

Agency Guide to the e-Controlling Board Process

e-Controlling Board Important Information

Welcome to the State of Ohio **e-Controlling Board** Wednesday, January 26, 2005

Controlling Board Meetings

Agendas	Minutes
01/24/2005	01/24/2005
12/06/2004	12/06/2004
11/29/2004	11/29/2004
11/15/2004	11/15/2004

[Archives](#)

Meeting Schedule

January 2005						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
26	27	28	29	30	31	1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31	1	2	3	4	5

Important Information

- User Acceptance Test is scheduled to start Oct 12, 2004.
- [Glossary](#)
- [Ohio Revised Code, Section 127](#)
- [FY 03/04 Capital Bills](#)
- [FY 04/05 Operating Bills](#)
- Agenda for October 18 meeting will be published October 15.
- [e-Controlling Board application is now scheduled for Feb 2005](#)

[About the Board](#)
[Members](#)

Ohio.gov
So much to Discover.

The e-Controlling Board application will support [Internet Explorer 5.5](#) and [Netscape 6.2](#) and above. Optimum screen resolution of 1024x768 pixels. If you have installed any software to block pop-up windows, please disable while using this application.

Search Requests

Enter criteria to search requests approved after January 1, 2005.

Organization:

Description:

Vendor Name:

State Fiscal Year:

July 1, 2003 to June 30, 2004
July 1, 2004 to June 30, 2005

Capital Requests Approved By OBM

e-Controlling Board Login

The e-Controlling Board portal is for the State of Ohio agencies and institutions.

User ID:

Password:

Local intranet

Web Access to e-CB

<http://www.ecb.ohio.gov>

OBM HelpDesk

<http://www.obm.ohio.gov/cas>

OBM Controlling Board Manual

<http://www.obm.ohio.gov/cb>

Agency Guide to the e-CB Process

<http://www.obm.ohio.gov/cb>

Agency Point of Contact Person

TABLE OF CONTENTS

Overview of the e-Controlling Board Process	1
Technical Requirements for Using the e-Controlling Board Process.....	2
Computer Hardware Requirements	2
Computer Software Requirements.....	2
Field Requirements (Common to all Screens).....	4
Accessing the e-Controlling Board Application.....	6
The Public Web Page	8
The Agency Web Page	11
Controlling Board Requests	13
Creating a “New” CB Request:	13
Capital Request.....	15
Real Estate Acquisition Request.....	17
Fund/Appropriation Request	34
Operating Request	41
Operating Request – Transfer Information.....	44
Additional Pages	80
Attachments	80
Subsequent and Summary Paragraphs.....	84
Release and Permit Screen	91
Release & Permit Status	93
Check Status	94
Forms Screen	96
Reports Screen	97
Utilities Screen	99
Administration Screen	101
Functional Administration.....	101
Security Administration-Users	107
Technical Administration	109
Workflow	110
How the Workflow Process Works with e-Controlling Board.....	110
Processing Workflow Documents-Using the Workflow Tasklist-Default Inbox.....	111

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Overview of the e-Controlling Board Process

The e-Controlling Board Program is a recent addition to the state's initiative to expand the use of electronic processing. This new program provides agencies with a tool to enter, route, and manage their controlling board requests via the Web. It also provides a means for electronically attaching and archiving all necessary supporting documentation. Select web pages are also accessible to the public and contain links to specific documents.

Using the e-Controlling Board Workflow process, all documents are entered and transmitted electronically. Controlling Board request packages are routed from the agency to the Board of Regents and Controlling Board Office as applicable. The e-Controlling Board Program provides a single source database with a web-based interface. OBM/Systems Administration manages all user security profiles. Agency administrators establish the Workflow paths for the agency and act as agency contact personnel.

The e-Controlling Board Guide is intended as a primary resource for agencies using the e-Controlling Board system. Divided into four main sections, it offers a brief overview of the process and a step-by-step guide to the following:

- Technical Requirements and Accessing the System
- Controlling Board Requests
 - Capital
 - Fund
 - Real Estate
 - Operating
 - Operating Transfer
- Additional Screens
 - Attachments
 - Subsequent and Summary Paragraphs
 - Release and Permit
 - Check Status
 - Forms
 - Reports
 - Inquiries
 - Utilities
 - Administration
- Workflow Process

The e-Controlling Board Guide is maintained on the OBM website at <http://www.obm.ohio.gov/cb/> and is accessible from the user screens via a link to the pdf file. Questions concerning e-Controlling Board processing can be directed to the OBM Helpdesk at OBM.Helpdesk@obm.state.oh.us or by phone at (614) 466-3993.

Technical Requirements for Using the e-Controlling Board Process

Computer Requirements

The e-Controlling Board web site is best viewed with MS Internet Explorer 5.5 or higher and with a display screen resolution of 1024 x 768 pixels. Another option for users is Netscape Navigator version 5.0 or higher or with a display screen resolution of 800 x 600 pixels. Users should also disable any software that has been installed to block pop-up windows while using the application.

When printing a Controlling Board request, the appearance of the footer and header is dependent upon the user's browser settings.

Workstation Requirements

The following are the end-user workstation configuration requirements to access the e-Controlling Board Application for both the IBM compatible PC and the Apple Macintosh.

IBM Compatible PC

Hardware:

Processor: Pentium III or above

Memory: 128 MB+

Hard Drive Available Space: 20MB

Display Resolution: 800x600 or higher

Software:

Operating System: Windows 98, 2000, XP (Note: Windows 95 is not supported)

Browser Software: Internet Explorer 5.5, 6.0, Netscape 6.2 +, Firefox 1.0

Network Connection:

Broadband or Higher (56KBPS will be still supported)

Apple Macintosh

Software:

Operating System: System IX, X

Browser Software: IE 5.0+, Netscape 6.2+ (Note: Safari is not supported)

Display Resolution: 800x600 or higher

Network Connection:

Broadband or Higher (56KBPS will be still supported)

Field Requirements (Common to all Screens)

- All Yes/No combo boxes default to the blank value.
- Where text, text/combo boxes, and/or controls are displayed based on the Yes/No value selected, these won't display unless the Yes or No value is selected.
- All numeric fields default to zero.
- All date fields are entered in MM/DD/YYYY format.
- Unique CBR number are assigned by the system as follows:
 - CBR starting number is determined by agency (e.g., DEV111, OSU842).
 - CBR number is generated when request is first saved.
 - CBR number is reset to 001 after 999.
 - New CBR numbers advance sequentially by 1.
- The status is set to "New" when the request is first saved.
- Upon entry of an ALI number, a popup window displays the ALI and ALI name suffixed with the general/specific detail line item name specific to the agency/institution. Selection of the ALI populates the ALI and ALI name data entry fields.
- The state drop-down list contains all 50 states' two-character ID plus the full state name (e.g., OH – Ohio). The value "ZZ-Non US state" displays at the top of the drop-down list.
- The county drop-down list contains all valid Ohio county names in alphabetical order.
- Screen-level validation of text fields (but not sections where the data must be saved to grids) occurs upon clicking the Save and Continue button. A warning message advises the user of each "invalid" field, but the record is saved and the CBR is still enabled for routing.
- Each screen includes a link to a page-level on-line Help facility. Some screen content contains links to specific on-line Help pages.
- Grids enable multiple rows of data. Selection of the Add New button, inserts the data in the text fields to the grid and to the database.
- The grid data can be edited by selection of the pencil icon. Once selected, the icon changes to a diskette. The values in the grid are displayed in text boxes and enabled for edit.
- Hide/Show button allows the user to temporarily conceal blocks of data or display blocks of data when entering information.
- Selection of the diskette saves the data and displays the current values in the grid.
- The grid data can be deleted by selection of the red X icon. The user receives the prompt "Are you sure you want to delete this row of data?" If the user

selects “Yes,” the data is deleted. If the user selects “No,” the grid data is displayed.

- The user can add as many rows of data as needed.
- The Vendor ID field is nine characters, and the Address Code is two digits. Upon entry of the vendor ID and address code, and pressing the Tab key, the application returns the vendor name, address, city, state, and county from the Vendor Table to the waiver control text fields. The Vendor Table is updated nightly from the CAS Vendor Tables.
- The waiver information fields are enabled for data entry and edit of all vendor text fields.
- Vendor information is stored by CBR record. The vendor does not have to be on the CAS vendor file to route the document forward.
- The user and date are recorded each time the CBR status changes.
- Imaged documents are stored as attachments to the CBR.
- Page numbering occurs as the CBR is printed. Page margins and orientation may need to be set by the user based on the user’s printer.
- Text fields use the word wrap functionality.
- Text fields only are checked for spelling.
- Cut and paste is enabled for field-level data input.
- A pdf version of the CBR includes the form, required explanation (Summary and Subsequent paragraphs), list of attachments, release and permit information, and required information questions. Attachments and the project budget require the user to print them separately. The user’s printer configuration must be set to landscape orientation to print the project budget.
- Records retention: records are retained on-line for the current and previous two fiscal years.
- Current paper records are archived and retained for the five fiscal years previous to on-line records.
- Older records are purged consistent with DAS retention schedules.

Accessing the e-Controlling Board Application

The Process At-A-Glance (Public Requests)

User accesses e-Controlling Board application (www.ecb.ohio.gov).

User makes selection.

Meeting Agendas-displays meeting dates and links to agendas including lists of Controlling Board Requests and Summary Paragraphs.

Important Information-links to current important information that the Controlling Board Office has entered.

Meeting Schedule-displays dynamic calendar with meeting dates, and submission dates for both the Controlling Board and the Board of Regents.

Search Requests-provides search criteria by agency and description of the Controlling Board Request.

User is linked to appropriate data as determined by selection or search criteria.

User navigates through appropriate screens depending upon options selected.

User closes the application.

The Process At-A-Glance (Agency Requests)

Agency user determines need to enter, review, or inquire about Controlling Board information.

Agency submits security form to OBM Systems Security Administrator and is assigned a user ID/password.

Agency logs into the e-Controlling Board site (www.ecb.ohio.gov), enters their password and user ID., and selects the option to:

Create a new request.

Open an existing request.

Delete a request.

Check the status of a request.

Inquire on an existing request.

Review release and permit information.

Agency user navigates through appropriate screen depending upon options selected.

Agency user logs off application.

The Public Web Page

The e-Controlling Board web page is available to the public to review meeting agendas, minutes, schedules, important information, and to make searches on approved requests.

Welcome to the State of Ohio e-Controlling Board Tuesday, January 11, 2005

Controlling Board Meetings

Agendas	Minutes
12/06/2004	12/06/2004
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11/15/2004	11/15/2004
10/22/2004	10/22/2004

1 2 Archives

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- Agenda for October 18 meeting will be published October 15.
- e-Controlling Board application is now scheduled for Feb 2005

Your session has timed out after being inactive for 45 minutes. Please login again.

[About the Board](#)
[Members](#)

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Search Requests

Enter criteria to search requests approved after January 1, 2005.

Organization:

Description:

Vendor Name:

State Fiscal Year:

July 1, 2003 to June 30, 2004
 July 1, 2004 to June 30, 2005

Capital Requests Approved By OBM

e-Controlling Board Login

The e-Controlling Board portal is for the State of Ohio agencies and institutions.

User ID:

Password:

General Information on the Web Page

- Title: Contains the heading “Welcome to e-Controlling Board”
- Current date: Displays the weekday, month and year.

Left Section – Meeting Agenda, Minutes, and Schedule

- *Meeting Agendas* section: Displays the meeting dates and links to the agendas.
- The agenda is created by the CBO (Controlling Board Office). Each agenda includes CBRs (Controlling Board Requests) with a status of “Scheduled,” OBM Director approval indicator of “No” and meeting date of “MM/DD/YYYY” (as selected by the CBO). The CBRs are listed in order by agency as established on the Agency Table (alphabetical by organization name within each of these groups; elected officials, Higher Ed institutions, Board of Regents, all other agencies).
- The agenda contains a heading section with a list of CBRs including the CBR number and the summary authority paragraph. The CBRs are assigned an agenda item number, sequentially.



Meeting Minutes, in pdf format, are linked to the agenda.

Display Meeting Dates and Submission Deadlines

- A calendar is displayed for the Meeting Schedule. The current date is shaded gray and the meeting dates are shaded in dark tan. These dates are pulled from the Meeting Submission Deadlines Table. The following links are displayed below the calendar:
 - CBO Meeting Dates/Submission Deadlines. Date is initially entered by agency when request is created. Date is systematically changed to the next meeting date when the request is not submitted by the submission deadline. The Controlling Board Office can change date.
 - BOR Meeting Dates/Submission Deadlines (linked to the current schedule on the BOR website.)
- The following dates are displayed on the Meeting Dates/Submission Deadlines page:
 - Scheduled CBR submission dates.
 - Revision deadline dates (revised requests must be approved by OBM by noon ten days prior to the meeting).
 - Agenda publish dates.
 - Controlling Board meeting dates.

Meeting Dates & Submission Deadlines

Submission Deadline - Requests requiring approval by the Controlling Board must be submitted to the Controlling Board Office on or before 9:00 AM on the designated deadline submission day. Exceptions to this policy must be arranged with the Controlling Board President prior to the deadline.

Revision Deadline - Revised requests must be approved by OBM by noon ten days prior to the meeting.

Agenda Published - The Controlling Board meeting agendas are published on the designated dates.

Meeting Location - Controlling Board meetings are held in the North Hearing Room of the Statehouse Senate Office Building, beginning at 1:30 PM on the designated meeting day.

Submission Deadline	Revision Deadline	Agenda Published	Meeting Date
08/05/2004		08/16/2004	08/23/2004
08/26/2004		09/03/2004	09/13/2004
09/23/2004	09/22/2004	09/24/2004	09/24/2004
09/30/2004		10/08/2004	10/18/2004
10/14/2004		10/25/2004	11/01/2004
10/28/2004		11/08/2004	11/15/2004

Agenda dates are hyperlinked to the actual agendas.

Middle Section – Important Information

- The middle section includes links that are updated based on the Important Information Table. The Controlling Board Office maintains the Important Information Table.

Right Section – Search Requests

The right section includes data for public searches. It contains the heading *Search Requests* with the following search criteria:

- Organization-Select from the box containing values from the CAS Agency Table.
- Description-Enter brief text to search the short description and summary paragraph fields for the text entered by the user.
- Vendor-Enter the vendor name for a search of the vendor name field entered on the request.
- State Fiscal Year-Enter a date to be used to search the approval/denial date field on the request.

Search Results include the following information for all CBR numbers found with status of approved or denied based on criteria entered:

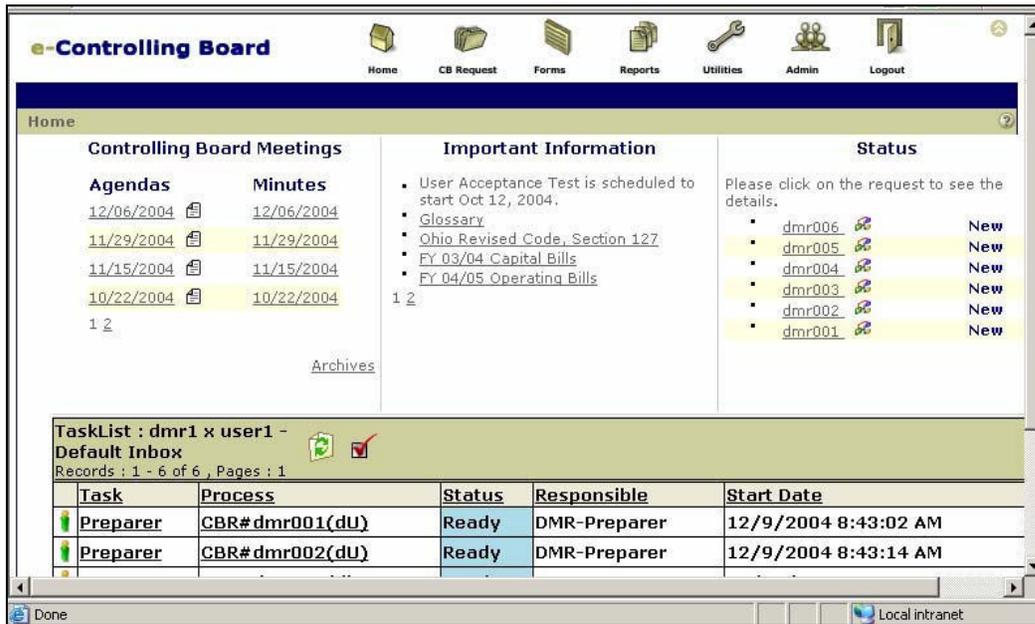
- Controlling Board Request Number, Agency Name, short description, request type, approval, and date.
- Primary sort is by approval date with results listed in reverse chronological order; secondary sort is by Controlling Board Request Number.
- The CBR# is linked to a printable version of the Controlling Board Request that includes the form, required explanation (Summary and Subsequent paragraphs), and required information questions. Only attachments associated with approved requests AND not marked *confidential* are available via the web.

Right Section – Login Section

- Enter a valid user ID and password. (Designated administrators assign user IDs and passwords.) Invalid entries result in message prompts:
- Passwords are case-sensitive.
- Passwords expire every 60 days.
- Contact System Administrator for help.

When the user enters a valid user ID and password and selects the Login button the e-Controlling Board user home screen is displayed. Note: Password is a minimum of six characters and a maximum of 15 characters. The password must contain at least one number and one letter. Only the password is case sensitive.

The Agency Web Page



General Information on the Agency Web Page

- Title: Contains the heading “Welcome to e-Controlling Board” and the current date displayed as the day of the week, month and year.
 - Left and middle section of the user home page: Same as the Public Use section.
 - Right section: Contains the heading Status:
 - Agencies and Universities: links to all Controlling Board Requests of the user agency.
 - Board of Regents: links to all Controlling Board Requests for all higher education institutions.
 - Controlling Board Office: Links to all CBRs with status of In-Process. Date of submission to the CBO is displayed for each request.
- (Note: Hovering over the CBR# displays the short description.)

Display menu items

Icons for the following menu items are displayed on the template of each screen.



- Home-contains information for Meetings/Agendas, Important Information, Status, and the users’ Workflow TaskList Default Inbox.

- CB Request-contains options for opening new requests, viewing current requests, performing inquiries, checking status of requests, viewing release/permit data and deleting requests
- Forms-provides a menu listing of the Controlling Board Request forms and manuals
- Reports-provides a listing of Controlling Board printable reports and an on-line Inquiry option
- Utilities-provides instructions for changing passwords and delegating tasks
- Admin-includes items to navigate authorized users to pages for functional, security, and technical administration
- Logout-provides a means to logout of the current view and return to the login screen

Each menu item is linked to the appropriate section of the application for ease of navigation.

Controlling Board Requests

Controlling Board Requests (CBRs) are prepared by state agencies and higher education institutions, and the Board of Regents. CBRs are initiated for the purpose of releasing capital appropriations, adjusting capital and operating appropriations, creating new funds, and establishing appropriations, waiving competitive selection of purchases or leases, and state fiscal activities that require approval by the Controlling Board. On the CB request page, users select from the following options:

- New* Create a new request.
- Open* Display a request.
- Delete* Delete a request that has not been submitted to the CBO. (Note: CBR Number can only be re- used if the deleted request is the last request created. Delete screen displays only requests created by the user.)
- Check Status* Display the status of CBRs including a short description and meeting date.
- Inquiry* Search for specific requests.
- Release and Permit Status* Display the status of pending Release & Permit requests.

Each menu item (New, Open, etc.) is linked to the appropriate screens.

Creating a “New” CB Request:

Agency users select the “New” option. OBM users select from the list the one or more agencies for which they are preparing the request.

This page allows designated users to create a new request by entering information to blank forms and responses to required questions. The user will be directed through several pages to complete the request package. Where you need to create a request that is similar to an existing request, including the responses to the required questions and the attachments, this page also allows designated users to create a new request by copying an existing request.

Select type of request

Select the type of request to be created or copied. The selection of the request type will determine the user permissions for creating requests.

- Capital Request/Real Estate Acquisition Request*
A capital request is primarily for approval to transfer or release capital appropriations, waive competitive selection involving capital appropriations, or to change the intent of previously released capital appropriations. A real estate acquisition request is primarily for approval to purchase real estate with capital appropriations by all agencies and to purchase land, regardless of the source of funds, by institutions of higher education.
- Fund/Appropriation Request*
A fund/appropriation request is primarily for approval to increase appropriation authority, establish appropriation authority and/or create a new fund.
- Operating Request/Operating Transfer Request*
An operating request is primarily for approval to waive competitive selection involving operating appropriations and to transfer cash and operating appropriations.

Create a new request: Select one of the following authorization types:

- Capital Request / Real Estate Acquisition Request.

- Fund / Appropriation Request.
- Operating Request / Operating Transfer Request.

Short description: Optional. Enter a short description of request. This data can be viewed on select reports.

Tentative meeting date: Select from drop-down list.

Division: Drop-down list includes the divisions for which preparers are assigned roles. Select the appropriate division for the agency. Agency and division cannot be changed once request is created.

Copy an existing request to a new request: This option requires the user to enter a CBR request type first to validate whether the user has permission to create the specific type request. If yes, the user can then enter the number of the CBR be copied. The CBR to be copied must be for the same agency (and division) as the one being created. The new request created by “copy” would **not** include values for the following fields:

- Release and permit number(s) and comments
- Signatures and approval dates
- Meeting date
- Agency and CBO comments
- Status (the status of the newly created CBR is “New”)

Copy an existing request to a new request
To create a new request that is very similar to an existing request, use this option.
All CBR information (including amounts, ALIs, and vendor information), answers to required questions, and attachments will copy to the new request. The meeting date, approvals and comments will **not** be copied.

Division:

Select the tentative meeting date:

Copy from CBR Number:

Authorizations: Before entering any information on the Request screens, take time to carefully consider the type of request or authorization that is needed. The following information summarizes the different types of requests and their uses.

Capital Request/Real Estate Acquisition Request

A capital request is primarily for approval to transfer or release capital appropriations, waive competitive selection involving capital appropriations, or to change the intent of previously released capital appropriations. A real estate acquisition request is primarily for approval to purchase real estate with capital appropriations by all agencies and to purchase land, regardless of the source of funds, by institutions of higher education

Operating Request/Operating Transfer Request:

An operating request is primarily for approval to waive competitive selection involving operating appropriations and to transfer cash and operating appropriations.

Fund/Appropriation Request:

A fund/appropriation request is primarily for approval to increase appropriation authority, establish appropriation authority and/or create a new fund.

Capital Request

Before a capital request form is displayed, the user is prompted with a series of questions to determine if controlling board authorization is required. Answer the questions (and subsequent prompts) appropriately. (Note: User may click on the *skip the questions* link to move directly to the new request.) If a Controlling Board is required, press the continue button to display the CB Request home screen. Click on the task to begin the process of opening a new request.

