

**Section I.**

**Agency Information**

Agency:	Ohio State Board of Optometry
Director/Executive First Name:	Jeffrey
Director/Executive Last Name:	Greene
Director/Executive Title:	Executive Director
Address:	77 S. High St. 16th Floor
City:	Columbus
ZIP:	43215

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

First Name:	Jeffrey
Last Name:	Greene
Title:	Executive Director
Address:	77 S. High St. 16th Floor
City:	Columbus
ZIP:	43215
Telephone:	614-466-5115
Email:	jeff.greene@exchange.state.oh.us

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

First Name:	Jeffrey
Last Name:	Greene
Title:	Executive Director
Address:	77 S. High St. 16th Floor
City:	Columbus
ZIP:	43215
Telephone:	614-466-5115
Email:	jeff.greene@exchange.state.oh.us

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

First Name:	
Last Name:	
Title:	
Address:	
City:	
ZIP:	

**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	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	11/15/2016	New	\$47,500	\$47,500	N/A	N/A	X	N/A

<b>Total Contracts Projected - FY2017</b>	<b>\$0</b>
<b>Total Contracts Projects as Set-Aside - FY2017</b>	<b>\$0</b>
<b>Total Agency Set-Aside Contract Percentage Projected for FY2017</b>	<b>#DIV/0!</b>

**Section IV.**

**AGENCY ELIGIBLE PURCHASES FY2017 ONLY | All purchases for FY2017 in the quarter which the voucher is planned - INCLUDE open encumbrances from Fiscal Year 2016**

Include disbursements for the purchasing represented in Section II (DAS Projected Contracts) and Section III (Agency Projected Contracts) plus all purchases to be made from existing DAS contracts (e.g., STS, MMA, GDC, LDC, MSA, MCSA, etc.), non-contract expenditures and debit purchases in the quarter the agency intends to voucher the payments. Include disbursements to be made by vouchers that reference FY2016 encumbrances. Do not include: purchases to be made from required sources such as CRP, OPI; purchases that reference non-MBE-eligible account codes; or sole-source purchases for which your agency will seek a Controlling Board waiver for "No Competitive Opportunity."

**PURCHASE INFORMATION**

**Purchase by Quarter (Dollar Values)**

Purchase Type (Agency Direct Purchase or DAS Term Contract)	Account Code	Description (Do not use the Account Code Description. Please provide details of the type of purchase.)	2nd-Tier Language included in Contract (Yes/No)	Total Purchases	1 <sup>st</sup> Qtr.			2 <sup>nd</sup> Qtr.			3 <sup>rd</sup> Qtr.			4 <sup>th</sup> Qtr.			Fiscal Year To Date			Total Expenditures
					Set-Aside	2nd Tier Set-Aside	Open	Set-Aside	2nd Tier Set-Aside	Open										
(Example) Agency Direct Spend	539151	Other Security Equipment	No	\$12	\$1	\$1	\$1	\$1	\$1	\$1	\$1	\$1	\$1	\$1	\$1	\$1	\$1	\$1	\$1	\$12
DAS Term Contract	521050	Office supplies	No	\$1,064.00	\$266	\$0	\$0	\$266	\$0	\$0	\$266	\$0	\$0	\$266	\$0	\$0	\$1,064	\$0	\$0	\$1,064
																	\$0	\$0	\$0	\$0
<b>Quarterly Totals</b>					<b>\$266</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,064</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,064</b>									
<b>FY 2017 ANNUAL PURCHASES</b>				<b>\$1,064</b>																

**Section V.**

Total Projected Purchase	\$1,064
Total Projected MBE Set-Aside Purchases	\$1,064
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,  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 | Jeff Greene  
 Date Submitted | 6.23.16