

**Section I.**

**Agency Information**

Agency:	Manufactured Homes Commission
Director/Executive First Name:	Janet
Director/Executive Last Name:	Williams
Director/Executive Title:	Executive Director
Address:	5 100 Parkcenter Avenue, Suite 103
City:	Dublin
ZIP:	43017

**Designation of Responsibility (Agency MBE/EDGE EEO Officer)**

First Name:	Janet
Last Name:	Williams
Title:	Executive Director
Address:	5100 Parkcenter Avenue, Suite 103
City:	Dublin
ZIP:	43017
Telephone:	614-734-6010
Email:	<a href="mailto:janet.williams@omhc.state.oh.us">janet.williams@omhc.state.oh.us</a>

**Designation of Responsibility (Agency Procurement Officer)**

First Name:	Janet
Last Name:	Williams
Title:	Executive Director
Address:	5100 Parkcenter Avenue, Suite 103
City:	Dublin
ZIP:	43017
Telephone:	614-734-6010
Email:	<a href="mailto:janet.williams@omhc.state.oh.us">janet.williams@omhc.state.oh.us</a>

**Designation of Responsibility (Chief Fiscal Officer)**

First Name:	Janet
Last Name:	Williams
Title:	Executive Director
Address:	5100 Parkcenter Avenue, Suite 103
City:	Dublin
ZIP:	43017

**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, MCSA, 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

**Section III.**

**AGENCY PROJECTED CONTRACTS FY2016 ONLY | Agency to award under its own authority - ONLY New and/or Renewal**

Include contracts that the agency will award using its direct procurement authority, including those for which the agency will seek a Release and Permit from DAS in order to be able to award independently. Do not include: purchases to be made from state contracts (e.g., STS, MMA, GDC, LDC, MSA, MCSA, 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 (Contract name, if known)	Account Code	Contract Description (Do not use the Account Code Description. Please provide details of the type of purchase.)	2nd-Tier Language included in Contract (Yes/No)	Plan to Request Release and Permit from DAS (Yes/No)	Projected Solicitation Post Date	New/Renewal	Projected Total Contract Value	Projected Set-Aside Total Contract Value	Quarter Projected Contract to be Awarded			
									Quarter 1 (July - September)	Quarter 2 (October - December)	Quarter 3 (January - March)	Quarter 4 (April - June)
(Example) Personal Services Contract (Orient Prison)	510057	Research Project - Mental Health Disorder	Yes	Yes	11/15/2015	New	\$47,500	\$47,500	N/A	N/A	X	N/A
	510053	Legal Counsel					\$10,000	\$0				
	510052	Court Reporter					\$2,000	\$2,000				