Capital Request – General Information

The Capital request is submitted to seek Controlling Board approval of any combination of the following actions:

- Release of Capital Appropriations (may or may not include the release for percent for art)
- Transfer of Capital Appropriation
- Waiver of Competitive Selection
- Change of Intent for Previously Released Capital Appropriation

For the Capital Request form an agency user is likely to request more than one of the actions for which the form can be used. For example:

Most requests for *waivers on non-competitively selected contracts* (usually planning/design/engineering contracts), which equal or exceed the Controlling Board threshold involve a *release of funds* as well. Complete all items in the *Funding Information and Waiver Information* section.

Requests for a *change of intent* involves previously released, but unencumbered, capital funds, and may also involve a *request for a waiver of competitive selection*. In the *General Information* section, select the authorization type of *Other* and enter *Change of Intent* in the other description field. Complete the *Fund Group, Fund Code, Appropriation Line Item, Appropriation Line Item Name, and Previously Released Amount* fields in the *Transfer information and, if applicable, Waiver information*.

Requests for *changes of intent* may also be combined with a *request to release and/or transfer* capital funds, in which case, also complete items in the *Funding Information and Transfer Information* section.

Requests for the *release of funds* for planning/design/engineering contracts for amounts that will not exceed the Controlling Board threshold for competitively bid construction contracts, or for the purchase of equipment though competitive selection only involves the release of funds. Complete the *Funding Information* section only.

The Capital Request form contains the following general information:

Meeting Date: Required. Can be changed to a valid meeting date. Select meeting date label to view Meeting Dates Table.

Controlling Board Request No.: The CBR number is created automatically by the system when the request is initially saved. The first three characters of the CBR number are the agency CAS code. The second three characters are assigned sequentially for the agency.

Agency Name: Agency Name appears automatically based on the agency assigned to the user who logged in, where the user is the preparer of the request. Where the user is OBM, the user is prompted to select an agency prior to the display of this screen. This field cannot be changed.

Institution/Division: Name displays based on user’s selection on the New Request screen. This field cannot be changed.

Eligible for Local Administration?: Required. Select Y or N to identify if this construction-related project is being administered by the agency. Default value is “No.” All Capital requests with the Eligible for Local Administration flag set to “No” will route from the agency/university preparer to the DAS-SAO Fiscal Officer.

Controlling Board Authorization Requested: Required. Select at least one authorization type. Any combination of authorization types can be selected. Where only *Transfer or Waiver* is selected, message appears, “*If a release of funds is required, please select the Release of Capital Funds.*” Required. Where *Waiver* is selected, enter either *No Competitive Opportunity* or *Agency Released Competitive Opportunity*. Optional. Enter up to 512 characters to describe *Other Statutory Authority/Bill* section. Where this authorization type is selected, create a Summary Paragraph. Note: The *Other* authorization type is usually, but not always, for change of intent. Where *Other* authorization type equals *Change of Intent*, then the total of the “transfer to” amounts and

the “transfer from” amounts do not have to agree and a “transfer to” can exist without a “transfer from.”

Fiscal Year(s): Required. Entry is validated to be within the current or next biennium when the system date is within the second fiscal year of the biennium. Enter one or two fiscal years (numeric, 4 or 9 digits e.g., 2004-2005).

Bill No. (s): Required. Enter bill number(s) referencing the source of the appropriation applying to this request. Code may be alpha or numeric. Enter one or two 5-character values (e.g., HB 189). This field is not validated.

Eligible for OBM Director Approval?: Required. Click on the “Yes” or “No” field to identify if this request is eligible for approval by the Director of OBM according to the general/specific list published by OBM. Default value is “No.”

Real Estate Acquisition Request

The Real Estate Acquisition Request is submitted to seek approval by the Controlling Board for any combination of the following:

- Acquisition of real estate with capital appropriation.
- Transfer of capital appropriation for real estate acquisition.
- Acquisition of real estate by a higher education institution regardless of source of funds.
- Other statutory requirement for Controlling Board approval involving the acquisition of real estate.

This screen is displayed when the Real Estate Acquisition Request is selected.

REAL ESTATE DESCRIPTION										Hide
Owner		No. of Acres	Acres Previously Purchased in Area	Balance of Acres to be Purchased	Purchase is Addition to Real Estate Area of					
<input type="text"/>		<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text"/>					
Option Price		Name of 1st Appraiser		Name of 2nd Appraiser						
Total	Per Acre	<input type="text"/>		<input type="text"/>						
<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>	<input type="text"/>		<input type="text"/>						
Taxation Value (100%)		Value of 1st Appraiser		Value of 2nd Appraiser						
Total	Per Acre	Total	Per Acre	Total	Per Acre					
<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>					
County	Township/Municipality	If Local Funds are to be used, state the source of the funds								
<input type="text"/>	<input type="text"/>	<input type="text"/>								
Most Recent Sale of Real Estate				Second Most Recent Sale of Real Estate						
Date	Price	Date	Price							
<input type="text"/>	<input type="text" value="\$0.00"/>	<input type="text"/>	<input type="text" value="\$0.00"/>							

Owner: Required. Enter full name of owner. Field is not validated.

No. of Acres: Required. Enter numeric value greater than zero for acres begin acquired.

Acres Previously Purchased: Required. Enter numeric value, greater than or equal to zero. Identifies number of acres previously acquired in area.

Balance of Acres: Required. Enter numeric value, greater than or equal to zero. If an acquisition is part of strategy to acquire additional land, enter remaining number of acres to be acquired.

Purchase is Addition to Real Estate Area: Required. Identifies proper name of area being affected by this acquisition. Field is not validated. Enter a numeric value greater than or equal to zero for the following fields:

- Option Price, Total
- Option Price, Per Acre
- Taxation Value, Total.
- Taxation Value, Per Acre
- Value Of 1st Appraiser, Total
- Value Of 1st Appraiser, Per Acre
- Value Of 2nd Appraiser, Total
- Value Of 2nd Appraiser, Per Acre

Where the value for the “Total Option Price” field is less than \$100,000:

- A value for the “Name of 1st Appraiser” field is required
- A value for the “Name of 2nd Appraiser” field is not required
- A value for the “Value of 1st Appraiser, Total” field is required and must be greater than or equal to \$0.00
- A value for the “Value of 1st Appraiser, Per Acre” field is required and must be greater than or equal to \$0.00
- Value of 2nd Appraiser Total. Required only where the value for the “Name of 2nd Appraiser” is not blank
- Value of 2nd Appraiser, Per Acre. Required only where the value for the “Name of 2nd Appraiser” field is not blank

Where the value for the “Total Option Price” field is greater than or equal to \$100,000:

- A value for the “Name of 1st Appraiser” field is required
- A value for the “Name of 2nd Appraiser” field is required
- A value for the “Value of 1st Appraiser, Total” field is required and must be greater than or equal to \$0.00
- A value for the “Value of 1st Appraiser, Per Acre” ” field is required and must be greater than or equal to \$0.00
- A value for the “Value of 2nd Appraiser, Total” field is required and must be greater than or equal to \$0.00
- A value for the “Value of 2nd Appraiser, Per Acre” field is required and must be greater than or equal to \$0.00

County: Required but not validated. A drop-down list is provided of all valid Ohio counties, but the field is also enabled for data entry.

Township/Municipality: Required but not validated.

Source of Funds: Required when agency is an institution of higher education. Enter source of local funds. Enter N/A if local funds not being used.

Most Recent Sale of Property Date: Required. Enter MMDDYYYY format.

Most Recent Sale of Property Price: Required and must be greater than or equal to \$0.00.

Second Most Recent Sale of Property Date: Required when the “Most Recent Sale of Property Date” is within 20 years of the current system date.

Second Most Recent Sale of Property Price: Required when “Most Recent Sale of Property Date” is within 20 years of the current system date. The value must be greater than or equal to \$0.00. Only one appraisal is required for requests less than \$100,000.

Capital Request-Waiver of Competitive Selection Information (Vendor Information)

This section is displayed when the *Waiver of Competitive Selection, Other Statutory Authority/Bill Section, or Other* options is selected.

WAIVER INFORMATION							Hide
Vendor ID	Address Code	Vendor Name	Vendor Address of Principal Place of Business				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
FY	Waiver Amount	Release & Permit #	City	State	County (Ohio Only)	Zip Code	
<input type="text"/>	<input type="text" value="\$0.00"/>	<input type="text"/>	<input type="text"/>	OH	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text" value="\$0.00"/>	<input type="text"/>					
<input type="button" value="Add New"/>							

Note: When the *Waiver of Competitive Selection* option is selected, all fields are required.

Vendor ID and Address Code: Required. Enter the vendor’s nine-character CAS vendor ID, and then the two-digit address code. If the vendor ID number with address code exists in CAS, the vendor name and address are displayed after entry of the ID. If the vendor ID does not exist in CAS, the vendor fields must be entered. The Vendor Table will be updated nightly from the CAS Vendor Tables. Waiver control is enabled for data entry of all vendor text fields. Vendor information is stored by CBR record. Ensure valid vendor ID is in CAS files prior to routing the document forward.

Vendor Name: Required. Enter the name of the vendor for which the waiver of competitive selection is being requested.

Vendor Address of Principle Place of Business field: Required. Enter the vendor’s address. Field is not validated.

FY: Required. Enter two digits representing a fiscal year within the biennium. Entry is validated to be within the current or next biennium.

Waiver Amount: Required. At least one amount field must not be blank. Enter the actual dollar amount that requires the waiver of competitive selection. This amount should include any allowances and change order fees or contingency amounts included in the contract.

R & P# -Release and Permit: May be blank when status is New, In-Process, or In-Revision. Release and permit numbers are obtained from DAS/Acquisitions Management and DAS/State Purchasing. CB requests can be prepared and forwarded prior to receiving the release permit number.

City: Required. Enter city of vendor’s principal place of business.

State and County: Required. Select state where vendor’s principal place of business is located. Default value is OH. A drop-down list is provided with all 50 states plus “ZZ” representing foreign locations. Where the State is equal to “OH,” a drop-down list is provided of all valid Ohio counties. Where State is not equal to “OH,” no county field is displayed.

Add another vendor: Complete as many vendor sections as needed by pressing Add New button. To edit any field select the *pencil* icon to enable each field in the row to be edited. Make the edits and then click the Update icon to save. To delete a row, select the delete icon. A message is displayed to confirm the deletion.

Capital Request-Transfer of Capital Funds Appropriation Information

This section is displayed when the *Transfer of Capital Funds, Other Statutory Authority/Bill Section, or Other* options is selected.

TRANSFER INFORMATION								Hide
Edit	From To Agency	FY	Fund Group	Fund Code	Appropriation Line Item	Appropriation Line Item Name	Transfer Amount	Previously Released Amount
Add New		DMR					\$0.00	\$0.00

Note: When the *Transfer of Capital Funds* is selected, all fields, except the *Previously Released Amount* field, are required.

From /To: Required. Enter for each line item. From is the default value.

Agency: Required. Defaults to agency of user. If user is Board of Regents, the agency drop-down list includes all higher education institutions.

Fund Group: Required. Enter three-character budget fund group that identifies the source of revenue. If the fund group does not exist in CAS, a message is displayed and the fund group will be accepted for the request. The system performs an ALI Table lookup but will accept any value.

Fund Code: Required. Enter three-character fund code from which the release is being requested. If the fund does not exist in CAS, a message is displayed and the fund will be accepted for the request. This value is compared to the ALI Table.

Appropriation Line Item: Required. Enter the first character or more and tab from field to display a list of ALIs or enter the exact seven-character ALI number from which the release is being requested. Select the ALI from the list. State Accounting assigns ALIs (e.g., CAP-001). If the ALI does not exist in CAS, enter the appropriation line name.

