### GENERAL INFORMATION

<table>
<thead>
<tr>
<th>Agency</th>
<th>Test TTT Agency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Division/Institution</td>
<td>Test Division 1</td>
</tr>
</tbody>
</table>

- Eligible for Local Administration? Yes

- Fiscal Year(s):
  - 2012

- Bill No.

#### Eligible for OBM Director Approval?

- No

### VENDOR INFORMATION

<table>
<thead>
<tr>
<th>For FY</th>
<th>Amount</th>
<th>Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>TTT01</td>
<td>2012</td>
<td>$.00</td>
<td>Test Vendor Test Vendor Address, OH 43215</td>
</tr>
</tbody>
</table>

### TRANSFER INFORMATION

| From To FY Fund Group Fund Code Appropriation Line Item Appropriation Line Item Name Transfer Amount Prev Rel Amount |
|--------|-------------|-----------------|-----------------|----------------|-----------------|

### FUNDING INFORMATION

<table>
<thead>
<tr>
<th>Fund Group</th>
<th>Fund Code</th>
<th>Appropriation Line Item</th>
<th>Appropriation Line Item Name</th>
<th>Total Amount</th>
</tr>
</thead>
</table>

### SIGNATURES

Agency Director or Authorized Agent

On The Date Of

Date

Controlling Board President/OBM Director

### AGENCY CONTACT

Name:

Title:

Phone:

Fax:

E-Mail:

### REQUIRED EXPLANATION OF REQUEST
The Test TTT Agency respectfully requests Controlling Board approval to (complete the summary paragraph for this request).

Attachments

<table>
<thead>
<tr>
<th>Attachment Type</th>
<th>Attachment Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No attachments found.</td>
</tr>
</tbody>
</table>

Release and Permit Information

<table>
<thead>
<tr>
<th>Name</th>
<th>FY</th>
<th>Amount</th>
<th>R &amp; P #</th>
<th>R &amp; P Date</th>
<th>Issued By</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test Vendor</td>
<td>2012</td>
<td>$0.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Capital Request Required Information

1. Type of service to be provided:

   Amendments to architect, engineering or other professional service contracts - Test Vendor

2. Identify the vendor and location of vendor’s principal place of business.

   Test Vendor
   Test Vendor Address
   OH 43215
   County:

3. Explain why the contract is being amended.

4. What is the effect of the contract amendment on the project?

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

<table>
<thead>
<tr>
<th>CB Approval Date</th>
<th>Type of Contract</th>
<th>Amount per FY</th>
<th># of Hours</th>
<th>Rate per Hour per FY</th>
</tr>
</thead>
</table>

   Professional Design Services and/or Construction Management Services
   Original Contract Amount: $0.00
   Original Percent of Total Construction Cost: 0%
   Revised Contract Amount: $0.00
   Revised Percent of Total Construction Cost: 0%

   Change Order Fee Allowance
   Original Contract Amount: $0.00
   Original Percent of Total Construction Cost: 0%
   Revised Contract Amount: $0.00
   Revised Percent of Total Construction Cost: 0%

   Soil Test & Surveys
   Original Contract Amount: $0.00
   Original Percent of Total Construction Cost: 0%
   Revised Contract Amount: $0.00
   Revised Percent of Total Construction Cost: 0%

   Other
   Original Contract Amount: $0.00
   Original Percent of Total Construction Cost: 0%
   Revised Contract Amount: $0.00
   Revised Percent of Total Construction Cost: 0%

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

6. In addition to the revised project budget, provide a revised fee analysis which includes the following:

   Fee Analysis
<table>
<thead>
<tr>
<th>Original Contract Amount</th>
<th>Original Percent of Total Construction Cost</th>
<th>Revised Contract Amount</th>
<th>Revised Percent of Total Construction Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional Design Services and/or Construction Management Services</td>
<td>$0.00</td>
<td>0%</td>
<td>$0.00</td>
</tr>
<tr>
<td>Change Order Fee Allowance</td>
<td>$0.00</td>
<td>0%</td>
<td>$0.00</td>
</tr>
<tr>
<td>Soil Test &amp; Surveys</td>
<td>$0.00</td>
<td>0%</td>
<td>$0.00</td>
</tr>
<tr>
<td>Other</td>
<td>$0.00</td>
<td>0%</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

7. Provide the following employee information:

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

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

Capital Request Required Information

Architect, engineering, or other professional service contracts - Test Vendor

1. Type of Service to be provided:

2. Selection Process:

   a. Explain how the Request for Proposal (RFP) was publicized or advertised.
b. Number of proposals distributed.

c. Number of days in which interested parties had to respond to the RFP: 0

d. Number of proposals received: 0

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Proposal Amount</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>County</th>
</tr>
</thead>
</table>

f. Indicate who rated the responses and was involved in the selection of the contractor.

3. Identify the selected contractor: Test Vendor

   Explain why this contractor was selected.

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

   Test Vendor Address
   OH 43215
   County: 

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

   OH 
   County: 

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

   a. Total number of contracts: 0
   b. For each contract, list the state agency and the contract amount.

<table>
<thead>
<tr>
<th>Agency</th>
<th>Contract/Agreement Amount</th>
<th>FY</th>
</tr>
</thead>
</table>

7. Provide the following employee information:

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

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

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

<table>
<thead>
<tr>
<th>Subcontractor</th>
<th>Nationwide # of Employees</th>
<th>Nationwide % of Women</th>
<th>Nationwide % of Minorities</th>
<th>Ohio # of Employees</th>
<th>Ohio % of Women</th>
<th>Ohio % of Minorities</th>
</tr>
</thead>
</table>

9. Fee Analysis: For architect and engineer contracts, other professional design services contracts, and construction management services, also provide a fee analysis which includes the following:

   a. Total estimated construction cost: $0.00

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

<table>
<thead>
<tr>
<th>Fee Analysis</th>
<th>Contract Amount</th>
<th>Percent of Total Construction Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional Design Services and/or Construction Management Services</td>
<td>$0.00</td>
<td>0%</td>
</tr>
<tr>
<td>Change Order Fee Allowance</td>
<td>$0.00</td>
<td>0%</td>
</tr>
<tr>
<td>Soil Test &amp; Surveys</td>
<td>$0.00</td>
<td>0%</td>
</tr>
<tr>
<td>Other-</td>
<td>$0.00</td>
<td>0%</td>
</tr>
</tbody>
</table>
Refer to the requirements of Revised Code Sections 153.65-153.70.

Capital Request Required Information

Purchases of Equipment - Test Vendor

Controlling Board Request No.: TTT01000029

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

<table>
<thead>
<tr>
<th>Supply / Equipment Name</th>
<th>Price per Unit</th>
<th>Number of Units</th>
<th>Amount</th>
</tr>
</thead>
</table>

2. Selection Process

   a. Explain how the Request for Proposal (RFP) was publicized or advertised.

   b. Number of proposals/quotes distributed.

   c. Number of days in which interested parties had to respond to the RFP: 0

   d. Number of proposals received: 0

   e. For each proposal received provide name, complete address of the principal place of business, and amount of each proposal (or attach a list).

<table>
<thead>
<tr>
<th>Name</th>
<th>Proposal Amount</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>County</th>
</tr>
</thead>
</table>

   f. Indicate who rated the responses and was involved in the selection of the contractor.

3. Identify the selected vendor: Test Vendor

   Explain why this vendor was selected.

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

   Test Vendor Address
   OH 43215
   County: