the disease moving into Ohio's free-ranging herd is real and ever-increasing. Since October 2014 to present, 23 escaped captive white-tailed deer have

been shot and tested for CWD.

As of this date, CWD has not been detected in the wild deer herd in Ohio. CWD is a transmissible neurologic disease of deer that produces microscopic lesions in the brains of infected animals. It is characterized by loss of body condition, behavioral abnormalities, and ultimately, death. No live test exists for detection of CWD and no vaccines have been developed.

CWD is classified as a Transmissible Spongiform Encephalopathy (TSE) and is similar to mad cow disease in cattle and scrapie in sheep. The disease currently exists in wild deer herds in 22 states and 2 Canadian provinces including neighboring states of Michigan, Pennsylvania, and West Virginia. According to the Centers for Disease Control, "To date, no strong evidence of CWD transmission to humans has been reported."

The Division of Wildlife takes the threat of CWD spreading into wild deer populations very seriously and has been vigilant in surveillance for the disease. However, the Division does not have adequate staff to assist with tissue sample collection in the vicinity of captive cervid facilities that have tested positive for CWD. Currently, there are 21 captive cervid facilities under quarantine by the Ohio Department of Agriculture (ODA) due to either direct or indirect contact with a CWD-positive deer. If CWD is detected at additional captive cervid facilities, the Division of Wildlife will not have the staff to conduct adequate surveillance (collect tissue samples) of wild deer in the vicinity of these facilities.

Ohio ranks 5th nationally in resident hunters and 11th in the number of jobs associated with hunting-related industries. Hunting has a more than \$853 million economic impact in Ohio through the sale of equipment, fuel, food, lodging and more, according to the National Shooting Sports Foundation's Hunting in America: An Economic Force for Conservation publication.

Wildlife Management Institute (WMI) is a nationally-known, non-profit conservation organization willing to provide matching funds and contractual services for technicians to assist with CWD surveillance among wild deer in Ohio. WMI has a proven track record working with other State Wildlife Agencies on similar type contracts and projects.

Wildlife Disease Technicians are required to fulfill Division staffing needs for disease surveillance and CWD tissue sample collection. Trained wildlife management personnel are necessary to identify the appropriate tissue samples (lymph nodes and the obex in the brain stem), evaluate sample quality, and extract the tissue samples for submission to disease laboratories for CWD and other disease tests.

The Division of Wildlife will receive 75% reimbursement through the Federal Wildlife Restoration Pittman-Robertson Act and a 25% match provided by WMI, the partner organization.

Attachments **Controlling Board Request No.: DNR0101176**

Attachment Type	Attachment Description
Contract	WMI Contract for CWD Surveillance

Release and Permit Information

Name	FY	Amount	R & P #	R & P Date	Issued By	Comments
Wildlife Management Institute	2017	\$63,506.75	DNR16/17			

Operating Request Required Information **Controlling Board Request No.: DNR0101176**

New Contract - Wildlife Management Institute

- Selection Process: Was this contract subject to selection by a Request for Proposal (RFP) process? No

Explain why this contract was not subject to an RFP process
 WMI partners w/the CWD Alliance to promote responsible and accurate communications regarding CWD and to support strategies that effectively control CWD to minimize its impact on wild cervids. WMI currently provides wildlife technicians to the US Fish/Wildlife Service, the ME Dept of Inland Fisheries/Wildlife and the RI Dept of Env Mgmt, Div of Fish/Wildlife. Their existing partnerships, along with their participatory funding match, positions them well to provide required services to the Div. of Wildlife.
- Provide the following selected contractor information:

Wildlife Management Institute
 4426 VT Route 215N
 Cabot , VT 05647
 County:
- Contractor's location from which all or most of the contract work will be performed, if different from the location of principal place of business. (For institutional agencies, cite the location of the institution, including the city and county, where services are to be performed.)

Wildlife Management Institute
 Various

4. Institutional agencies only: Is the contractor currently performing services at the institution listed above? No

5. Specify the deliverables of this contract or describe the scope of service(s) to be performed by this contractor.
WMI will provide technicians to conduct Chronic Wasting Disease (CWD) surveillance throughout Ohio.

6. Cite the account category of expense being used for this purchase of service(s).

Account Category	Subject	Amount	Non-Exempt Amount
510057		\$63,506.75	\$63,506.75

Total Amounts \$63,506.75 \$63,506.75

7. Duration of this contract (beginning and ending dates) within the fiscal biennium.

Beginning Date	Ending Date
09/12/2016	06/30/2017

8. Is the contractor already performing work under this contract? No

9. 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 institutions of higher education.

- a. Total number of contracts. 1
- b. For each contract list the state agency and the contract amount.

Agency	Contract/Agreement Amount	FY
Natural Resources	\$200,000.00	

10. Contractor Procurement Compliance:

a. Is this contractor in compliance with Buy America? Yes

Explain: WMI is located within the United States.

b. Is this contractor in compliance with Buy Ohio? Yes

Explain: WMI will provide technicians to work in Ohio and currently has one employee located in Ohio.

11. Provide the following employee information:

	Nationwide	Ohio
Total Number of Employees	7	1
Percentage of Women	14%	0%
Percentage of Minorities	0%	0%

12. What percent of the work will be done by subcontractors? 100

If more than 50%, provide the same information for each subcontractor as requested in number 11 above for the contractor.

Subcontractor	Nationwide # of Employees	Nationwide % of Women	Nationwide % of Minorities	Ohio # of Employees	Ohio % of Women	Ohio % of Minorities
WMI Technicians	19	26.00	.00	3	.00	.00

13. Provide all subsequent renewal schedules (beginning and ending dates) and amounts associated with this contract.

A contract renewal is the exercise of an option to enter into a subsequent contract with a vendor in accordance with renewal provisions specified in a preceding contract.

Beginning Date	Ending Date	Total Lease Amount
Explain contract provisions.		

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FUND/APPROPRIATION REQUEST

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Controlling Board No.
PRX0100042

Status: Scheduled
 Meeting Date: 8/22/2016

GENERAL INFORMATION

Agency Pharmacy Board	Authorization Requested Pursuant to Revised Code Section 131.35	Fiscal Year(s)
Division/Institution Pharmacy Board	<input type="checkbox"/> Increase Appropriation Authority	2017
	<input type="checkbox"/> Create a New Fund	Bill No.
	<input checked="" type="checkbox"/> Establish Appropriation Authority	H.B. 64

FUNDING INFORMATION

Fund Group	Fund Code	Appropriation Line Item	Fund/Appropriation Line Item Name	FY	Current Appropriation Amount	Amount of Increase or New Fund	Total Appropriation Amount
	5SY0	877613	Medical Marijuana Control Program - PRX	2017	\$0.00	\$882,400.00	\$882,400.00

SIGNATURES

Steven W. Schierholt

Agency Director or Authorized Agent

08/11/2016

Date

On The Date Of

Controlling Board President/OBM Director

AGENCY CONTACT

Name: Kenneth Moon Title: Director of Administration
 Phone: (614) 466 - 4143 Fax: (614) 752 - 4836 E-Mail: kenneth.moon@pharmacy.ohio.gov

REQUIRED EXPLANATION OF REQUEST

The Pharmacy Board respectfully requests Controlling Board approval to establish appropriation authority in the amount of \$882,400 for FY 2017, for 887613, Medical Marijuana Control Program.

The appropriation in this fund will be used to support the Board's role in the implementation of Ohio HB 523 (131st General Assembly) to operate the Ohio Medical Marijuana Control Program. Under this legislation, the Board is required to license medical marijuana dispensaries, register medical marijuana patients/caregivers and operate the Ohio Medical Marijuana Advisory Committee. The appropriation requested will primarily be used for two functions:

- 1) To add staff to ensure the Board meets deadlines set forth in the Ohio Revised Code in order operate a program that provides safe and effective medical marijuana to Ohio patients.
- 2) To develop a patient/caregiver registration system as well as make upgrades to the Ohio Automated Rx Reporting System.

The request will fund the following positions to operate Ohio's Medical Marijuana Control Program. These positions will be added over the course of FY 2017.

Attorney [Attorney 5] (100%): Coordinates the Medical Marijuana Control Program for the Board. This individual is responsible for drafting all rules and regulations, answering legal questions from agency staff, preparing administrative hearings, and coordinating the Medical Marijuana Advisory Committee. This position will also assist with the development of dispensary and patient/caregiver applications.

Legal Assistant [Admin Professional 4] (100%): This position will assist in the coordination of the Medical Marijuana Advisory Committee and assist with coordination of rules and administrative hearings. The position will also be charged with managing feedback for proposed rules governing dispensaries and patients/caregivers.

14 Medical Marijuana Advisory Committee Members (100%): The advisory committee, created by HB 523, may develop and submit to the

Department of Commerce, State Board of Pharmacy, and the State Medical Board any recommendations related to the Medical Marijuana Control Program and the implementation and enforcement of the related Ohio Revised Code. By law, the committee is housed and operated by the Board of Pharmacy.

Licensing Supervisor [Program Admin 3] (50%): Will oversee licensing staff charged with registering medical marijuana patients and caregivers as well as medical marijuana dispensaries. This position will also assist with the development of dispensary and patient/caregiver applications and internal licensure processes. This position will ensure all applicants meet requirements specified in rule to obtain licensure.

