

Section I.

Agency Information

Agency:	Ohio Occupational Therapy, Physical Therapy, and Athletic Tra
Director/Executive First Name:	Jeffrey
Director/Executive Last Name:	Rosa
Director/Executive Title:	Executive Director
Address:	77 S High Street, 16th Floor
City:	Columbus
ZIP:	43215-6108

Designation of Responsibility (Agency MBE/EDGE EEO Officer)

First Name:	Jeffrey
Last Name:	Rosa
Title:	Executive Director
Address:	77 S High Street, 16th Floor
City:	Columbus
ZIP:	43215-6108
Telephone:	614-466-3474
Email:	jeff.rosa@otptat.ohio.gov

Designation of Responsibility (Agency Procurement Officer)

First Name:	Jeffrey
Last Name:	Rosa
Title:	Executive Director
Address:	77 S High Street, 16th Floor
City:	Columbus
ZIP:	43215-6108
Telephone:	614-466-3474
Email:	jeff.rosa@otptat.ohio.gov

Designation of Responsibility (Chief Fiscal Officer)

First Name:	Jeffrey
Last Name:	Rosa
Title:	Executive Director
Address:	77 S High Street, 16th Floor
City:	Columbus
ZIP:	43215-6108

Section II.

DAS PROJECTED CONTRACTS FY2017 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 FY2017 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
(Example) Personal Services Contract (Orient Prison)	510057	Research Project - Mental Health Disorder	Yes	Yes	11/15/2016 http://www.procure.ohio.gov	New	\$47,500	\$47,500

Total Contracts Projected - FY2017	\$0
Total Contracts Projects As Set-Aside - FY2017	\$0
Total Agency Set-Aside Contract Percentage Projected for FY2017	#DIV/0!

Section IV.

CERTIFICATION OF AGENCY DIRECTOR APPROVAL/REVISION

By checking this box, I, the preparer of this document, hereby certify that this Minority Business Enterprise Projection Plan for Fiscal Year 2017 has been reviewed and approved by the Agency Director and Agency Procurement Officer.

Preparer's Name	Jeffrey M. Rosa
Date Submitted	1/14/2015