

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

REAL ESTATE DESCRIPTION					
Owner	No. of Acres	Acres Previously Purchased in Area	Balance of Acres to be purchased	Purchase is Additional to Real Estate Area of	
	0	0	0		
Option Price		Name of 1st Appraiser		Name of 2nd Appraiser	
Total	Per Acre				
\$0.00	\$0.00				
Taxation Value (100%)		Value of 1st Appraiser		Value of 2nd Appraiser	
Total	Per Acre	Total	Per Acre	Total	Per Acre
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
County	Township/Municipality		If local funds are to be used, state the source of the funds		
Most Recent Sale of Real Estate			Second Most Recent Sale of Real Estate		
Date		Price	Date		Price
		\$0.00			\$0.00

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

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

SIGNATURES	
Agency Director or Authorized Agent	On The Date Of

Date

Controlling Board President/CBM Director

AGENCY CONTACT

Name:

Title:

Phone:

Fax:

E-Mail:

REQUIRED EXPLANATION OF REQUEST

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

Attachments

Controlling Board Request No.: TTT0100023

Attachment Type

Attachment Description

No attachments found.