Fiscal Analyst (50%): The fiscal analyst will be responsible for assisting with the onboarding of committee members and ensure reimbursement of travel and other related expenses. This position will also process payments from licensees and registrants as well as assist employees with reimbursement expenses and payroll.

2 Licensing Coordinators [Licensing Coordinator 2] (50%): Will assist with the licensure of medical marijuana dispensaries and patients/caregivers.

The request will also fund the development of a patient/caregiver registration system and updates to the Ohio Automated Rx Reporting System (OARRS). The patient/caregiver registration system will be developed by a software company that is currently on State Term (Appriss). This vendor will create an automated system that will allow for patients & caregivers to register for a medical marijuana identification card. The vendor will also conduct upgrades to OARRS to permit the system to collect the dispensing of medical marijuana and interface with the patient/caregiver registration program. OARRS, pursuant to HB 523, is required to collect the dispensing of medical marijuana by licensed dispensaries. The funding will also cover the cost of developing and implementing a shared Medical Marijuana Control Program website in order to provide the public with the most up-to-date information on the development and operation of the program.

OBM0100080, OBM0100081 & PRX0100042

Attachments		Controlling Board Request No.: PRX0100042
Attachment Type	Attachment Description	
No attachments found.		

Fund/Appropriation Request Required Information	Controlling Board Request No.: PRX0100042
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1. Identify the source of additional revenue (e.g., increase in fee, increase in state or federal grants, etc.).
Initial revenue will come from Controlling Board Emergency Purpose/Contingency fund. Starting in FY18 fees from the licensure of dispensaries and registration of patients/caregivers will be used to sustain the program.
2. If applicable, explain why creating and/or increasing a new fund and/or line item is more appropriate than depositing the revenue into an existing fund and increasing the appropriation authority of an existing line item.
Not applicable.
3. Time line: Has the revenue been received? No
When is the revenue expected to become available? Estimated FY 18-19
4. For federal funds only, provide the following information:
 - a. Grant identification number from the Catalog of Federal Domestic Assistance:
 - b. Amount of state matching funds required: 0
 - c. Source (appropriation line item) of that match:
 - d. Statutory or executive authority for participation in the program:

Include a brief summary of the text or a copy of the reference.
5. How will the additional appropriation and/or cash be used?
Appropriation and cash will be utilized for an increase in staff, including new equipment and additional office space. It will also be utilized for implementing upgrades to the Ohio Automated Rx Reporting System, creation of a program website and the development of the patient/caregiver registry.

Provide the following information below relative to this budgetary adjustment. NOTE: If a new fund and new appropriation authority are being requested, the "Current" and "Requested" columns are not required.

Account Category	Account Category Description	Current Appropriation Authority	Requested Increase in Appropriation	Total Appropriation Authority
500	Personal Services - Payroll	\$0.00	\$302,000.00	\$302,000.00
510	Purchases Personal Services and Others	\$0.00	\$521,700.00	\$521,700.00

520	Supplies and Maintenance	\$0.00	\$55,124.00	\$55,124.00
530	Equipment	\$0.00	\$3,576.00	\$3,576.00
550	Subsidies and Shared Revenue	\$0.00	\$0.00	\$0.00
570	Capital Items	\$0.00	\$0.00	\$0.00
590	Judgements, Settlements and Bonds	\$0.00	\$0.00	\$0.00
Other	Other	\$0.00	\$0.00	\$0.00
Total:		\$0.00	\$882,400.00	\$882,400.00

6. For each additional amount shown in the table, provide a short description of what the dollars will be used to accomplish. For example, if increasing a subsidy account category, provide detail on the added recipients or the allocation formula for distribution of moneys. For Account Category 500, respond to specific questions in number 9 below.

Account Category	Short Description
500	Salary for additional personnel required to implement the Ohio Medical Marijuana Control Program.
510	Development of patient/caregiver registration system. Upgrades to OARRS to allow for the collection of medical marijuana information. Website development. This is primarily one-time expense.
520	Equipment and supplies for new positions. Facility short term renovations. Personnel travel.
530	A portion of the equipment will require 530 account classification.
550	
570	
590	
Other	

7. Will this transfer be used to maintain current service levels, expand an existing program or activity, or begin a new program? Explain. This funding will be used to establish the Ohio Medical Marijuana Control Program, as required by Ohio HB 523.

8. Based upon the response to number 7, explain how these services or programs would have been funded if this additional funding were not available. The Board would not be able to effectively and efficiently implement the licensure of dispensaries, the registration of patients and caregivers and collection of marijuana dispensing information. In addition, the Board would not be able to enforce rules and regulations to prevent diversion of medical marijuana.

9. Account Category 500-Personal Services:

a. Explain why changes are being requested in the personal services account category 500.

Additional staff to implement Ohio Medical Marijuana Control Program are required.

b. How many existing staff are being affected by this transfer? 0

What appropriation line item are they currently being paid?

c. How would these existing staff have been affected if these additional funds were not available?

Existing staff would not be impacted.

d. Will new staff be hired as a result of the additional funds? Yes

If so, how many? 4

e. How will these additional staff members and their associated operating expenses be paid for in subsequent fiscal years?

Revenue from licensure of medical marijuana dispensaries and patients/caregivers.

10. List any other transfers involving these appropriation line items and/or cash approved by the Controlling Board in the current biennium, including the date and requested amount of the adjustment(s).

ALI	Transfer Date	Transfer Amount	CBR Number
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FUND/APPROPRIATION REQUEST

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Controlling Board No.
PRX0100043

Status: Scheduled
 Meeting Date: 8/22/2016

GENERAL INFORMATION

Agency Pharmacy Board	Authorization Requested Pursuant to Revised Code Section 131.35	Fiscal Year(s)
Division/Institution Pharmacy Board	<input checked="" type="checkbox"/> Increase Appropriation Authority	2017
	<input type="checkbox"/> Create a New Fund	Bill No.
	<input type="checkbox"/> Establish Appropriation Authority	

FUNDING INFORMATION

Fund Group	Fund Code	Appropriation Line Item	Fund/Appropriation Line Item Name	FY	Current Appropriation Amount	Amount of Increase or New Fund	Total Appropriation Amount
	4K90	887609	Operating Expenses	2017	\$7,010,176.00	\$700,902.00	\$7,711,078.00

SIGNATURES

Steven W. Schierholt

Agency Director or Authorized Agent

08/11/2016

Date

On The Date Of

Controlling Board President/OBM Director

AGENCY CONTACT

Name: Kenneth Moon Title: Director of Administration
 Phone: (614) 466 - 4143 Fax: (614) 752 - 4836 E-Mail: kenneth.moon@pharmacy.ohio.gov

REQUIRED EXPLANATION OF REQUEST

The Pharmacy Board respectfully requests Controlling Board approval to increase appropriation authority in the amount of \$700,902 for FY 2017, for 887609, Operating Expenses.

The additional appropriation in this fund will be used to fund additional staff to ensure prompt licensure of persons and locations licensed by the Board and support the Board's efforts to combat Ohio's prescription opioid epidemic.

Over the past few years, the State of Ohio Board of Pharmacy has experienced an increase in the number of licensees. Since 2010, the number of locations that store dangerous drugs licensed by the Board has increased by more than 6,000 sites. The addition of these licensees has increased overall demand on staff to process, issue, investigate, hold administrative hearings and, in the case of locations, inspect facilities that store controlled substances, including opioids.

Ohio's opioid epidemic has also increased the number of investigations of drug diversion by Board of Pharmacy compliance agents. The total number of cases investigated by the Board is on track to exceed 1,400 in 2016, an increase of over 50 percent compared to 2013.

This request will allow the Board to meet the demand of current licensees as well as provide effective oversight and investigation of entities and persons handling dangerous drugs.

The request will fund the following positions to ensure the Board can license and provide effective oversight/investigations of individuals and locations handling dangerous drugs. These positions will be onboarded over the course of FY 2017.

3 Compliance Inspectors (100%): Will be charged with conducting unannounced inspections of licensed locations to ensure compliance with Ohio law. The addition of inspectors will allow for more proactive inspections to deter and detect drug diversion at licensed locations. The inspectors will also free up resources to allow Board agents, who normally conduct inspections, to handle the increasing number of cases related to drug diversion.

Licensing Supervisor [Program Admin 3] (50%): Will oversee licensing staff charged with processing of new licenses as well as license renewals. This position will also assist the Director of Licensing in reviewing applications to ensure they meet the requirements listed in rule.

Fiscal Analyst (50%): This position will process payments from licensees and registrants as well as assist employees with reimbursement expenses and payroll.

2 Licensing Coordinators [Licensing Coordinator 2] (50%): Will assist with the licensure of new locations and persons as well as process license renewals.

Attachments		Controlling Board Request No.: PRX0100043
Attachment Type	Attachment Description	
No attachments found.		