Appropriation Line Item Name: Required. Defaults from the ALI Table based on the appropriation line. List contains ALI name suffixed with the general/specific detail line item name specific to the agency/institution.

Transfer Amount: Required. Enter appropriation amount requested to be transferred. Amount must be greater than \$0.00. (This is an amount not previously released by the Controlling Board or Director of OBM.)

Previously Released Amount: Value can be blank, \$0.00, or any amount greater than \$0.00.

The total of the “From” transfer amounts must equal the total of the “To” transfer amounts. The user can add as many lines as needed using the Add/ New button.

Capital Request – Release of Capital Funds Appropriation Information

This section is displayed when user selects the *Release of Capital Funds Other Statutory Authority/Bill Section, or Other* options. Note: When the *Release of Capital Funds* is selected, all fields are required.

FUNDING INFORMATION							Hide
Edit	Fund Group	Fund Code	Appropriation Line Item	Appropriation Line Item Name	Type	Total Amount	
Add New						\$0.00	

Fund Group: Required. Enter three-character budget fund group that identifies the source of revenue. If the fund group does not exist in CAS, a message is displayed and the fund group will be accepted for the request. The system performs an ALI Table lookup but will accept any value.

Fund: Required. Enter three-character fund code from which the release is being requested. If the fund does not exist in CAS, a message is displayed and the fund will be accepted for the request. The system performs an ALI Table lookup but will accept any value.

Appropriation Line Item: Required. Enter the first character or more and tab from field to display a list of ALIs or enter exact seven-character ALI number from which the release is being requested. Select the ALI from the list. State Accounting assigns ALIs (e.g., CAP-001). If the ALI does not exist in CAS, enter the appropriation line item name.

Appropriation Line Item Name: Required. Defaults from the ALI Table based on the Appropriation Line Item selected from the list. The list will contain the ALI name suffixed with the general/specific detail line item name specific to the agency/institution.

Type: One-character “G” or “S” defaults from the General/Specific list based on the Appropriation Line Item value.

Total Amount Requested for Release/Approval: Required. Amount must be greater than \$0.00. Enter the exact appropriation amount being requested. NOTE to colleges and universities: When requesting a release from Basic Renovations, enter only the previously released amount that relates to this project. Do not include the total amount of Basic Renovation appropriations that have been released to date.

Capital Request – Signatures Section

Agency Director or Authorized Agent	On The Date Of
Date	Controlling Board President/OBM Director

All values in the Signatures section default to the information established for Workflow processing.

Agency Director or Authorized Agent: Required. Signature of the agency director or designee is required. Name defaults to what is established on the Workflow Approver setup.

Date: Required. Date the director signs the request. Defaults to system date of agency Workflow approval.

On The Date Of: If “Eligible for OBM Director Approval” value is “Yes,” the “On The Date Of” value is the system date when OBM Director (or designate) approved. Where the Eligible for OBM Director Approval value is “No,” the Controlling Board President name defaults upon approval. Where the Eligible for OBM Director Approval value is “Yes,” the name of the OBM Director defaults upon approval.

Capital Request – Agency Contact Section

All values in the Agency Contact section default as follows:

The screenshot shows a form titled "AGENCY CONTACT" with a "Hide" button in the top right corner. The form contains the following fields: "First Name", "MI", "Last Name", "Title", "Phone", "Fax", and "E-Mail". Each field is represented by a text input box. Below these fields is a button labeled "Update Agency Contact".

Name, Title, Phone, Fax, and E-mail: Information defaults from the Agency Contact Table based on the CBR’s agency and division. This information can be saved and edited for the specific request.

Capital Request – Required Explanation of Request Section

Provide a detailed written explanation of the nature of the project requiring the acquisition of this property.

The screenshot shows a form section titled "Create Summary". It contains a text area with the placeholder text: "The Mental Retardation and Developmental Disabilities respectfully requests Controlling Board approval to {complete the summary paragraph for this request}." Below this text area is a note: "[Note: Only the first 2000 characters will be saved.]". The next section is titled "Subsequent Paragraphs:" and contains the instruction: "Provide a detailed explanation of the nature of the request and any additional background information relative to this request. Click here for instructions on information required for each type of request." Below this is another text area with a note: "[Note: Only the first 6000 characters will be saved.]". The final section is titled "Related CBR No.:" and contains a text input field with a note: "[Note: Only the first 200 characters will be saved.]".

Summary Paragraph: Text defaults to data supplied by the system based on the authorization type selected, and the user’s entry of values to the mandatory questions. Where authorization type is *Other Statutory Authority/Bill* section or *Other*, this field is available for text entry by the user.

Subsequent Paragraphs: Enter up to 6,000 characters to explain the request.

Related CBR NO: Enter all related CBRs (CBR number, status, and date of any action).

Capital Request – Preparer Information Section

This information is displayed as a line on the Open Request screen. This section is displayed only to users associated with the specified agency. All values in the Preparer Information section default based on the user that initially created the request. This value cannot be changed.

Preparer Information: Name: _____ Email: _____ Phone: _____
--

Name/ E-mail/Phone: Values default from the User Table.

Capital Request- Project Budget

All requests utilizing capital appropriations must include a project budget. Users provide a project budget outlining the various components involved, including the estimated project budget, the actual and/or revised budget, the previously approved releases of funds, and the amount of the current request. This information provides the history of the project.

Project Name, Local Project No. SAO Project No, and CAS Project. No text boxes display for agencies/institutions. For higher education institutions, the following text boxes display:

- Project Title
- Project Subtitle
- HEI Ed Purpose
- HEI Structure Identifier
- HEI Campus Code
- HEI Addition Identifier

Select from a list of data provided by the Board of Regents. The selected item can be edited.

The project budget includes seven columns of data by default and an additional column labeled “Local Funds” if selected.

here to insert column for local funds							
Category	Estimated Amount	%	Revised Amount	Actual Amount	%	Previous Amount	Amount This Request
Construction Service	\$0.00		\$0.00	\$0.00		\$0.00	\$0.00
Add New Vendor ID: <input type="text"/> Address Code: <input type="text"/> Vendor Name: <input type="text"/>							
Category	Estimated Amount	%	Revised Amount	Actual Amount	%	Previous Amount	Amount This Request
Estimated Cost of Construction	\$0.00		\$0.00	\$0.00		\$0.00	\$0.00
Construction Services							
Professional Services							
Allowances and Change Order Fees	\$0.00	0.00	\$0.00	\$0.00	0.00	\$0.00	\$0.00
Local Admin / SAO Fees	\$0.00	0.00	\$0.00	\$0.00	0.00	\$0.00	\$0.00
Percent For Arts	\$0.00	0.00	\$0.00	\$0.00	0.00	\$0.00	\$0.00

Category: Select either Construction Services or Professional Services from the drop-down list. Enter each amount if applicable, and then enter the vendor information.

Vendor ID-Enter the nine-character vendor ID (without dash).

Address Code: Enter the two-character address code and press the tab key.

Vendor Name: Defaults if found on Vendor Table otherwise key in the vendor name.

Click Add New button to display the information in the appropriate section of the project budget. Multiple vendors can be added.

Estimated Cost of Construction: Select the pencil icon to enable each field in the Estimated Cost of Construction row for edit. These amounts are used to calculate the percentages.

Project Budget Line Items: Enter the amounts associated with each line item.

When each line item is saved, the following percentages are calculated.

- A&E % of Estimated Construction
- Local Admin % of Estimated Construction
- Percent of Art% of Estimated Construction
- Equipment % of Estimated Construction
- Contingency % of Estimated Construction
- A&E % of Actual Construction
- Local Admin % of Actual Construction
- Percent of Art% of Actual Construction
- Equipment % of Actual Construction
- Contingency % of Actual Construction

The percentages of Estimated Construction are displayed to the right of the Estimated Construction column and the percentages of Actual Construction are displayed to the right of the Actual Construction column. The project budget totals do not include the Estimated Cost of Construction Amounts.

You are encouraged to complete the project budget on this page. However, you may attach a budget file provided that the required information is included within the budget. To attach a budget file, click the browse button and select the file from your local or LAN drive

Attach Budget File:

Text displays below the Project Budget Table to instruct the user to either complete the project budget table or attach a project budget document. A text box with browse functionality enables the user to attach a file.

Required Questions - Capital Request- Architect, Engineering or Other Professional Services Contracts

This screen contains nine questions. It is displayed when the user selects authorization type of *Waiver of Competitive Selection* and procurement activity of *Architect, Engineering, or Other Professional Services Contracts*. NOTE: if this construction-related project is administered by DAS/GSD/SAO and requires a waiver of competitive selection for the Architect/Engineer or Construction Manager, contact your project administrator in DAS/GSD/SAO for completion of the responses to the required information questions. If this construction-related project is locally administered, and requires a waiver of competitive selection for the Architect/Engineer or Construction Manager, the agency/institution of higher education is responsible for completion of the responses to the required information questions.

Question 1. Type of Service

1. Type of Service to be provided:

[Note: Only the first 512 characters will be saved.]

Type of Service: Required. Describe type of service (e.g., landscape service). Text is not validated.

Question 2. Selection Process

2. Selection Process:

a. Explain how the Request for Proposal (RFP) was publicized or advertised.

[Note: Only the first 512 characters will be saved.]

b. Number of proposals distributed.

c. Number of days in which interested parties had to respond to the RFP. 0

d. Number of proposals received. 0

e. For each proposal received, provide name, complete address of the principal place of business, and amount of each proposal.

Edit	Name	Proposal Amount	Address	City	State	County
<input type="button" value="Add New"/>	<input type="text"/>	<input type="text" value="\$0.00"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

f. Indicate who rated the responses and was involved in the selection of the contractor.

- a) Required. Text is not validated.
- b) Required. Enter a numeric value or text.

- c) Required. Enter a numeric value greater than or equal to 0.
- d) Required. Enter a numeric value greater than or equal to 0.
- e) Required. Unlimited number of lines of data provided.
Name: Required. Text is not validated
Proposal Amount: Required. Enter a numeric value greater than or equal to 0.
Address: Required.
City: Required.
State: Required. A value must be selected from a list of valid state values. If state is equal to “OH”, a value from the Ohio County list must be selected from a list.
When Add Another Vendor button is selected, information entered in question 1.e. is displayed in the next row of the grid following the button.
- f) Required. Text is not validated.

Question 3. Identify Selected Contractor

3. Identify the selected contractor.

Explain why this contractor was selected.

[Note: Only the first 512 characters will be saved.]

Identify Contractor. Required. Defaults from waiver information entered. Explain the selection.

Question 4. Contractor’s Location

4. Provide contractor's location of their principal place of business.

Street Address		City	
<input type="text" value="PO BOX 91222"/>		<input type="text" value="CHICAGO"/>	
State	Zip	County (if Ohio)	
<input type="text" value="IL"/>	<input type="text" value="60693-9102"/>		

Street Address: Defaults based on information entered in Waiver section.

City: Required. Defaults based on information entered in Waiver section.

State: Defaults based on information entered in Waiver section.

County: Defaults based on information entered in Waiver section.

Zip: Defaults based on information entered in Waiver section.

Question 5. Contractor's Work Location

5. Provide contractor's location from which all or most of contract work will be performed, if different from the location of principal place of business.

Street Address		City	
State	Zip	County (if Ohio)	
OH			

Street Address: Required. Enter the contractor's work location address. Text is not validated. If same as location in Question 4, you can copy and paste information from Question 4 to Question 5.

