

Section I.

Agency Information

Agency:	Board of Speech-Language Pathology & Audiology
Director/Executive First Name:	Gregg
Director/Executive Last Name:	Thornton
Director/Executive Title:	Executive Director
Address:	77 South High Street, Suite 1659
City:	Columbus
ZIP:	43215-6108

Designation of Responsibility (Agency MBE/EDGE EEO Officer)

First Name:	Gregg
Last Name:	Thornton
Title:	Executive Director
Address:	77 South High Street, Suite 1659
City:	Columbus
ZIP:	43215-6108
Telephone:	(614) 644-9046
Email:	gregg.thornton@slpaud.ohio.gov

Designation of Responsibility (Agency Procurement Officer)

First Name:	Gregg
Last Name:	Thornton
Title:	Executive Director
Address:	77 South High Street, Suite 1659
City:	Columbus
ZIP:	43215-6108
Telephone:	(614) 644-9046
Email:	gregg.thornton@slpaud.ohio.gov

Designation of Responsibility (Chief Fiscal Officer)

First Name:	Gregg
Last Name:	Thornton
Title:	Executive Director
Address:	77 South High Street, Suite 1659
City:	Columbus
ZIP:	43215-6108

Section II.

DAS PROJECTED CONTRACTS FY2016 ONLY | Agency to have DAS administer or award - ONLY New and/or Renewal

Do not include: purchases to be made from state contracts (e.g., STS, MMA, GDC, LDC, MSA, MESA, etc.); required sources such as CRP, OPI; or sole-source purchases for which your agency will seek a Controlling Board waiver for "No Competitive Opportunity."

Contract Information

Commodity/Service	Account Code	Contract Description (Do not use the Account Code Description. Please provide details of the type of purchase.)	Projected Total Contract Value	Agency Requests DAS to Set-Aside (Yes/No)
(Example) Diabetic Study	510057	Statewide study to determine causes of advanced diabetes.	\$125,000	Yes
N/A				

Section V.	
Total Projected Purchase	\$7,600
Total Projected MBE Set-Aside Purchases	\$7,600
Total MBE Set- Aside Purchase Percentage	100.00%
Total Percentage of Contracts Set-Aside by Agency (From Section III)	#DIV/0!
Section VII.	
CERTIFICATION OF AGENCY DIRECTOR APPROVAL/REVISION	
By checking this box, <input checked="" type="checkbox"/> I, the preparer of this document, hereby certify that this Minority Business Enterprise Projection Plan for Fiscal Year 2016 has been reviewed and approved by the Agency Director and Agency Procurement Officer.	
Preparer's Name	Gregg B. Thornton
Date Submitted	2/26/2015