Fund/Appropriation Request Required Information	Controlling Board Request No.: PRX0100043
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- Identify the source of additional revenue (e.g., increase in fee, increase in state or federal grants, etc.).
The Board has been a consistent net contributor to 4K90 and has historically deposited more revenue than was spent. The Board is exploring possible revenue enhancements to sustain the increase beyond FY17.
- If applicable, explain why creating and/or increasing a new fund and/or line item is more appropriate than depositing the revenue into an existing fund and increasing the appropriation authority of an existing line item.
Not applicable.
- Time line: Has the revenue been received? No
When is the revenue expected to become available? FY 18-19

- For federal funds only, provide the following information:
 - Grant identification number from the Catalog of Federal Domestic Assistance:
 - Amount of state matching funds required: 0
 - Source (appropriation line item) of that match:
 - Statutory or executive authority for participation in the program:

Include a brief summary of the text or a copy of the reference.

- How will the additional appropriation and/or cash be used?
Additional appropriation and cash will be utilized for an increase in staff, including new equipment and additional office space.

Provide the following information below relative to this budgetary adjustment. NOTE: If a new fund and new appropriation authority are being requested, the "Current" and "Requested" columns are not required.

Account Category	Account Category Description	Current Appropriation Authority	Requested Increase in Appropriation	Total Appropriation Authority
500	Personal Services - Payroll	\$5,860,000.00	\$260,569.00	\$6,120,569.00
510	Purchases Personal Services and Others	\$120,000.00	\$10,000.00	\$130,000.00
520	Supplies and Maintenance	\$1,000,000.00	\$418,333.00	\$1,418,333.00
530	Equipment	\$30,176.00	\$12,000.00	\$42,176.00
550	Subsidies and Shared Revenue	\$0.00	\$0.00	\$0.00
570	Capital Items	\$0.00	\$0.00	\$0.00
590	Judgements, Settlements and Bonds	\$0.00	\$0.00	\$0.00
Other	Other	\$0.00	\$0.00	\$0.00
Total:		\$7,010,176.00	\$700,902.00	\$7,711,078.00

- For each additional amount shown in the table, provide a short description of what the dollars will be used to accomplish. For example, if increasing a subsidy account category, provide detail on the added recipients or the allocation formula for distribution of moneys. For Account Category 500, respond to specific questions in number 9 below.

Account Category	Short Description
500	Salary for additional personnel required to support Board operations.
510	Allowance for additional training expenses.
520	Equipment and supplies for new positions. Facility reconfiguration/additional office space to accommodate increase in personnel (one-time expense). Personnel travel.
530	A portion of the equipment will require 530 account classification.
550	
570	
590	
Other	

7. Will this transfer be used to maintain current service levels, expand an existing program or activity, or begin a new program? Explain. This funding request will be used to maintain the Board's existing licensure and inspection activities of entities that store dangerous drugs and persons who handle prescription medications.
8. Based upon the response to number 7, explain how these services or programs would have been funded if this additional funding were not available. If additional funding were not available, the Board would have to rely on existing appropriations and staff to carry out these activities. This would lead to an increase in licensing processing time and a reduction in the number of inspections and investigations of possible drug diversion.
9. Account Category 500-Personal Services:
- Explain why changes are being requested in the personal services account category 500.
To increase staff to meet agency operations.
 - How many existing staff are being affected by this transfer? 0
What appropriation line item are they currently being paid? 887609
 - How would these existing staff have been affected if these additional funds were not available?
They will not be impacted.
 - Will new staff be hired as a result of the additional funds? Yes
If so, how many? 5
 - How will these additional staff members and their associated operating expenses be paid for in subsequent fiscal years?
The Board is exploring possible revenue enhancements to sustain the increase beyond FY17.
10. List any other transfers involving these appropriation line items and/or cash approved by the Controlling Board in the current biennium, including the date and requested amount of the adjustment(s).

ALI	Transfer Date	Transfer Amount	CBR Number
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CAPITAL REQUEST

[Project Budget](#) [Attachments](#) [Print](#) [Print PDF](#) [Close](#)

Controlling Board No.
DPS0100429

Status: Scheduled
 Meeting Date: 8/22/2016

GENERAL INFORMATION		
Agency Department of Public Safety Division/Institution Ohio State Highway Patrol Eligible for Local Administration? Yes	<input 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:	Fiscal Year(s) 2017 Bill No. SB 310 Eligible for OBM Director Approval? No
	<input checked="" type="radio"/> Capital Request <input checked="" 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"/> Waiver of Competitive Selection (R.C.Sec. 127.16B) <input 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 type="radio"/> Release Percent for Arts (R.C.Sec. 3379.10) <input type="radio"/> Other Statutory Authority/Bill Section: <input type="radio"/> Other:	

VENDOR INFORMATION						
For	Vendor ID	FY	Amount	Name	Address	County

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
HSF	7036	C76043	Minor Capital Projects	\$149,993.80

SIGNATURES	
 Agency Director or Authorized Agent 07/28/2016 Date	On The Date Of Controlling Board President/OBM Director

AGENCY CONTACT	
Name: Barbara Hamilton	Title: Assistant Chief Fiscal Officer

REQUIRED EXPLANATION OF REQUEST

The Department of Public Safety, State Highway Patrol, respectfully requests Controlling Board approval to release capital funds in the amount of \$149,993.80 from fund 7036 ALI C76043 (Minor Capital Projects), pursuant to Section 227.10 of Am SB 310 for Ohio State Highway Patrol Crime Laboratory Extension in Columbus, Franklin County, OFCC project number DPS-160003.

In strict accordance with all statutory requirements and in concert with the Ohio Facilities Construction Commission (OFCC), with the use of their Controlling Board approved Pre-Qualified Consultant program, the firm of Michael Schuster and Associates was selected as architect for the architectural and engineering services.

The Ohio State Highway Patrol Crime Laboratory Extension project, DPS-160003, will provide the necessary office and laboratory space for the future maturation of the Crime Lab's operations. As a recipient of a recent grant, the Crime Lab is in a position to purchase new and additional equipment to insure the department's continued operations. Additional lab space is required to house the new equipment. To facilitate such maturation, new office spaces and new laboratory spaces will be needed. Interior renovation of existing spaces within the Crime Lab is the major element of the project scope.

The OFCC has directed the Department of Public Safety, State Highway Patrol, to obtain release of funding for their reimbursement of professional fees and administrative costs.

Attachments

Controlling Board Request No.: DPS0100429

Attachment Type	Attachment Description
Other	OFCC Letter
Other	Scope of Work
Other	Consultant Agreement Form

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OPERATING REQUEST

Controlling Board No.
DPS0100431

Status: Scheduled
 Meeting Date: 8/22/2016

GENERAL INFORMATION		
<p>Agency Department of Public Safety</p> <p>Division/Institution Ohio State Highway Patrol</p>	<p><input checked="" type="radio"/> Waiver of Competitive Selection (Revised Code Section 127.16B)</p> <p><input checked="" type="checkbox"/> No Competitive Opportunity</p> <p><input type="checkbox"/> Agency Released Competitive Opportunity</p> <p><input type="radio"/> Agency Released Competitive Opportunity (Revised Code Section 127.162)</p> <p><input type="radio"/> Other Statutory Authority/Bill Section:</p> <p><input type="radio"/> Operating Transfer Request (Revised Code Section 127.14)</p> <p><input type="checkbox"/> Appropriation</p> <p><input type="checkbox"/> Cash</p> <p><input type="checkbox"/> Other Statutory Authority/Bill Section:</p>	<p>Fiscal Year(s) 2017</p> <p>Bill No. HB 53</p> <p>Eligible for OBM Director Approval? No</p>

VENDOR INFORMATION									
For	Vendor ID	FY	Amount	Name	Address	City	State	County	Zip Code
DPS01	0000084758	2017	\$109,581.28	Agilent Technologies Incorp	2850 Centerville Road	Wilmington	DE		19808-1610

FUNDING INFORMATION							
Fund Group	Fund Code	Appropriation Line Item	Appropriation Line Item Name	FY	Amount	FY	Amount
HSF	3GU0	764610	Patrol/Federal	2017	\$109,581.28		\$00

SIGNATURES	
 Agency Director or Authorized Agent 08/01/2016 Date	On The Date Of Controlling Board President/OBM Director

AGENCY CONTACT		
Name: Barbara Hamilton	Title: Assistant Chief Fiscal Officer	
Phone: (614) 752 - 7981	Fax: (614) 728 - 7477	E-Mail: bhamilton@dps.ohio.gov

REQUIRED EXPLANATION OF REQUEST

The Department of Public Safety, State Highway Patrol, respectfully requests Controlling Board approval to waive competitive selection in the amount of \$109,581.28 from Fund 3GU0, ALI 764610, (Patrol/Federal) for FY17, to purchase components from Agilent Technologies Inc., Wilmington, DE for the State Highway Patrol Crime Laboratory.

The State Highway Patrol received Controlling Board approval on request number DPS0100424, on July 25, 2016, to purchase five (5) Gas Chromatograph/Mass Spectrometers, a Liquid Chromatograph Mass Spectrometer, and two (2) Cary 60 Ultraviolet Visible Spectroscopy instruments for its Crime Laboratory. The State Highway Patrol has identified additional components that should be added to the already approved instruments to achieve maximum efficiency.

The cost for this equipment will be reimbursed with a National Highway Traffic Safety Administration (NHTSA) grant and is in compliance with Buy-America.