City: Required. Text is not validated

State: Required. A value must be selected from a list of valid state values.

County: Required if state is equal to "OH." A value from the Ohio County list must be selected from a list.

Zip: Required. Text is not validated.

Question 6. State Contracts

6. Identify all state contracts which the selected contractor has had approved by the Controlling Board since the beginning of the last fiscal year through this fiscal year to date. Also include contracts approved for this agency or institution of higher education.

a. Total number of contracts:

b. For each contract, list the state agency and the contract amount.

Edit	Agency	Contract/Agreement Amount	FY
Add New		\$0.00	

NOTE: This information may be accessed through CAS inquiry QVTOT05.

- a) **Total Number of Contracts:** Required. Identify all state contracts the vendor has had since the beginning of the last fiscal year through this fiscal year to date. Enter a numeric value greater than or equal to 0. Refer to CAS inquiry QVTOT01.
- b) **Agency:** Required. Select from drop-down list that provides all valid state agencies.
- c) **Contract/Agreement Amount:** Required. Enter the contract or agreement amount.
- d) **FY:** Required. Enter the two-digit fiscal year (e.g., 05).

At least one row of data is required. Click on the Add New button to save data and to add additional data.

Question 7. Employee Information

7. Provide the following employee information:		
	Nationwide	Ohio
Total Number of Employees	<input type="text" value="0"/>	<input type="text" value="0"/>
Percentage of Women	<input type="text" value="0%"/>	<input type="text" value="0%"/>
Percentage of Minorities	<input type="text" value="0%"/>	<input type="text" value="0%"/>

Total Number of Employees: Required. Enter a numeric value greater than or equal to 0.

Percentage of Women: Required. Enter percentage of women employees. Must enter a numeric value greater than or equal to 0.

Percentage of Minorities: Required. Enter a numeric value greater than or equal to 0. The percent sign (%) is displayed to the right of the percentage text fields.

Question 8. Subcontractor Information.

8. What percent of the work will be done by subcontractors? <input type="text" value="0"/>							
If more than 50%, provide the following employee information.							
Edit	Subcontractor	Nationwide # of Employees	Nationwide % of Women	Nationwide % of Minorities	Ohio # of Employees	Ohio % of Women	Ohio % of Minorities
Add New	<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0%"/>	<input type="text" value="0%"/>	<input type="text" value="0"/>	<input type="text" value="0%"/>	<input type="text" value="0%"/>

Percent of subcontractor work: Required. Enter a numeric value greater than or equal to 0. If you entered more than 50%, enter the following employee information for each subcontractor.

- **Total Number of Employees:** A numeric value greater than or equal to 0 must be entered for each text box.
- **Percentage of Women:** A numeric value greater than or equal to 0 must be entered for each text box.
- **Percentage of Minorities:** A numeric value greater than or equal to 0 must be entered for each text box.

The percent sign (%) is displayed to the right of the percentage text fields. Click on the Add New button to save data and to add additional data.

Question 9. Fee Analysis

9. Fee Analysis: For architect and engineer contracts, other professional design services contracts, and construction management services, also provide a fee analysis which includes the following:		
a. Total estimated construction cost: <input type="text" value="\$0.00"/>		
b. Provide the following information regarding the contractor's fees for the services to be performed.		
Fee Analysis	Contract Amount	Percent of Total Construction Cost
Professional Design Services and/or Construction Management Services	<input type="text" value="\$0.00"/>	<input type="text" value="0%"/>
Change Order Fee Allowance	<input type="text" value="\$0.00"/>	<input type="text" value="0%"/>

Contract Amount: Required. Enter a numeric value greater than or equal to \$0.00.

Percent of Total Construction Cost: Required. Enter a numeric value greater than or equal to 0 must be entered in each text box.

Other (Explain): Required. Enter at least one character must be entered in the text box if the associated amount or percent field is greater than \$0.00. Text is not validated

Required Questions - Capital Request – Amendments to Architects, Engineering, or Other Professional Services Contracts

This screen contains nine questions. It is displayed when the user selects authorization type of *Waiver of Competitive Selection* and procurement activity of *Amendments to Architect, Engineering, or Other Professional Services Contracts*.

Question 1. Type of Service

1. Type of service to be provided:

Type of service: Required. Describe the type of service (e.g., landscaping). Text is not validated.

Question 2. Contractor Information

2. Contractor Name:

Location of Contractor's principal place of business:
Address City County State Zip

Contractor Name: Defaults based on information entered in Waiver section.

Address: Defaults based on information entered in Waiver section.

City: Defaults based on information entered in Waiver section.

State: Defaults based on information entered in Waiver section.

County: Defaults based on information entered in Waiver section.

Zip: Defaults based on information entered in Waiver section.

Question 3. Reason for Amendment

3. Explain why the contract is being amended.

- Change in scope of work?
- Change in the amount of hours of service required?
- Change in deliverables?
- Change in rate or amount?
- Miscellaneous substantive error?

Explain why contract is amended. Required. Is this change in scope of work, hours, deliverables, rates, or error? Text is not validated.

Question 4. Effect of Contract Amendment

4. What is the effect of the contract amendment on the project?

Effect of contract: Required. Explain the effects of the amendment. Text is not validated.

Question 5. Previous Approvals

[Note: Only the first 256 characters will be saved.]

5. Provide the dates of previous Controlling Board approvals for this contract. Indicate whether the approvals were for the initial contract or previous amendments to this contract. In addition, provide the information regarding the contract amount(s) dependent upon the type of contract previously approved by the Controlling Board.

Edit	CB Approval Date	Type of Contract	Amount Per FY	# of Hours	Rate per Hour per FY
Add New	<input type="text"/>	Initial	\$0.00	0.00	\$0.00

Provide information about previous Controlling Board approvals for this contract. At least two rows must be completed. Click on the Add New button to save data and to add additional data.

CB Approval Date: Required. Enter valid date when contract was approved.

Type of Contracts: Required. Select from Initial, Amendment, or Renewal.

Total Amount: Enter total amount of previously approved contract. This field can be blank or a numeric value greater than or equal to \$0.00 can be entered in a text box. If this field is blank, Number of Hours and Rate per Hour fields cannot be blank.

Number of Hours: Enter number of hours specified in previously approved contract. This field can be blank or a numeric value greater than or equal to 0 must be entered in a text box. If this field is blank, Total Amount cannot be blank.

Rate per Hour: Enter rate per hour specified in previously approved contract. This field can be blank or a numeric value greater than or equal to \$0.00 can be entered in a text box. If this field is blank, Total Amount cannot be blank.

Question 6. Fee Analysis

6. In addition to the revised project budget, provide a revised fee analysis which includes the following:

Fee Analysis	Original Contract Amount	Original Percent of Total Construction Cost	Revised Contract Amount	Revised Percent of Total Construction Cost
Professional Design Services and/or Construction Management Services	<input type="text" value="\$0.00"/>	<input type="text" value="0 %"/>	<input type="text" value="\$0.00"/>	<input type="text" value="0 %"/>
Change Order Fee Allowance	<input type="text" value="\$0.00"/>	<input type="text" value="0 %"/>	<input type="text" value="\$0.00"/>	<input type="text" value="0 %"/>
Soil Test & Surveys	<input type="text" value="\$0.00"/>	<input type="text" value="0 %"/>	<input type="text" value="\$0.00"/>	<input type="text" value="0 %"/>
Other (Explain)	<input type="text" value="\$0.00"/>	<input type="text" value="0 %"/>	<input type="text" value="\$0.00"/>	<input type="text" value="0 %"/>

Refer to the requirements of Revised Code Sections 153.65-153.70.

Save and Continue Check Spelling Back to Open Request

Original Contract Amount: Required. Enter a numeric value greater than or equal to \$0.00.

Original Percent of Total Construction Cost: Required. Enter a numeric value greater than or equal to 0.

Revised Contract Amount: Required. Enter a numeric value greater than or equal to \$0.00.

Revised Percent of Total Construction Cost: Required. Enter a numeric value greater than or equal to 0.

Other (Explain): Required. Must be entered in text box if any associated amount or percent field is greater than \$0.00. Text is not validated.

Required Questions - Capital Request - Purchases of Equipment

This screen contains four questions. It is displayed when the user selects authorization type of *Waiver of Competitive Selection* and procurement activity of *Purchases of Equipment*.

Question 1: Identify Equipment and Provide Amount of Item

Capital Request Required Information Controlling Board Request No.:T05073
Purchases of Equipment-INTERNATIONAL BUSINESS

1. Identify the equipment and provide the amount of each item.

Edit	Supply/Equipment Name	Price per Unit	Number of Units	Amount
Add New	<input type="text"/>	<input type="text" value="\$0.00"/>	<input type="text" value="1"/>	<input type="text" value="\$0.00"/>

At least one line of data must be entered. Press the Add New button to add information to the database. Edit and delete information as needed. (Refer to the on-line Help facility for additional information on adding, editing, and saving data.)

Item Name: Required. Enter the equipment item name. No validation on entered text.

Price per Unit: Required. Enter equipment price. Must enter a numeric value greater than or equal to \$0.00.

Number of Units: Required. Enter a numeric value greater than or equal to 0.

Amount: Required. Enter a numeric value greater than or equal to \$0.00.

Question 2. Selection Process

2. Selection Process

a. Explain how the Request for Proposal (RFP) was publicized or advertised.

[Note: Only the first 256 characters will be saved.]

b. Number of proposals/quotes distributed.

c. Number of days in which interested parties had to respond to the RFP.

d. Number of proposals received.

e. For each proposal received provide name, complete address of the principal place of business, and amount of each proposal (attach a list).

Edit	Name	Proposal Amount	Address	City	State	County
Add New	<input style="width: 100%;" type="text"/>	\$0.00	<input style="width: 100%;" type="text"/>			

- Required. Enter explanation. No validation on entered text.
 - Required. Enter a numeric value greater than or equal to 0 or text.
 - Required. Enter a numeric value greater than or equal to 0.
 - Required. Enter a numeric value greater than or equal to 0.
 - Required. Number of lines unlimited.
- Name: Required. No validation on entered text.
 Proposal Amount: Enter a numeric value greater than or equal to 0.
 Address: Required. No validation on entered text.
 City: Required. No validation on entered text.
 State: Select from lists of valid state values.
 County: If state is equal to "OH", select a value from the Ohio County list.
- Required. No validation on entered text.

When Add New button is selected, information entered in question 2.e is displayed in the next row of the grid following the button. Enter information. No validation on entered text.

Question 3. Vendor Selection

3. Identify the selected vendor.

Explain why this vendor was selected.

Identify vendor: Defaults from information entered in Waiver section.

Explain selection: Required. Enter explanation. No validation on text.

Question 4. Vendor’s Location

4. Provide vendor's location of their principal place of business.

Street Address: PO BOX 91222 City: CHICAGO

State: IL Zip: 60693-9102 County:

Address: Defaults from information entered in Waiver section.

City: Defaults from information entered in Waiver section.

State: Defaults from information entered in Waiver section.

Zip: Defaults from information entered in Waiver section.

County: Defaults from information entered in Waiver section.

Fund/Appropriation Request

The Fund/Appropriation Request is submitted to request the following adjustments to an agency’s operating budget during a fiscal biennium, pursuant to RC 131.35.

