

**Section I.**

Agency Information	
Agency:	Ohio Department of Aging
Director/Executive First Name:	Bonnie K.
Director/Executive Last Name:	Burman
Director/Executive Title:	Director
Address:	50 West Broad Street, 9th Floor
City:	Columbus
ZIP:	43215

Designation of Responsibility (Agency MBE/EDGE EEO Officer)	
First Name:	Cathy
Last Name:	McNamara
Title:	Accounting Manager
Address:	50 West Broad Street, 9th Floor
City:	Columbus
ZIP:	43215
Telephone:	614-728-2390
Email:	<a href="mailto:cmcnamara@age.ohio.gov">cmcnamara@age.ohio.gov</a>

Designation of Responsibility (Agency Procurement Officer)	
First Name:	Cathy
Last Name:	McNamara
Title:	Accounting Manager
Address:	50 West Broad Street, 9th Floor
City:	Columbus
ZIP:	43215
Telephone:	614-728-2390
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Designation of Responsibility (Chief Fiscal Officer)	
First Name:	Kevin
Last Name:	Flanagan
Title:	Chief Fiscal Officer
Address:	50 West Broad Street, 9th Floor
City:	Columbus
ZIP:	43215

**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."

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
Personal Services Contract	515505	Hearing Officers for Chapter 119 Hearings	No	No	9/1/2015	New	\$60,000	\$12,000	X	NA	NA	NA

Total Contracts Projected - FY2016	\$60,000
Total Contracts Projects as Set-Aside - FY2016	\$12,000
Total Agency Set-Aside Contract Percentage Projected for FY2016	20.00%



<b>Section V.</b>	
Total Projected Purchase	\$960,000
Total Projected MBE Set-Aside Purchases	\$346,800
Total MBE Set- Aside Purchase Percentage	36.13%
Total Percentage of Contracts Set-Aside by Agency (From Section III)	20.00%
<b>Section VII.</b>	
<b>CERTIFICATION OF AGENCY DIRECTOR APPROVAL/REVISION</b>	
By checking this box, <input 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	Cathy McNamara
Date Submitted	2/27/2015