DPS0100424

Attachments **Controlling Board Request No.: DPS0100431**

Attachment Type	Attachment Description
Other	Agency EDGE/MBE Participation Summary
Sole source justification letter	Sole Source Letter
Release and Permit	Release and Permit DPS3488
Other	Agilent Technologies Incorp #2112782
Release and Permit	Release and Permit DPS3415
Other	Federal Award Letter and Budget

Release and Permit Information

Name	FY	Amount	R & P #	R & P Date	Issued By	Comments
Agilent Technologies Incorp	2017	\$109,581.28	3488	06/17/2016	State Purchasing	Additional R&P 3415, 09/21/2015

Operating Request Required Information **Controlling Board Request No.: DPS0100431**

Purchases of Supplies or Equipment - Agilent Technologies Incorp

1. Identify the supply or supplies/equipment and provide the amount of each item.

Supply/Equipment Name	Price per Unit	Number of Units	Amount
Autoinjector includes transfer turret	\$6,126.32	5	\$30,631.60
Tray, 150 Vial includes three removable 50-vial racks	\$7,229.87	5	\$36,149.36
Spare Inert ion Source Assembly	\$2,883.99	5	\$14,419.95
Value drive upgrade kit	\$1,239.89	1	\$1,239.89
2pos/6port value head	\$4,459.92	1	\$4,459.92
Multimode ESI/APCI Source	\$22,680.56	1	\$22,680.56

2. Cite the account category, subobject code, and amount of each item included in this purchase from this vendor.

Object	Subject	Amount	Non-Exempt Amount
535150		\$109,581.28	\$109,581.28
Total Amounts		\$109,581.28	\$109,581.28

3. Selection Process: Was this purchase subject to selection by a Request for Proposal (RFP) process? No

Explain why this purchase was not subject to an RFP process.
 Agilent Technologies Inc. products are originally manufactured and supplied by Agilent.

4. Contractor Procurement Compliance:

a. Is this vendor in compliance with Buy America? Yes
 Explain: This vendor is in compliance with Section 125.11 (B) of the Ohio Revised Code.

b. Is this vendor in compliance with Buy Ohio? No
 Explain: This vendor is located in Wilmington, DE

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OPERATING REQUEST

Controlling Board No.
DRC0101497

Status: Scheduled
 Meeting Date: 8/22/2016

GENERAL INFORMATION		
<p>Agency Rehabilitation and Correction</p> <p>Division/Institution Operation Support Center</p>	<p><input checked="" type="radio"/> Waiver of Competitive Selection (Revised Code Section 127.16B)</p> <p><input checked="" type="checkbox"/> No Competitive Opportunity</p> <p><input type="checkbox"/> Agency Released Competitive Opportunity</p> <p><input type="radio"/> Agency Released Competitive Opportunity (Revised Code Section 127.162)</p> <p><input type="radio"/> Other Statutory Authority/Bill Section:</p> <p><input type="radio"/> Operating Transfer Request (Revised Code Section 127.14)</p> <p><input type="checkbox"/> Appropriation</p> <p><input type="checkbox"/> Cash</p> <p><input type="checkbox"/> Other Statutory Authority/Bill Section:</p>	<p>Fiscal Year(s) 2017</p> <p>Bill No. HB 64</p> <p>Eligible for OBM Director Approval? No</p>

VENDOR INFORMATION									
For	Vendor ID	FY	Amount	Name	Address	City	State	County	Zip Code
DRC01	0000071304	2017	\$50,000.00	889 Global Solutions Ltd.	1156 Dublin Road, Suite 105	Columbus	OH	Franklin	43215
DRC01	0000065321	2017	\$50,000.00	Allstate Industrial, Inc.	5022 Lorain Avenue	Cleveland	OH	Cuyahoga	44102
DRC01	0000073927	2017	\$100,000.00	Amerisochi, Inc.	7923 Munson Road	Mentor	OH	Lake	44060
DRC01	0000050834	2017	\$125,000.00	Approved Components & Systems, Inc.	4955 Reed Road	Columbus	OH	Franklin	43220
DRC01	0000180541	2017	\$200,000.00	Brown Enterprise Solutions	5935 Wilcox Place, Suite E	Dublin	OH	Franklin	43016
DRC01	0000062489	2017	\$100,000.00	D. Johnson Enterprises	912 Thayer Drive	Columbus	OH	Franklin	43230
DRC01	0000075912	2017	\$250,000.00	Direct Resource, Inc.	2121 Citygate Drive	Columbus	OH	Franklin	43219
DRC01	0000050886	2017	\$50,000.00	McDaniels Construction, Inc.	1069 Woodland Avenue	Columbus	OH	Franklin	43219
DRC01	0000174282	2017	\$75,000.00	Net Pac International LLC	P.O. Box 32015	Columbus	OH	Franklin	43232
DRC01	0000060065	2017	\$50,000.00	Premier Medical Supplies, Inc.	18234 South Miles Road	Cleveland	OH	Cuyahoga	44128
DRC01	0000050420	2017	\$50,000.00	Recio Supply Company	P.O. Box 565	Grove City	OH	Franklin	43123
DRC01	0000142092	2017	\$150,000.00	Roger L. Elliott	P.O. Box 29665	Columbus	OH	Franklin	43229
DRC01	0000049717	2017	\$200,000.00	Sophisticated Systems, Inc.	2191 Citygate Drive	Columbus	OH	Franklin	43219
DRC01	0000082221	2017	\$150,000.00	Superior Industrial Supply & Services	1715 Indian Wood Circle, Suite 200	Maumee	OH	Lucas	43537
DRC01	0000067843	2017	\$100,000.00	Willis & Sons Plumbing & HVAC, Inc.	301 Walnut Street	Waverly	OH	Pike	45690
DRC01	0000023502	2017	\$50,000.00	R. L. Harris	9388 Township	Theriotville	OH	Deer	43076

DRC01	0000023502	2017	\$50,000.00	Company	Road 1099 NW	Monticello	OH	Peru	43070
DRC01	0000047969	2017	\$50,000.00	K & T Construction & Supply, Inc.	275 Conover Drive	Franklin	OH	Warren	45005
DRC01	0000054251	2017	\$50,000.00	RCP Metals, Inc.	748 Harmon Avenue	Columbus	OH	Franklin	43223
DRC01	0000056879	2017	\$125,000.00	Diversified Services Corporation	4415 Euclid Avenue	Cleveland	OH	Cuyahoga	44103
DRC01	0000061777	2017	\$100,000.00	JEM Industrial Maintenance Corp.	107 Oak Terrace	Lima	OH	Allen	45805
DRC01	0000067732	2017	\$50,000.00	First Systems, Inc.	1295 Clay Street	Troy	OH	Miami	45373
DRC01	0000133499	2017	\$50,000.00	Yaro Supply Company	521 Byers Road, Suite 112	Dayton	OH	Montgomery	45475
DRC01	0000148028	2017	\$50,000.00	American Merchandising Services	P.O. Box 12408	Cleveland	OH	Cuyahoga	44112
DRC01	0000188311	2017	\$100,000.00	Electronic Systems Consultants LLC	1450 Universal Road	Columbus	OH	Franklin	43207

FUNDING INFORMATION

Fund Group	Fund Code	Appropriation Line Item	Appropriation Line Item Name	FY	Amount	FY	Amount
	GRF	501321	INSTITUTIONAL OPERATIONS	2017	\$2,325,000.00		\$.00

SIGNATURES



Agency Director or Authorized Agent

08/02/2016

Date

On The Date Of

Controlling Board President/OBM Director

AGENCY CONTACT

Name: Nena M Bradley

Title: Controlling Board Administrator

Phone: (614) 995 - 0636

Fax: (614) 728 - 1578

E-Mail: nena.bradley@odrc.state.oh.us

REQUIRED EXPLANATION OF REQUEST

Rehabilitation and Correction respectfully requests Controlling Board approval for a waiver of competitive selection in the not-to-exceed amount of \$2,325,000.00 from fund GRF, ALI 501321 (Institutional Operations), in FY17, to obtain a variety of supplies, equipment and services from multiple vendors for department-wide use.

The Department of Rehabilitation and Correction (DRC) operates 26 institutions, and houses approximately 50,000 male and female felony offenders. The Department also consists of the Operation Support Center, Ohio Penal Industries, the Ohio Central School System, the Corrections Training Academy and the Division of Parole and Community Services.

This request is for department-wide spending authority with various State of Ohio Certified Minority Business Enterprise (MBE) vendors for FY17.

Ohio Revised Code Section 125.081 indicates that state agencies shall set aside 15% of purchases each fiscal year for MBE vendors. The proposed vendors provide a variety of products and services that are utilized by the Department. Institutions and offices across the state require the following: office supplies, information technology products and services, medical supplies and laboratory equipment, plumbing, electrical and HVAC supplies and services, janitorial and hardware supplies, pest control services, filing systems and supplies, automotive parts and service, and safety supplies and services.

The vendors were competitively selected for various products and services during FY16. The purchases were based on institution and office needs, but the needs for FY17 are currently not known. Once a need is identified, the purchase will be subject to competitive selection according to the Department of Administrative Services procurement guidelines.

Approval of the requested not-to-exceed amounts will enable the Department to utilize the requested vendors as needed during FY17 in compliance with MBE set aside requirements. The requested amount for each vendor is based on FY16 spending, and the anticipated MBE spending for FY17.

The vendors on this request are not the only MBE vendors who will be considered. Other MBE vendors will be included in the competitive process, and will be submitted for Controlling Board approval if the purchase amount approaches the Controlling Board threshold.