- Increase in appropriation authority
- Creation of a new fund
- Establish new appropriation authority

Fund/Appropriation Request – General Information

CB Request New Open Delete Check Status

Meeting Date: 01/24/2005 FUND APPROPRIATION REQUEST Controlling Board Request No.: dnr008

Status: New

GENERAL INFORMATION

Agency Name	Authorization Requested Pursuant to Revised Code Section 131.35	Fiscal Year(s)
Mental Retardation and Developmental Disabilities	<input type="checkbox"/> Increase Appropriation Authority	
Institution/Division MRDD - Central Office	<input type="checkbox"/> Create a New Fund	Bill No.
	<input type="checkbox"/> Establish Appropriation Authority	

FUNDING INFORMATION Hide

Meeting Date: Tentative meeting date displays. Meeting Date can be changed to another valid meeting date. Select the meeting date label to view the Meeting Date Table.

Status: Request status is assigned automatically by the system based on the Workflow model.

Controlling Board Request No.: The CBR number is created automatically by the system when the request is initially saved. The first three characters of the CBR number are the agency code and the second three characters are assigned sequentially for the agency.

Agency Name: The Agency Name defaults from the Name Table based on agency assigned to user upon login, where user is the preparer. Where user is OBM, the user is prompted to select the agency prior to the display of this screen. This field cannot be edited.

Institution/Division: The institution or division selected on the New Request screen displays. This name cannot be changed.

Authorization Requested: Required. Select at least one authorization type. Selection of *Increase Appropriation Authority* disables the other two options. One or both of the *Create a New Fund* and *Establish Appropriation Authority* authorization types can be selected.

Bill No. Required. Enter the bill number(s) referencing the source of the appropriation applying to the request (e.g., HB675). Values may be alpha or numeric. Does not default. Text is not validated.

Fund/Appropriation Request – Funding Information

FUNDING INFORMATION									Hide
Edit Delete	Fund Group	Fund Code	Appropriation Line Item	Fund/Appropriation Line Item Name	FY	Current Appropriation Amount	Amount of Increase or New Fund	Total Appropriation Amount	
<input type="button" value="Add New"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0.00	0.00	0.00	
						0.00	0.00	0.00	

Fund Group: Enter the three-character budget fund group code that identifies the source of the revenue. If *Increase Appropriation Authority* or *Establish Appropriation Authority* is selected, this value is validated to the ALI Table. If *Create a New Fund* is selected, the values are required but not validated.

Fund Code: Enter the three-character CAS code designating the fund for which the adjustment is being requested. If *Increase Appropriation Authority* or *Establish Appropriation Authority* is selected, this value is validated to the ALI Table. If *Create a New Fund* is selected, the values are required but not validated.

Appropriation Line Item: Enter the first character or more and table from the field to display a list of ALIs or enter the exact seven-character ALI number from which the release is being requested. Select the ALI from the list. State Accounting assigns ALIs (e.g., CAP-001). If the ALI does not exist in CAS, enter the appropriation name.

Appropriation Line Item Name: Required. Defaults from the ALI Table based on the Appropriation Line. If the ALI does not exist in CAS, enter the Appropriation Line Item name.

FY: Fiscal Year: Required. Enter the two-digit fiscal year.

Current Appropriation: Required. Enter amount for the current year of the biennium. (Refer to CAS inquiry QAPPR02 for the Adjusted Appropriation Amount.) If *Increase Appropriation Authority* is selected, the Current Appropriation Amount value must be greater than \$0.00. Where *Create a New Fund* or *Establish Appropriation Authority* is selected, the Current Appropriation Amount value must be \$0.00.

Amount of Increase or Amount of New Fund. Required. Where *Increase Appropriation Authority* is selected, the *Current Appropriation* value and the *Amount of Increase* value must be greater than \$0.00. Where *Create a New Fund* and *Establish Appropriation Authority* is selected, the *Amount of New Fund* value must be greater than \$0.00.

Total Appropriation Amount: The sum of *Current Appropriation* value plus the *Amount of Increase* or *Amount of New Fund* value is displayed automatically in the Total Appropriation Amount field. User cannot enter or edit this field.

Fund/Appropriation Request – Signatures Section

SIGNATURES	
_____	_____
Agency Director or Authorized Agent	On The Date Of
_____	_____
Date	Controlling Board President/OBM Director

All values in the Signatures section default from the Workflow approver setup.

Agency Director or Authorized Agent: Name defaults based on Workflow approver setup.

Date: Defaults based on the system date of agency Workflow approver setup.

On Date of: When *Eligible for OBM Director Approval* value is “No”, the *On the Date Of* value is the date of the Controlling Board meeting and defaults based on CB approval. When the *Eligible for OBM Director Approval* value is “Yes”, the *On The Date Of* value is the system date when OBM Director (or designate) approved. When the *Eligible for OBM Director Approval* value is “No”, the Controlling Board President name defaults upon Workflow approver setup. Where the *Eligible for OBM Director Approval* value is “Yes”, the OBM Director name defaults upon Workflow approver setup.

Fund/Appropriation Request – Agency Contact Section

AGENCY CONTACT				
First Name	Tiffany	MI	Last Name	Diggs
Title				
Phone	(614) 466 - 1572	Fax		
E-Mail	avedhut.kulkarni@OAKS.STATE.OH.US			
Update Agency Contact				

All values in the Agency Contact section default based on the Workflow approver setup. Click on the Update Agency Contact button if different data has been entered for this specific request.

First Name, MI, Last Name, Title, Phone, Fax, and E-mail: Defaults from the Agency Contact Table based on the CBR’s agency and division. Contact information can be updated by the user for the displayed request only.

Fund/Appropriation Request – Required Explanation of Request Section

This section provides space to enter a written explanation describing the nature of the request.

REQUIRED EXPLANATION OF REQUEST
<p>Summary Paragraph: The text included in the following summary paragraph text box will be the request description included in the agenda. If this request is for a waiver of competitive selection, please complete the required information questions and then return to this page to systematically create the summary paragraph. You may then edit the system-created summary paragraph.</p> <p>To systematically create the summary paragraph or to replace the text with the system-created summary paragraph, click the following button:</p> <p style="text-align: center;"><input type="button" value="Create Summary"/></p> <p>The Mental Retardation and Developmental Disabilities respectfully requests Controlling Board approval to {complete the summary paragraph for this request}.</p>

Summary Paragraph: Click the Create Summary to insert default text. If necessary, replace system-generated information in the brackets with appropriate data. Note: If Create Summary is clicked after entered information, the text is replaced with the system-generated paragraph.

<p><i>[Note: Only the first 2000 characters will be saved.]</i></p> <p>Subsequent Paragraphs: Provide a detailed explanation of the nature of the request and any additional background information relative to this request. Click here for instructions on information required for each type of request.</p>

Subsequent Paragraph

The Subsequent Paragraph text box follows the Summary Paragraph. Enter a detailed written explanation describing why the request for an adjustment to the agency’s operating budget (*Increase in Appropriation, Creation of a Fund, or the Establishment of Appropriation Authority*) is being submitted. Also, provide additional background information regarding the projects or programs benefiting from the appropriation adjustment. If additional information is required, record it in a separate document (e.g.,

MS Word) and attach the document. Indicate in the Subsequent Paragraph that additional information can be found in an attachment.

Required Questions - Fund/Appropriation Request

This screen contains 10 questions. It is displayed when the user completes the *Subsequent Paragraph* or selects questions from the Open page.

Question 1. Revenue Source

Revenue Source: Required. Enter at least one character. Identifies the sources of additional revenue (e.g., increase in fees). No validation on entered text.

1. Identify the source of additional revenue (e.g., increase in fee, increase in state or federal grants, etc.).

Question 2. Explanation

Explanation: Required. Explain why creating a new fund and/or ALI is necessary. No validation on entered text.

2. If applicable, explain why creating and/or increasing a new fund and/or line item is more appropriate than depositing the revenue into an existing fund and increasing the appropriation authority of an existing line item.

Question 3. Revenue Receipt

3. Time line: Has the revenue been received? Yes No

If so, provide the receipt date of the revenue.

If not, when is the revenue expected to become available?

Timeline: Required. Select value from list. Default value is blank. If “Yes” is selected, enter valid date or other text in the first text box. If “No” is selected, enter valid date or text in the second text box.

Question 4. Federal Fund Information

4. For federal funds only, provide the following information:

a. Grant identification number from the Catalogue of Federal Domestic Assistance:

b. Amount of state matching funds required:

c. Source (appropriation line item) of that match:

d. Statutory or executive authority for participation in the program:
Include a brief summary of the text or a copy of the reference.

- *Grant ID Number:* This field may be blank or contain alphanumeric data. Field is hyperlinked to Catalogue of Federal Domestic Assistance text at <http://12.46.245.173/cfda/cfda.html>.
- *Amount of State Matching Funds Required:* This field may be blank or contain a numeric value greater than or equal to \$0.00.

- *ALI*: This field may be blank or contain a seven-character value. System performs ALI Table lookup but any entry is accepted.
- *Statutory or executive authority*: This field may be blank or contain alphanumeric data.

Question 5. Appropriation/Cash Details

5. How will the additional appropriation and/or cash be used?

spend

[Note: Only the first 512 characters will be saved.]

Provide the following information below relative to this budgetary adjustment.

Object Class	Object Class Description	Current Appropriation Authority	Amount of Increase or New Fund	Total Appropriation Authority
10	Personal Services	\$0.00	\$0.00	\$0.00
13	Purchased Personal Services	\$0.00	\$0.00	\$0.00
20	Maintenance	\$0.00	\$0.00	\$0.00
30	Equipment	\$0.00	\$0.00	\$0.00
50	Subsidy	\$0.00	\$0.00	\$0.00
70	Capital	\$0.00	\$0.00	\$0.00
90	Transfer	\$0.00	\$0.00	\$0.00
Other	Other	\$0.00	\$0.00	\$0.00
Total:		\$0.00	\$0.00	\$0.00

Explanation: Required. Describe how the additional cash or appropriation will be used. No validation on entered text.

Current Appropriation Authority: Required. Enter current appropriation authority. Must enter a numeric value greater than or equal to \$0.00.

Requested Increase in Appropriation: Required. Enter a numeric value greater than or equal to \$0.00.

Total Appropriation Authority: Required. System-calculated value equal to the sum of Current Appropriation Authority amount and Requested Increase in Appropriation amount per object class.

Question 6. Usage Explanation

6. For each additional amount shown in the table, provide a short description of what the dollars will be used to accomplish. For example, if increasing a subsidy object category, provide detail on the added recipients or the allocation formula for distribution of moneys. For Object Class 10, respond to specific questions in number 9 below.

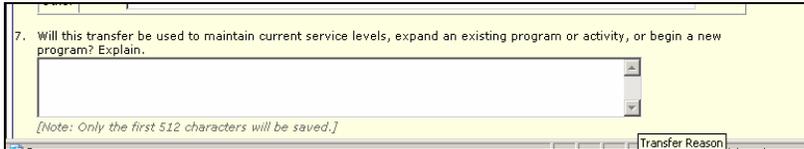
Object Class	Short Description (256 characters only)
10	
13	
20	
30	
50	
70	Short Description
90	
Other	

Short Description: Required if a value is entered in either the *Current Appropriation Authority* amount or *Requested Increase in Appropriation* amount fields in question 5. Provide a short description of what the additional dollars will be used to accomplish. A

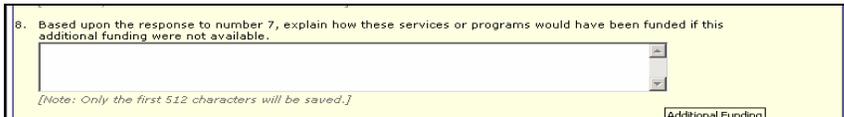
description for that object class is required in question 6. If additional information is required to explain, record the data in a separate document (e.g., MS Word) and attach the document via the Attachments function. Refer to the attachment on the appropriate object class description row.