The Controlling Board approved the Department's request for MBE vendors for FY16, which was instrumental in the Department achieving approximately 22% MBE spending in FY16.

This request is submitted in accordance with Section 127.16B of the Ohio Revised Code.

Attachments **Controlling Board Request No.: DRC0101497**

Attachment Type	Attachment Description
Other	Projected MBE Spend Spreadsheet
Other	EDGE/MBE Participation Summary

Release and Permit Information

Name	FY	Amount	R & P #	R & P Date	Issued By	Comments
889 Global Solutions Ltd.	2017	\$50,000.00			Not Required	
Allstate Industrial, Inc.	2017	\$50,000.00			Not Required	
Amerisochi, Inc.	2017	\$100,000.00			Not Required	
Approved Components & Systems, Inc.	2017	\$125,000.00			Not Required	
Brown Enterprise Solutions	2017	\$200,000.00			Not Required	
D. Johnson Enterprises	2017	\$100,000.00			Not Required	
Direct Resource, Inc.	2017	\$250,000.00			Not Required	
McDaniels Construction, Inc.	2017	\$50,000.00			Not Required	
Net Pac International LLC	2017	\$75,000.00			Not Required	
Premier Medical Supplies, Inc.	2017	\$50,000.00			Not Required	
Recio Supply Company	2017	\$50,000.00			Not Required	
Roger L. Elliott	2017	\$150,000.00			Not Required	
Sophisticated Systems, Inc.	2017	\$200,000.00			Not Required	
Superior Industrial Supply & Services	2017	\$150,000.00			Not Required	
Willis & Sons Plumbing & HVAC, Inc.	2017	\$100,000.00			Not Required	
R. L. Harris Company	2017	\$50,000.00			Not Required	
K & T Construction & Supply, Inc.	2017	\$50,000.00			Not Required	
RCP Metals, Inc.	2017	\$50,000.00			Not Required	
Diversified Services Corporation	2017	\$125,000.00			Not Required	
JEM Industrial Maintenance Corp.	2017	\$100,000.00			Not Required	
First Systems, Inc.	2017	\$50,000.00			Not Required	
Yaro Supply Company	2017	\$50,000.00			Not Required	
American Merchandising Services	2017	\$50,000.00			Not Required	
Electronic Systems Consultants LLC	2017	\$100,000.00			Not Required	

Operating Request Required Information

Controlling Board Request No.: DRC0101497

Purchases of Supplies or Equipment - 889 Global Solutions Ltd.

1. Identify the supply or supplies/equipment and provide the amount of each item.

Supply/Equipment Name	Price per Unit	Number of Units	Amount
Office and Industrial Supplies	\$50,000.00	1	\$50,000.00

2. Cite the account category, subobject code, and amount of each item included in this purchase from this vendor.

Object	Subobject	Amount	Non-Exempt Amount
521050		\$50,000.00	\$50,000.00
Total Amounts		\$50,000.00	\$50,000.00

3. Selection Process: Was this purchase subject to selection by a Request for Proposal (RFP) process? No

Explain why this purchase was not subject to an RFP process.

Vendor was competitively selected for various products and services during FY16. The purchases were based on identified needs, but the needs for FY17 are currently not known. Once a need is identified, the purchase will be subject to competitive selection according to the Department of Administrative Services procurement guidelines.

4. Contractor Procurement Compliance:

a. Is this vendor in compliance with Buy America? Yes

Explain: Vendor is located in Columbus, Ohio.

b. Is this vendor in compliance with Buy Ohio? Yes

Explain: Vendor is located in Columbus, Ohio.

Operating Request Required Information
Purchases of Supplies or Equipment - Allstate Industrial, Inc.

Controlling Board Request No.: DRC0101497

1. Identify the supply or supplies/equipment and provide the amount of each item.

Supply/Equipment Name	Price per Unit	Number of Units	Amount
Safety and Janitorial Supplies	\$50,000.00	1	\$50,000.00

2. Cite the account category, subobject code, and amount of each item included in this purchase from this vendor.

Object	Subobject	Amount	Non-Exempt Amount
521052		\$50,000.00	\$50,000.00
Total Amounts		\$50,000.00	\$50,000.00

3. Selection Process: Was this purchase subject to selection by a Request for Proposal (RFP) process? No

Explain why this purchase was not subject to an RFP process.

Vendor was competitively selected for various products and services during FY16. The purchases were based on identified needs, but the needs for FY17 are currently not known. Once a need is identified, the purchase will be subject to competitive selection according to the Department of Administrative Services procurement guidelines.

4. Contractor Procurement Compliance:

a. Is this vendor in compliance with Buy America? Yes

Explain: Vendor is located in Cleveland, Ohio.

b. Is this vendor in compliance with Buy Ohio? Yes

Explain: Vendor is located in Cleveland, Ohio.

Operating Request Required Information
Purchases of Supplies or Equipment - Amerisochi, Inc.

Controlling Board Request No.: DRC0101497

1. Identify the supply or supplies/equipment and provide the amount of each item.

Supply/Equipment Name	Price per Unit	Number of Units	Amount
Healthcare and Safety Supplies	\$100,000.00	1	\$100,000.00

2. Cite the account category, subobject code, and amount of each item included in this purchase from this vendor.

Object	Subobject	Amount	Non-Exempt Amount
521057		\$100,000.00	\$100,000.00
Total Amounts		\$100,000.00	\$100,000.00

3. Selection Process: Was this purchase subject to selection by a Request for Proposal (RFP) process? No

Explain why this purchase was not subject to an RFP process.

Vendor was competitively selected for various products and services during FY16. The purchases were based on identified needs, but the needs for FY17 are currently not known. Once a need is identified, the purchase will be subject to competitive selection according to the Department of Administrative Services procurement guidelines.

4. Contractor Procurement Compliance:

a. Is this vendor in compliance with Buy America? Yes

Explain: Vendor is located in Mentor, Ohio.

b. Is this vendor in compliance with Buy Ohio? Yes

Explain: Vendor is located in Mentor, Ohio.

Operating Request Required Information

Controlling Board Request No.: DRC0101497

Purchases of Supplies or Equipment - Approved Components & Systems, Inc.

1. Identify the supply or supplies/equipment and provide the amount of each item.

Supply/Equipment Name	Price per Unit	Number of Units	Amount
Vehicle Shop Safety Supplies	\$125,000.00	1	\$125,000.00

2. Cite the account category, subobject code, and amount of each item included in this purchase from this vendor.

Object	Subobject	Amount	Non-Exempt Amount
521076		\$125,000.00	\$125,000.00
Total Amounts		\$125,000.00	\$125,000.00

3. Selection Process: Was this purchase subject to selection by a Request for Proposal (RFP) process? No

Explain why this purchase was not subject to an RFP process.

Vendor was competitively selected for various products and services during FY16. The purchases were based on identified needs, but the needs for FY17 are currently not known. Once a need is identified, the purchase will be subject to competitive selection according to the Department of Administrative Services procurement guidelines.

4. Contractor Procurement Compliance:

a. Is this vendor in compliance with Buy America? Yes

Explain: Vendor is located in Columbus, Ohio.

b. Is this vendor in compliance with Buy Ohio? Yes

Explain: Vendor is located in Columbus, Ohio.

Operating Request Required Information

Controlling Board Request No.: DRC0101497

Purchases of Supplies or Equipment - Brown Enterprise Solutions

1. Identify the supply or supplies/equipment and provide the amount of each item.

Supply/Equipment Name	Price per Unit	Number of Units	Amount
Information Technology Supplies	\$200,000.00	1	\$200,000.00

2. Cite the account category, subobject code, and amount of each item included in this purchase from this vendor.

Object	Subobject	Amount	Non-Exempt Amount
521052		\$200,000.00	\$200,000.00
Total Amounts		\$200,000.00	\$200,000.00

3. Selection Process: Was this purchase subject to selection by a Request for Proposal (RFP) process? No

Explain why this purchase was not subject to an RFP process.

Vendor was competitively selected for various products and services during FY16. The purchases were based on identified needs, but the needs for FY17 are currently not known. Once a need is identified, the purchase will be subject to competitive selection according to the Department of Administrative Services procurement guidelines.

4. Contractor Procurement Compliance:

a. Is this vendor in compliance with Buy America? Yes

Explain: Vendor is located in Dublin, Ohio.

b. Is this vendor in compliance with Buy Ohio? Yes

Explain: Vendor is located in Dublin, Ohio.

Operating Request Required Information **Controlling Board Request No.: DRC0101497**

Purchases of Supplies or Equipment - D. Johnson Enterprises

1. Identify the supply or supplies/equipment and provide the amount of each item.

Supply/Equipment Name	Price per Unit	Number of Units	Amount
Office Supplies	\$100,000.00	1	\$100,000.00

2. Cite the account category, subobject code, and amount of each item included in this purchase from this vendor.

Object	Subject	Amount	Non-Exempt Amount
521050		\$100,000.00	\$100,000.00
Total Amounts		\$100,000.00	\$100,000.00

3. Selection Process: Was this purchase subject to selection by a Request for Proposal (RFP) process?

No

Explain why this purchase was not subject to an RFP process.

Vendor was competitively selected for various products and services during FY16. The purchases were based on identified needs, but the needs for FY17 are currently not known. Once a need is identified, the purchase will be subject to competitive selection according to the Department of Administrative Services procurement guidelines.