Question 7. Transfer Purpose

Explanation: Required. Explain how transfer will be used. No validation on entered text.

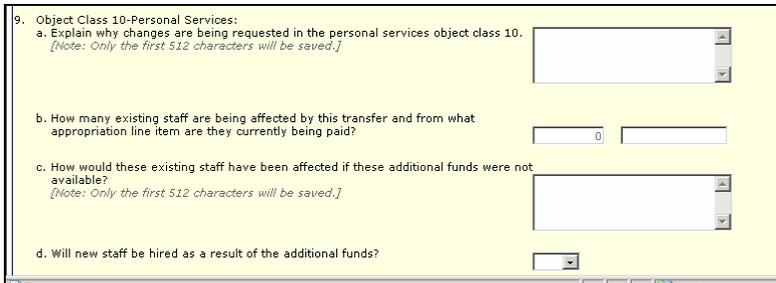


Question 8. Explanation of Funding



Explanation: Required. Explain need for funding. No validation on entered text.

Question 9. Object Class 10 Information



Required if value entered in *Current Appropriation Authority amount* or *Requested Increase in Appropriation amount* field for object class 10 in question 5.

- a) Explanation of object class 10 changes: Required. Text is not validated.
- b) Explanation of the affect on existing staff: Required. Text is not validated.
- c) Explanation of the affect on existing staff if no funding: Required. Text is not validated.
- d) New staff. Required. Select from list of blank, “Yes” and “No.” Default value is blank. If “Yes” is selected, require a numeric value greater than 0 is required in the next text box. If “No” is selected, the value in the next text box must be blank.

Explanation of staff funding: If “Yes” is selected in question 9. d. Text is not validated.

Question 10. Related Transfers

10. List any other transfers involving these appropriation line items and/or cash approved by the Controlling Board in the current biennium, including the date and requested amount of the adjustment(s).

Edit	ALI	Transfer Date	Transfer Amount	CBR Number
Add New			0.00	

Appropriation Line Item: Fields may be blank, or contain a seven-character value. System performs ALI Table lookup but any entry is allowed.

Transfer Date: This field may be blank or contain a valid date within the current biennium.

Transfer Amount: This field may be blank or contain a numeric value greater than \$0.00.

CBR Number: Field may be blank or contain a six-character CBR number. Text is not validated.

Operating Request

The Operating Request is submitted primarily to request approval from the Controlling Board to waive competitive selection for the procurement of non-capital funded supplies or services, which exceed the Controlling Board threshold for a specific vendor pursuant to RC section 127.16. In addition, the Operating Request is submitted for approval to enter into real estate lease agreement pursuant to RC 127.16 (B) (2). It is also used for appropriation changes and operating transfers.

Operating Request Determination

Before an operating request form is displayed, the user is prompted with a series of questions to determine if controlling board authorization is required. Answer the questions (and subsequent prompts) appropriately. (Note: User may click on the *skip the questions* link to move directly to the new request.) If a Controlling Board Request is required, press the continue button to display the Operating Request home screen.

Operating Request – General Information

The Operating Request form contains the following general information:

The screenshot shows the 'CB Request' form with the following details:

- Meeting Date:** 02/07/2005
- Status:** New
- Controlling Board Request No.:** dmr061
- Agency Name:** Mental Retardation and Developmental Disabilities
- Institution/Division:** MRDD - Central Office
- Operating Request:**
 - Waiver of Competitive Selection (Revised Code Section 127.16B)
 - No Competitive Opportunity
 - Agency Released Competitive Opportunity
 - Other Statutory Authority/Bill Section:
 - Operating Transfer Request (Revised Code Section 127.14)
 - Appropriation
 - Cash
 - Other Statutory Authority/Bill Section:
- Fiscal Year(s):**
- Bill No.:**

Meeting Date: The tentative meeting date displays here. Click the label to change to another valid meeting date.

Status: The system assigns the status based on Workflow.

Controlling Board Request No.: The CBR number is system-generated when the request is initially saved. The first three characters of the CBR number are the agency code. The second three characters are sequentially assigned by agency.

Agency Name: Agency Name defaults from the Agency Table based on agency assigned to user upon login, where user is the preparer. The value in this field cannot be edited.

Institution/Division: The institution or division name displays here.

Controlling Board Authorization Requested: Required. Select one option. Where *Operating Transfer Request* is selected, one or any combination of the three types (*Appropriation*, *Cash*, *Other Statutory Authority*) can be selected. If *Other Statutory Authority* is selected, user must enter value into text box. Text is not validated. If *Operating Transfer Request/Other Statutory Authority* is selected, enter value into text box. No validation on value in text box. Sections of the form will display based on the authorization type requested.

Bill No: Required. Enter the bill number(s) referencing the source of appropriation applying to this request, e.g., HB675. No default value. Text is not validated.

Operating Request – Waiver Information

The screenshot shows the 'WAIVER INFORMATION' form with the following details:

Vendor ID	Address Code	Vendor Name	Vendor Address of Principal Place of Business			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
FY	Waiver Amount	Release & Permit #	City	State	County (Ohio Only)	Zip Code
<input type="text"/>	\$0.00	<input type="text"/>	<input type="text"/>	OH	<input type="text"/>	<input type="text"/>
<input type="text"/>	\$0.00	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Buttons: Add New, Hide

This section is displayed only if the *Waiver of Competitive Selection* option is selected. When the *Waiver of Competitive Selection* option is selected, all fields are required.

Vendor ID: Required. Enter the nine-character vendor identification number (no dashes). Edits against the vendor database but will not reject.

Vendor Address Code: Required. Enter the two-character vendor address code. When you tab from this field, the vendor name and address will be retrieved from the database if the vendor ID and address code exist in CAS.

Vendor Name: Required. Enter the vendor’s name.

Vendor Address Principal Place of Business: Required. Enter the vendor’s address. Vendor name and address are retrieved from the database if the vendor ID and address code exist in CAS.

FY: Required. Enter the FY for which the waiver is being sought. At least one two-digit FY field must not be blank. The FY value is validated to the Fiscal Year Table.

Waiver Amount: Required. When the FY value is not blank, the amount must be >\$0.00. At least one amount field must not be blank.

Release & Permit #: Enter the Release and Permit number provided by DAS Acquisition Management or DAS State Purchasing. Additional release and permit information can be entered on the Release and Permit page. Agency CB requests can be prepared and forwarded prior to receiving the Release & Permit. Release and Permit requests approved by DAS Acquisitions are recorded nightly to e-CB.

City: Required. Enter the city of the vendor’s principal place of business.

State: Required. Select the appropriate state from the drop-down list. Where the state is “OH,” a drop-down list is provided of all valid Ohio counties. Where the state is not “OH,” no county is displayed.

NOTE: Users can add and save as many vendors as necessary by completing the data in the vendor section and pressing the Add New button. (Refer to the on-line Help facility for additional information on adding, editing, and saving.)

Operating Request – Funding Information

FUNDING INFORMATION									Hide
Edit	Fund Group	Fund Code	Appropriation Line Item	Appropriation Line Item Name	FY	Amount	FY	Amount	
Add New						\$0.00		\$0.00	

This section is displayed when either *Waiver of Competitive Selection* or *Other Statutory Authority/Bill* section options is selected. Values are required for all fields.

Fund Group: Required. Enter valid three-character fund group that identifies the source of revenue. System performs ALI Table lookup but any entry is accepted.

Fund Code: Required. Enter valid three-character fund code. System performs lookup to the ALI Table but any entry is accepted.

Appropriation Line Item: Required. Enter the first character or more and tab from field to display a list of ALIs or enter the exact seven-character ALI number from the release being requested. Select the ALI from the list. State Accounting assigns ALIs (e.g., CAP-100). If ALI does not exist in CAS, enter the appropriate data.

Appropriation Line Item Name: Required. Defaults from the ALI Table based on the Appropriation Line.

FY: Required. At least one FY field must contain two digits representing a fiscal year within the biennium. The FY value in the left column cannot be the same as the FY value in the right column. The FY value is validated to the Fiscal Year Table.

Amount: Required. Amount must be greater than \$0.00. A FY value must be entered if amount greater than \$0.00 is entered.

User can enter as many lines as necessary for the request. Click on the Add New button to add and save data. (Refer to the on-line Help facility for additional information on adding, editing, and saving data.)

Operating Request – Transfer Information

TRANSFER INFORMATION								Hide
Edit	From To Agency	FY	Fund Group	Fund Code	Appropriation Line Item	Appropriation Line Item Name	Transfer Amount	Previously Released Amount
Add New	AAM						\$0.00	\$0.00

This section is displayed where the *Operating Transfer Request* or *Other Statutory Authority/Bill* section option is selected. When the *Operating Transfer Request* is selected, all fields, except the *Previously Released Amount* field, are required.

“From To”: Required. “From” is the default.

Agency: Required. Defaults to agency of user. The drop-down lists include all CAS agency codes.

Fund Group: Required. Enter three-character fund group. System performs lookup to the ALI Table but any entry is accepted.

Fund Code: Required. Enter three-character fund code. System performs lookup to the ALI Table but any entry is accepted.

Appropriation Line Item: Required. Enter the first character or more and tab from the field to display a list of ALIs or enter the exact seven-character ALI number from which the release is being requested. Select the ALI from the list. If the ALI does not exist in CAS, enter the appropriation line item name.

Appropriation Line Item Name: Required. Defaults from the ALI Table based on the Appropriation Line value.

Transfer Amount: Required. Value must be greater than \$0.00.

Previously Released Amount: Value can be greater than or equal to \$0.00. The total of the “From” transfer amounts must equal the “To” transfer amounts.

User can add as many lines as needed for the request. Click the Add New button to add and save lines. (Refer to the on-line Help facility for additional information on adding, editing, and saving data.)

Operating Request – Signatures Section

All values in the Signatures section default based upon the Workflow approver setup.

Agency Director or Authorized Agent: Required. Name defaults based on Workflow approver setup.

Date: Required. Defaults based on the system date of agency Workflow approver setup.

“On The Date Of”: Required. Defaults based on the Controlling Board meeting and CB approval.

Controlling Board President/OBM Director: Required. Name defaults upon Workflow approver setup.

Operating Request – Agency Contact Section

All values in the Agency Contact section default based upon Agency Table information.

First Name/MI/Last Name, Title, Phone, Fax, and E-mail: Required. Defaults from the Agency Contact Table based on the CBR’s agency and division. The user can update the contact information for the current request only.

Operating Request – Required Explanation of Request Section

The screenshot shows a web form with two main sections. The first section is titled "Summary Paragraph:" and contains instructions: "The text included in the following summary paragraph text box will be the request description included in the agenda. If this request is for a waiver of competitive selection, please complete the required information questions and then return to this page to systematically create the summary paragraph. You may then edit the system-created summary paragraph." Below this is a button labeled "Create Summary" and a large text area. A note below the text area says "[Note: Only the first 2000 characters will be saved.]". The second section is titled "Subsequent Paragraphs:" and contains instructions: "Provide a detailed explanation of the nature of the request and any additional background information relative to this request. Click here for instructions on information required for each type of request." Below this is another large text area.

Summary Paragraph: Click the Create Summary to insert text. Replace information in the brackets with appropriate data. Note: If *Create Summary* is clicked after system generated paragraph or entered information, the text is replaced with the system-generated paragraph. The Summary Paragraph created by the system is enabled for user edit.