4. Contractor Procurement Compliance:

a. Is this vendor in compliance with Buy America? Yes

Explain: Vendor is located in Columbus, Ohio.

b. Is this vendor in compliance with Buy Ohio? Yes

Explain: Vendor is located in Columbus, Ohio.

Operating Request Required Information **Controlling Board Request No.: DRC0101497**

Purchases of Supplies or Equipment - Direct Resource, Inc.

1. Identify the supply or supplies/equipment and provide the amount of each item.

Supply/Equipment Name	Price per Unit	Number of Units	Amount
Hardware, Janitorial and Office Supplies	\$250,000.00	1	\$250,000.00

2. Cite the account category, subobject code, and amount of each item included in this purchase from this vendor.

Object	Subject	Amount	Non-Exempt Amount
521050		\$250,000.00	\$250,000.00
Total Amounts		\$250,000.00	\$250,000.00

3. Selection Process: Was this purchase subject to selection by a Request for Proposal (RFP) process?

No

Explain why this purchase was not subject to an RFP process.

Vendor was competitively selected for various products and services during FY16. The purchases were based on identified needs, but the needs for FY17 are currently not known. Once a need is identified, the purchase will be subject to competitive selection according to the Department of Administrative Services procurement guidelines.

4. Contractor Procurement Compliance:

a. Is this vendor in compliance with Buy America? Yes

Explain: Vendor is located in Columbus, Ohio.

b. Is this vendor in compliance with Buy Ohio? Yes

Explain: Vendor is located in Columbus, Ohio.

Operating Request Required Information **Controlling Board Request No.: DRC0101497**

Purchases of Supplies or Equipment - McDaniels Construction, Inc.

1. Identify the supply or supplies/equipment and provide the amount of each item.

Supply/Equipment Name	Price per Unit	Number of Units	Amount
Construction Services	\$50,000.00	1	\$50,000.00

2. Cite the account category, subobject code, and amount of each item included in this purchase from this vendor.

Object	Subobject	Amount	Non-Exempt Amount
526053		\$50,000.00	\$50,000.00
Total Amounts		\$50,000.00	\$50,000.00

3. Selection Process: Was this purchase subject to selection by a Request for Proposal (RFP) process? No

Explain why this purchase was not subject to an RFP process.

Vendor was competitively selected for various products and services during FY16. The purchases were based on identified needs, but the needs for FY17 are currently not known. Once a need is identified, the purchase will be subject to competitive selection according to the Department of Administrative Services procurement guidelines.

4. Contractor Procurement Compliance:

a. Is this vendor in compliance with Buy America? Yes

Explain: Vendor is located in Columbus, Ohio.

b. Is this vendor in compliance with Buy Ohio? Yes

Explain: Vendor is located in Columbus, Ohio.

Operating Request Required Information
Purchases of Supplies or Equipment - Net Pac International LLC

Controlling Board Request No.: DRC0101497

1. Identify the supply or supplies/equipment and provide the amount of each item.

Supply/Equipment Name	Price per Unit	Number of Units	Amount
Janitorial and Office Supplies	\$75,000.00	1	\$75,000.00

2. Cite the account category, subobject code, and amount of each item included in this purchase from this vendor.

Object	Subobject	Amount	Non-Exempt Amount
521050		\$75,000.00	\$75,000.00
Total Amounts		\$75,000.00	\$75,000.00

3. Selection Process: Was this purchase subject to selection by a Request for Proposal (RFP) process? No

Explain why this purchase was not subject to an RFP process.

Vendor was competitively selected for various products and services during FY16. The purchases were based on identified needs, but the needs for FY17 are currently not known. Once a need is identified, the purchase will be subject to competitive selection according to the Department of Administrative Services procurement guidelines.

4. Contractor Procurement Compliance:

a. Is this vendor in compliance with Buy America? Yes

Explain: Vendor is located in Columbus, Ohio.

b. Is this vendor in compliance with Buy Ohio? Yes

Explain: Vendor is located in Columbus, Ohio.

Operating Request Required Information
Purchases of Supplies or Equipment - Premier Medical Supplies, Inc.

Controlling Board Request No.: DRC0101497

1. Identify the supply or supplies/equipment and provide the amount of each item.

Supply/Equipment Name	Price per Unit	Number of Units	Amount
Medical Supplies	\$50,000.00	1	\$50,000.00

2. Cite the account category, subobject code, and amount of each item included in this purchase from this vendor.

Object	Subobject	Amount	Non-Exempt Amount
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521057		\$50,000.00	\$50,000.00
Total Amounts		\$50,000.00	\$50,000.00

3. Selection Process: Was this purchase subject to selection by a Request for Proposal (RFP) process? No

Explain why this purchase was not subject to an RFP process.
Vendor was competitively selected for various products and services during FY16. The purchases were based on identified needs, but the needs for FY17 are currently not known. Once a need is identified, the purchase will be subject to competitive selection according to the Department of Administrative Services procurement guidelines.

4. Contractor Procurement Compliance:

a. Is this vendor in compliance with Buy America? Yes
Explain: Vendor is located in Cleveland, Ohio.

b. Is this vendor in compliance with Buy Ohio? Yes
Explain: Vendor is located in Cleveland, Ohio.

Operating Request Required Information **Controlling Board Request No.: DRC0101497**
Purchases of Supplies or Equipment - Recio Supply Company

1. Identify the supply or supplies/equipment and provide the amount of each item.

Supply/Equipment Name	Price per Unit	Number of Units	Amount
Office Supplies	\$50,000.00	1	\$50,000.00

2. Cite the account category, subobject code, and amount of each item included in this purchase from this vendor.

Object	Subobject	Amount	Non-Exempt Amount
521050		\$50,000.00	\$50,000.00
Total Amounts		\$50,000.00	\$50,000.00

3. Selection Process: Was this purchase subject to selection by a Request for Proposal (RFP) process? No

Explain why this purchase was not subject to an RFP process.
Vendor was competitively selected for various products and services during FY16. The purchases were based on identified needs, but the needs for FY17 are currently not known. Once a need is identified, the purchase will be subject to competitive selection according to the Department of Administrative Services procurement guidelines.

4. Contractor Procurement Compliance:

a. Is this vendor in compliance with Buy America? Yes
Explain: Vendor is located in Grove City, Ohio.

b. Is this vendor in compliance with Buy Ohio? Yes
Explain: Vendor is located in Grove City, Ohio.

Operating Request Required Information **Controlling Board Request No.: DRC0101497**
Purchases of Supplies or Equipment - Roger L. Elliott

1. Identify the supply or supplies/equipment and provide the amount of each item.

Supply/Equipment Name	Price per Unit	Number of Units	Amount
Uniforms, Footwear, Medical Supplies	\$150,000.00	1	\$150,000.00

2. Cite the account category, subobject code, and amount of each item included in this purchase from this vendor.

Object	Subobject	Amount	Non-Exempt Amount
521081		\$150,000.00	\$150,000.00
Total Amounts		\$150,000.00	\$150,000.00

3. Selection Process: Was this purchase subject to selection by a Request for Proposal (RFP) process? No

Explain why this purchase was not subject to an RFP process.
Vendor was competitively selected for various products and services during FY16. The purchases were based on identified needs, but the needs for FY17 are currently not known. Once a need is identified, the purchase will be subject to competitive selection according to the Department of

Administrative Services procurement guidelines.

4. Contractor Procurement Compliance:
- a. Is this vendor in compliance with Buy America? Yes
Explain: Vendor is located in Columbus, Ohio.
 - b. Is this vendor in compliance with Buy Ohio? Yes
Explain: Vendor is located in Columbus, Ohio.

Operating Request Required Information **Controlling Board Request No.: DRC0101497**
Purchases of Supplies or Equipment - Sophisticated Systems, Inc.

1. Identify the supply or supplies/equipment and provide the amount of each item.

Supply/Equipment Name	Price per Unit	Number of Units	Amount
Information Technology Supplies	\$200,000.00	1	\$200,000.00

2. Cite the account category, subobject code, and amount of each item included in this purchase from this vendor.

Object	Subobject	Amount	Non-Exempt Amount
521052		\$200,000.00	\$200,000.00
Total Amounts		\$200,000.00	\$200,000.00

3. Selection Process: Was this purchase subject to selection by a Request for Proposal (RFP) process? No

Explain why this purchase was not subject to an RFP process.
 Vendor was competitively selected for various products and services during FY16. The purchases were based on identified needs, but the needs for FY17 are currently not known. Once a need is identified, the purchase will be subject to competitive selection according to the Department of Administrative Services procurement guidelines.

4. Contractor Procurement Compliance:
- a. Is this vendor in compliance with Buy America? Yes
Explain: Vendor is located in Columbus, Ohio.
 - b. Is this vendor in compliance with Buy Ohio? Yes
Explain: Vendor is located in Columbus, Ohio.

Operating Request Required Information **Controlling Board Request No.: DRC0101497**
Purchases of Supplies or Equipment - Superior Industrial Supply & Services

1. Identify the supply or supplies/equipment and provide the amount of each item.

Supply/Equipment Name	Price per Unit	Number of Units	Amount
Maintenance and Janitorial Supplies	\$150,000.00	1	\$150,000.00

2. Cite the account category, subobject code, and amount of each item included in this purchase from this vendor.

Object	Subobject	Amount	Non-Exempt Amount
521076		\$150,000.00	\$150,000.00
Total Amounts		\$150,000.00	\$150,000.00

3. Selection Process: Was this purchase subject to selection by a Request for Proposal (RFP) process? No

Explain why this purchase was not subject to an RFP process.
 Vendor was competitively selected for various products and services during FY16. The purchases were based on identified needs, but the needs for FY17 are currently not known. Once a need is identified, the purchase will be subject to competitive selection according to the Department of Administrative Services procurement guidelines.

4. Contractor Procurement Compliance:
- a. Is this vendor in compliance with Buy America? Yes
Explain: Vendor is located in Maumee, Ohio.
 - b. Is this vendor in compliance with Buy Ohio? Yes
Explain: Vendor is located in Maumee, Ohio.

Operating Request Required Information

Controlling Board Request No.: DRC0101497

Purchases of Supplies or Equipment - Willis & Sons Plumbing & HVAC, Inc.

1. Identify the supply or supplies/equipment and provide the amount of each item.

Supply/Equipment Name	Price per Unit	Number of Units	Amount
HVAC and Plumbing Supplies	\$100,000.00	1	\$100,000.00

2. Cite the account category, subobject code, and amount of each item included in this purchase from this vendor.

Object	Subobject	Amount	Non-Exempt Amount
521076		\$100,000.00	\$100,000.00
Total Amounts		\$100,000.00	\$100,000.00

3. Selection Process: Was this purchase subject to selection by a Request for Proposal (RFP) process? No

Explain why this purchase was not subject to an RFP process.

Vendor was competitively selected for various products and services during FY16. The purchases were based on identified needs, but the needs for FY17 are currently not known. Once a need is identified, the purchase will be subject to competitive selection according to the Department of Administrative Services procurement guidelines.

4. Contractor Procurement Compliance:

a. Is this vendor in compliance with Buy America? Yes

Explain: Vendor is located in Waverly, Ohio.

b. Is this vendor in compliance with Buy Ohio? Yes

Explain: Vendor is located in Waverly, Ohio.

Operating Request Required Information

Controlling Board Request No.: DRC0101497

Purchases of Supplies or Equipment - R. L. Harris Company

1. Identify the supply or supplies/equipment and provide the amount of each item.

Supply/Equipment Name	Price per Unit	Number of Units	Amount
Uniforms and Security Supplies	\$50,000.00	1	\$50,000.00

2. Cite the account category, subobject code, and amount of each item included in this purchase from this vendor.

Object	Subobject	Amount	Non-Exempt Amount
521083		\$50,000.00	\$50,000.00
Total Amounts		\$50,000.00	\$50,000.00

3. Selection Process: Was this purchase subject to selection by a Request for Proposal (RFP) process? No

Explain why this purchase was not subject to an RFP process.

Vendor was competitively selected for various products and services during FY16. The purchases were based on identified needs, but the needs for FY17 are currently not known. Once a need is identified, the purchase will be subject to competitive selection according to the Department of Administrative Services procurement guidelines.

4. Contractor Procurement Compliance:

a. Is this vendor in compliance with Buy America? Yes

Explain: Vendor is located in Thornville, Ohio.

b. Is this vendor in compliance with Buy Ohio? Yes

Explain: Vendor is located in Thornville, Ohio.

Operating Request Required Information

Controlling Board Request No.: DRC0101497

Purchases of Supplies or Equipment - K & T Construction & Supply, Inc.

1. Identify the supply or supplies/equipment and provide the amount of each item.

Supply/Equipment Name	Price per Unit	Number of Units	Amount
Construction Services	\$50,000.00	1	\$50,000.00

2. Cite the account category, subobject code, and amount of each item included in this purchase from this vendor.

Object	Subobject	Amount	Non-Exempt Amount
526053		\$50,000.00	\$50,000.00
Total Amounts		\$50,000.00	\$50,000.00

3. Selection Process: Was this purchase subject to selection by a Request for Proposal (RFP) process? No

Explain why this purchase was not subject to an RFP process.

Vendor was competitively selected for various products and services during FY16. The purchases were based on identified needs, but the needs for FY17 are currently not known. Once a need is identified, the purchase will be subject to competitive selection according to the Department of Administrative Services procurement guidelines.

4. Contractor Procurement Compliance:

a. Is this vendor in compliance with Buy America? Yes

Explain: Vendor is located in Franklin, Ohio.

b. Is this vendor in compliance with Buy Ohio? Yes

Explain: Vendor is located in Franklin, Ohio.

Operating Request Required Information **Controlling Board Request No.: DRC0101497**
Purchases of Supplies or Equipment - RCP Metals, Inc.

1. Identify the supply or supplies/equipment and provide the amount of each item.

Supply/Equipment Name	Price per Unit	Number of Units	Amount
Steel and Other Metal	\$50,000.00	1	\$50,000.00

2. Cite the account category, subobject code, and amount of each item included in this purchase from this vendor.

Object	Subobject	Amount	Non-Exempt Amount
560059		\$50,000.00	\$50,000.00
Total Amounts		\$50,000.00	\$50,000.00

3. Selection Process: Was this purchase subject to selection by a Request for Proposal (RFP) process? No

Explain why this purchase was not subject to an RFP process.

Vendor was competitively selected for various products and services during FY16. The purchases were based on identified needs, but the needs for FY17 are currently not known. Once a need is identified, the purchase will be subject to competitive selection according to the Department of Administrative Services procurement guidelines.

4. Contractor Procurement Compliance:

a. Is this vendor in compliance with Buy America? Yes

Explain: Vendor is located in Columbus, Ohio.

b. Is this vendor in compliance with Buy Ohio? Yes

Explain: Vendor is located in Columbus, Ohio.

Operating Request Required Information **Controlling Board Request No.: DRC0101497**
Purchases of Supplies or Equipment - Diversified Services Corporation

1. Identify the supply or supplies/equipment and provide the amount of each item.

Supply/Equipment Name	Price per Unit	Number of Units	Amount
Maintenance Supplies	\$125,000.00	1	\$125,000.00

2. Cite the account category, subobject code, and amount of each item included in this purchase from this vendor.

Object	Subobject	Amount	Non-Exempt Amount
526053		\$125,000.00	\$125,000.00
Total Amounts		\$125,000.00	\$125,000.00

3. Selection Process: Was this purchase subject to selection by a Request for Proposal (RFP) process? No

Explain why this purchase was not subject to an RFP process.

Vendor was competitively selected for various products and services during FY16. The purchases were based on identified needs, but the needs for FY17 are currently not known. Once a need is identified, the purchase will be subject to competitive selection according to the Department of Administrative Services procurement guidelines.

4. Contractor Procurement Compliance:

a. Is this vendor in compliance with Buy America? Yes

Explain: Vendor is located in Cleveland, Ohio.

b. Is this vendor in compliance with Buy Ohio? Yes

Explain: Vendor is located in Cleveland, Ohio.

Operating Request Required Information

Controlling Board Request No.: DRC0101497

Purchases of Supplies or Equipment - JEM Industrial Maintenance Corp.

1. Identify the supply or supplies/equipment and provide the amount of each item.

Supply/Equipment Name	Price per Unit	Number of Units	Amount
Maintenance Supplies	\$100,000.00	1	\$100,000.00

2. Cite the account category, subobject code, and amount of each item included in this purchase from this vendor.

Object	Subobject	Amount	Non-Exempt Amount
521076		\$100,000.00	\$100,000.00
Total Amounts		\$100,000.00	\$100,000.00

3. Selection Process: Was this purchase subject to selection by a Request for Proposal (RFP) process? No

Explain why this purchase was not subject to an RFP process.

Vendor was competitively selected for various products and services during FY16. The purchases were based on identified needs, but the needs for FY17 are currently not known. Once a need is identified, the purchase will be subject to competitive selection according to the Department of Administrative Services procurement guidelines.

4. Contractor Procurement Compliance:

a. Is this vendor in compliance with Buy America? Yes

Explain: Vendor is located in Lima, Ohio.

b. Is this vendor in compliance with Buy Ohio? Yes

Explain: Vendor is located in Lima, Ohio.

Operating Request Required Information

Controlling Board Request No.: DRC0101497

Purchases of Supplies or Equipment - First Systems, Inc.

1. Identify the supply or supplies/equipment and provide the amount of each item.

Supply/Equipment Name	Price per Unit	Number of Units	Amount
Maintenance and Janitorial Supplies	\$50,000.00	1	\$50,000.00

2. Cite the account category, subobject code, and amount of each item included in this purchase from this vendor.

Object	Subobject	Amount	Non-Exempt Amount
521076		\$50,000.00	\$50,000.00
Total Amounts		\$50,000.00	\$50,000.00

3. Selection Process: Was this purchase subject to selection by a Request for Proposal (RFP) process? No

Explain why this purchase was not subject to an RFP process.

Vendor was competitively selected for various products and services during FY16. The purchases were based on identified needs, but the needs for FY17 are currently not known. Once a need is identified, the purchase will be subject to competitive selection according to the Department of Administrative Services procurement guidelines.

4. Contractor Procurement Compliance:

a. Is this vendor in compliance with Buy America? Yes

Explain: Vendor is located in Troy, Ohio.

b. Is this vendor in compliance with Buy Ohio? Yes

Explain: Vendor is located in Troy, Ohio.

Operating Request Required Information

Controlling Board Request No.: DRC0101497

Purchases of Supplies or Equipment - Yaro Supply Company

1. Identify the supply or supplies/equipment and provide the amount of each item.

Supply/Equipment Name	Price per Unit	Number of Units	Amount
Automotive and Electrical Supplies	\$50,000.00	1	\$50,000.00

2. Cite the account category, subobject code, and amount of each item included in this purchase from this vendor.

Object	Subject	Amount	Non-Exempt Amount
522052		\$50,000.00	\$50,000.00
Total Amounts		\$50,000.00	\$50,000.00

3. Selection Process: Was this purchase subject to selection by a Request for Proposal (RFP) process?

No

Explain why this purchase was not subject to an RFP process.

Vendor was competitively selected for various products and services during FY16. The purchases were based on identified needs, but the needs for FY17 are currently not known. Once a need is identified, the purchase will be subject to competitive selection according to the Department of Administrative Services procurement guidelines.

4. Contractor Procurement Compliance:

a. Is this vendor in compliance with Buy America? Yes

Explain: Vendor is located in Dayton, Ohio.

b. Is this vendor in compliance with Buy Ohio? Yes

Explain: Vendor is located in Dayton, Ohio.

Operating Request Required Information

Controlling Board Request No.: DRC0101497

Purchases of Supplies or Equipment - American Merchandising Services

1. Identify the supply or supplies/equipment and provide the amount of each item.

Supply/Equipment Name	Price per Unit	Number of Units	Amount
Water Treatment Supplies	\$50,000.00	1	\$50,000.00

2. Cite the account category, subobject code, and amount of each item included in this purchase from this vendor.

Object	Subject	Amount	Non-Exempt Amount
521080		\$50,000.00	\$50,000.00
Total Amounts		\$50,000.00	\$50,000.00

3. Selection Process: Was this purchase subject to selection by a Request for Proposal (RFP) process?

No

Explain why this purchase was not subject to an RFP process.

Vendor was competitively selected for various products and services during FY16. The purchases were based on identified needs, but the needs for FY17 are currently not known. Once a need is identified, the purchase will be subject to competitive selection according to the Department of Administrative Services procurement guidelines.

4. Contractor Procurement Compliance:

a. Is this vendor in compliance with Buy America? Yes

Explain: Vendor is located in Cleveland, Ohio.

b. Is this vendor in compliance with Buy Ohio? Yes

Explain: Vendor is located in Cleveland, Ohio.

Operating Request Required Information

Controlling Board Request No.: DRC0101497

Purchases of Supplies or Equipment - Electronic Systems Consultants LLC

1. Identify the supply or supplies/equipment and provide the amount of each item.

Supply/Equipment Name	Price per Unit	Number of Units	Amount
Maintenance Materials and Supplies	\$100,000.00	1	\$100,000.00

2. Cite the account category, subobject code, and amount of each item included in this purchase from this vendor.

Object	Subobject	Amount	Non-Exempt Amount
521076		\$100,000.00	\$100,000.00
Total Amounts		\$100,000.00	\$100,000.00

3. Selection Process: Was this purchase subject to selection by a Request for Proposal (RFP) process? No

Explain why this purchase was not subject to an RFP process.

Vendor was competitively selected for various products and services during FY16. The purchases were based on identified needs, but the needs for FY17 are currently not known. Once a need is identified, the purchase will be subject to competitive selection according to the Department of Administrative Services procurement guidelines.

4. Contractor Procurement Compliance:

a. Is this vendor in compliance with Buy America? Yes

Explain: Vendor is located in Columbus, Ohio.

b. Is this vendor in compliance with Buy Ohio? Yes

Explain: Vendor is located in Columbus, Ohio.

STATE OF OHIO
 CONTROLLING BOARD
 30 East Broad Street, 34th Floor
 Columbus, Ohio 43215-3457
 (614) 466-5721 FAX:(614) 466-3813

OPERATING REQUEST

Controlling Board No.
DRC0101498

Status: Scheduled
 Meeting Date: 8/22/2016

GENERAL INFORMATION

<p>Agency Rehabilitation and Correction</p> <p>Division/Institution Ross Correctional Institution</p>	<p><input type="radio"/> Waiver of Competitive Selection (Revised Code Section 127.16B)</p> <p><input type="checkbox"/> No Competitive Opportunity</p> <p><input type="checkbox"/> Agency Released Competitive Opportunity</p> <p><input checked="" type="radio"/> Agency Released Competitive Opportunity (Revised Code Section 127.162)</p> <p><input type="radio"/> Other Statutory Authority/Bill Section:</p> <p><input type="radio"/> Operating Transfer Request (Revised Code Section 127.14)</p> <p><input type="checkbox"/> Appropriation</p> <p><input type="checkbox"/> Cash</p> <p><input type="checkbox"/> Other Statutory Authority/Bill Section:</p>	<p>Fiscal Year(s) 2017</p> <p>Bill No. HB 64</p> <p>Eligible for OBM Director Approval? No</p>
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VENDOR INFORMATION

For	Vendor ID	FY	Amount	Name	Address	City	State	County	Zip Code
DRC01	0000001067	2017	\$49,965.00	JLS Building Services LLC	P.O. Box 1846	Chillicothe	OH	Ross	45601

FUNDING INFORMATION

Fund Group	Fund Code	Appropriation Line Item	Appropriation Line Item Name	FY	Amount	FY	Amount
	GRF	501321	INSTITUTIONAL OPERATIONS	2017	\$49,965.00		\$.00

SIGNATURES

Gary Mohr

Agency Director or Authorized Agent

08/02/2016

Date

On The Date Of

Controlling Board President/OBM Director

AGENCY CONTACT

Name: Nena M Bradley Title: Controlling Board Administrator

Phone: (614) 995 - 0636 Fax: (614) 728 - 1578 E-Mail: nena.bradley@odrc.state.oh.us

REQUIRED EXPLANATION OF REQUEST

Rehabilitation and Correction respectfully requests Controlling Board approval for an agency released competitive opportunity in the amount of \$49,965.00 from fund GRF, ALI 501321 (Institutional Operations), in FY17, to obtain freezer repairs from JLS Building Services LLC, Chillicothe, Ross County, for the Ross Correctional Institution, Chillicothe, Ross County.

The Ross Correctional Institution (RCI) opened in 1987, is Security Level 2 (medium), Security Level 3 (close), and Security Level 4 (maximum), and houses approximately 2,033 male inmates.

This request is for the repair of two walk-in freezers at RCI. The freezers were installed approximately 29 years ago when the institution originally opened. The industrial freezers are used to store food for the inmate population. The condensing units and evaporators are failing, and are no longer retaining proper temperatures. Approval of this request will enable the freezers to be repaired.

Quotes were obtained from three vendors, with JLS Building Services LLC submitting the apparent low quote.

The Department has utilized direct spending with the vendor but is approaching the Controlling Board threshold.

This request is submitted in accordance with Section 127.162 of the Ohio Revised Code.

Attachments		Controlling Board Request No.: DRC0101498
Attachment Type	Attachment Description	
Other	Quote	
Other	EDGE/MBE Participation Summary	

Release and Permit Information						
Name	FY	Amount	R & P #	R & P Date	Issued By	Comments
JLS Building Services LLC	2017	\$49,965.00			Not Required	

Operating Request Required Information Controlling Board Request No.: DRC0101498
Purchases of Supplies or Equipment - JLS Building Services LLC

1. Identify the supply or supplies/equipment and provide the amount of each item.

Supply/Equipment Name	Price per Unit	Number of Units	Amount
Walk-In Freezer Condenser and Evaporator Replacements	\$49,965.00	1	\$49,965.00

2. Cite the account category, subobject code, and amount of each item included in this purchase from this vendor.

Object	Subobject	Amount	Non-Exempt Amount
530150		\$49,965.00	\$49,965.00
Total Amounts		\$49,965.00	\$49,965.00

3. Selection Process: Was this purchase subject to selection by a Request for Proposal (RFP) process?

Yes

a. Request for Proposal (RFP) for this purchase was issued, how was the RFP publicized or advertised? Explain.

Quotes were requested from three vendors.

b. Number of proposals distributed. 3

c. Number of days in which interested parties had to respond to the RFP. 7

d. Number of proposals received. 3

e. For each proposal received provide:

Name	Proposal Amount	Address	City	State	County
JLS Building Services LLC	\$49,965.00	P.O. Box 1846	Chillicothe	OH	Ross
ProFab Mechanical	\$58,750.00	385 Blain Highway	Waverly	OH	Pike
Accurate	\$63,900.00	3001 River Road	Chillicothe	OH	Ross

f. Explain why this vendor was selected.

Vendor submitted the apparent low quote.

g. Indicate who rated the responses and was involved in the selection of the vendor.

Quotes were reviewed by the Stationary Engineer and the Business Administrator.

4. Contractor Procurement Compliance:

a. Is this vendor in compliance with Buy America? Yes

Explain: Vendor is located in Chillicothe, Ohio.

b. Is this vendor in compliance with Buy Ohio? Yes

Explain: Vendor is located in Chillicothe, Ohio.