Subsequent Paragraphs: User provides a detailed written explanation describing the request. Suggestions for these paragraphs based on the type of request should include the following:

- Objectives of the project or program requiring a contract.
- Prior phases of the project or program requiring a contract.
- If the contract is a portion of a multi-phase project or program, indicate the phases of the contract, including future phases of the project or program.
- An additional section to this screen contains instructions and data entry facility for recording all related CBRs (CBR number, status, and date acted on). If additional information if needed, record it on a separate document (like MS Word) and attach the document. Indicate in the Subsequent Paragraph text box that additional data can be found in the attachment.

Required Questions - Operating Request Type

Where authorization type of “Waiver of Competitive Selection” is selected, the user is required to select at least one of the following types of procurement activity. The selection determines the required information questions that are displayed.

- New Contract
- Contract Amendments
- Contract Renewals
- Purchase of Supplies
- Non-Real Estate Leases

- New Real Estate Leases
- Real Estate Lease Amendments
- Real Estate Lease Renewals or Real Estate Lease Holdovers

NOTE: The questions must be completed for each vendor.

Required Questions - Operating Request – New Contracts

This screen contains 13 questions. It is displayed when the user selects authorization type of *Waiver of Competitive Selection* and procurement activity of *New Contract*.

Question 1. Selection Process

New Contract - INTERNATIONAL BUSINESS

1. Selection Process: Was this contract subject to selection by a Request for Proposal (RFP) process?

Selection Process: Required. Values include blank, “Yes” and “No.” Default value is blank. If “No” is selected, text box is displayed with the instruction: “Explain why this contract was not subject to an RFP process.” Text is not validated. If “Yes” is selected, questions 1.a. through 1.e are displayed.

- a) Required. Text is not validated.
- b) Required. Enter a numeric value greater than or equal to 0 or text.
- c) Required. Enter a numeric value greater than or equal to 0.
- d) Required. Enter a numeric value greater than or equal to 0.
- e) Enter appropriate data. The fields in this section can be blank or an unlimited number of lines of data can be entered.

Name (of vendor): Required. Text is not validated.

Proposal Amount: Required. Enter a numeric value greater than or equal to 0.

Address: Required.

City: Required.

State: Required. Select a value must be selected from a list of valid state values.

County: If state is equal to “OH”, select a value from the Ohio County list.

When Add New Vendor button is selected, information entered in question 1.e. is displayed in the next row of the grid following the button.

- f) Required: Enter explanation. Text is not validated.
- g) Required: Enter at least one character. Text is not validated.

Question 2. Selected Contractor Information

2. Provide the following selected contractor information:

Contractor	Address	City	State	County (Ohio Only)	Zip
INTERNATIONAL BUSIN	PO BOX 91222	CHICAGO	IL		60693-9102

Contractor: Default from waiver information.

Address: Defaults from information entered in Waiver section.

City: Defaults from information entered in Waiver section.

State: Defaults from information entered in Waiver section.

County: Defaults from information entered in Waiver section.

Zip : Defaults from information entered in Waiver section.

Question 3. Contractor's Location

3. Contractor's location from which all or most of contract work will be performed, if different from the location of principal place of business. (For institutional agencies, cite the location of the institution, including the city and county, where services are to be performed.)

Contractor	Address	City	State	County (Ohio Only)	Zip
<input type="text"/>					

Contractor: Identify the contractor's location. Text is not validated.

Address: Can be blank or alpha/numeric. Text is not validated.

City: Can be blank or alpha. Required if address is not blank. Text is not validated.

State: Can be blank or alpha. Required if address is not blank. A value must be selected from a list of valid state values.

County: Can be blank or alpha. Required if address is not blank. If state is equal to "OH," select a value from the Ohio County list.

Zip: Required. Text is not validated.

Question 4. Institutional Agencies Only

4. Institutional agencies only: Is the contractor currently performing services at the institution listed above?

Institutional agencies only: Required "Yes" or "No." If "No" is selected, no additional information is needed. If "Yes" is selected, a date is required.

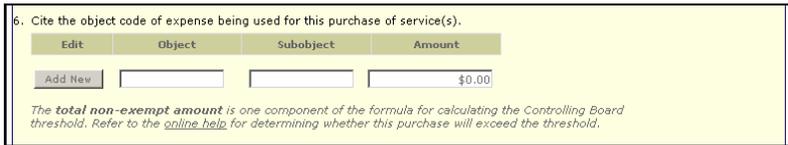
Question 5. Deliverables

5. Specify the deliverables of this contract or describe the scope of service(s) to be performed by this contractor.

[Note: Only the first 512 characters will be saved.]

Specify deliverables: Required. Text is not validated. All text is included in the system-generated paragraph.

Question 6. Object Code



6. Cite the object code of expense being used for this purchase of service(s).

Edit	Object	Subobject	Amount
<input type="button" value="Add New"/>	<input type="text"/>	<input type="text"/>	\$0.00

The total non-exempt amount is one component of the formula for calculating the Controlling Board threshold. Refer to the [online help](#) for determining whether this purchase will exceed the threshold.

Enter additional information as needed. Click on the Add New button to add, save, or edit data.

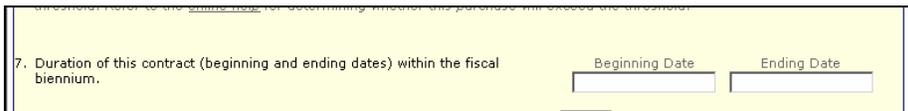
Object Code: Required. Enter the three-character object code. System performs lookup to CAS Object Table.

Sub-object Code: Required. Enter two-character object code. Can be blank or include two alphanumeric characters. System performs lookup to CAS Subobject Code Table.

Amount: A numeric value greater than or equal to 0 must be entered in text box. At least one row of data is required.

Non-exempt Amount: If the object code is exempt from the calculation of the agency’s threshold, the amount displayed will be \$0.00 Otherwise, the object code amount will display in the non-exempt column. Total of amounts associated with non-exempt object codes is calculated and displayed.

Question 7. Duration

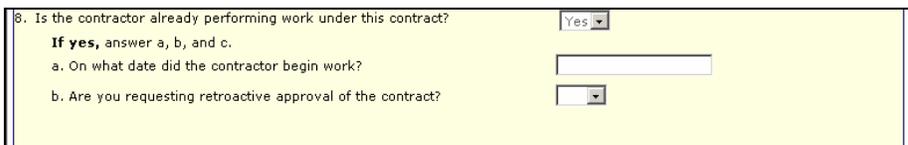


7. Duration of this contract (beginning and ending dates) within the fiscal biennium.

Beginning Date Ending Date

Duration of Contract: Required. Beginning Date cannot be earlier than July 1 of the first fiscal year of the current biennium. Ending Date must be later than Beginning Date.

Question 8. Contractor Performing Work



8. Is the contractor already performing work under this contract?

If yes, answer a, b, and c.

a. On what date did the contractor begin work?

b. Are you requesting retroactive approval of the contract?

Contractor Performing Work: Select blank, “Yes” or “No.” Default value is blank. If “No” is selected, no additional display for question 8 is required. If “Yes” is selected, questions 8.a through 8.b are displayed.

- a) Date contractor began work. Required. Valid date must be entered.
- b) Request for retroactive approval. Values on list are blank, “Yes” and “No.” Default value is blank. If “Yes” is selected, question 8.c. appears.
- c) Enter retroactive effective date. Required. Valid date must be entered.

Question 9. Identify State Contracts

9. Identify all state contracts which the selected contractor has had approved by the Controlling Board since the beginning of the last fiscal year through this fiscal year to date. Also include contracts approved for this agency or institutions of higher education.

a. Total number of contracts.

b. For each contract list the state agency and the contract amount.

NOTE: This information may be accessed through CAS Inquiry QVTOT05.

Edit	Agency	Contract/Agreement Amount	FY
Add New	<input type="text"/>	\$0.00	<input type="text"/>

Total number of Number of Contracts: Required. Enter a numeric value greater than or equal to 0.

Agency: Required. Select from a list of valid state agencies.

Contract Amount: Must be a numeric value greater than or equal to \$0.00. At least one row of data is required.

FY: Enter two-character fiscal year.

Click on Add New button to add and save data. (Refer to the on-line Help facility for additional information on adding, editing, and saving data.)

Question 10. Buy America / Buy Ohio

10. Contractor Procurement Compliance:

a. Is this contractor in compliance with Buy America?

Explain:

[Note: Only the first 512 characters will be saved.]

b. Is this contractor in compliance with Buy Ohio?

Explain:

Buy America Compliance: Required. Select “Y,” “N,” or “NA.” Explain agency compliance. No validation on text.

Buy Ohio Compliance: Required. Select “Y,” “N,” or “NA.” Explain agency compliance. No validation on text.

Question 11. Employee Information

11. Provide the following employee information:

	Nationwide	Ohio
Total Number of Employees	<input type="text" value="0"/>	<input type="text" value="0"/>
Percentage of Women	<input type="text" value="0.00%"/>	<input type="text" value="0.00%"/>
Percentage of Minorities	<input type="text" value="0.00%"/>	<input type="text" value="0.00%"/>

Total Number of Employees: Required. Enter a numeric value greater than or equal to 0.

Percentage of Women: Required. Specify percentage of women to be employed. Enter a numeric value greater than or equal to 0.

Percentage of Minorities: Required. Specify percentage of minorities to be employed. Enter a numeric value greater than or equal to 0. The percent sign (%) is displayed to the right of the percentage text fields.

Question 12. Subcontractors

12. What percent of the work will be done by subcontractors? %
 If more than 50%, provide the same information for each subcontractor as requested in number 11 above for the contractor.

Edit	Subcontractor	Nationwide # of Employees	Nationwide % of Women	Nationwide % of Minorities	Ohio # of Employees	Ohio % of Women	Ohio % of Minorities
Add New	<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0%"/>	<input type="text" value="0%"/>	<input type="text" value="0"/>	<input type="text" value="0%"/>	<input type="text" value="0%"/>

Percentage of work by subcontractor: Required. Enter a numeric value greater than or equal to 0. Click the Add New button to add additional data and save information. (Refer to the on-line Help facility for additional information on adding, editing, and saving data.)

Nationwide Employees: Required. Enter a numeric value greater than or equal to 0.

Ohio Employees: Required. Enter a numeric value greater than or equal to 0.

Nationwide % of Women: Required. Enter a numeric value greater than or equal to 0.

Ohio Women: Required. Enter a numeric value greater than or equal to 0.

Question 13. Renewal Schedules

13. Provide all subsequent renewal schedules (beginning and ending dates) and amounts associated with this contract.
 A contract renewal is the exercise of an option to enter into a subsequent contract with a vendor in accordance with renewal provisions specified in a preceding contract.

Edit	Beginning Date	Ending Date	Total Amount
Add New	<input type="text"/>	<input type="text"/>	<input type="text" value="\$0.00"/>

NOTE: All amounts must be shown in amounts per fiscal year.
 Explain contract provisions.

[Note: Only the first 512 characters will be saved.]

Beginning Date: Required. Enter a valid beginning date for the contract.

Ending Date: Required. Enter a valid ending date for the contract.

Total Amount of Lease: Required. Enter a numeric greater than or equal to 0.

Select the Add New button to enter additional data. (Refer to the on-line Help facility for additional information on adding, editing, and saving data.)

Explanation: Enter any contract provisions. Text is not validated

Required Questions-Operating Request-Contract Amendments

This screen contains eight questions. It is displayed when the user selects authorization type of *Waiver of Competitive Selection* and procurement activity *Contract Amendments*.

Question 1. Selected Contractor Information



Operating Request Required Information Controlling Board Request No.: dmr004
Contract Amendment - INTERNATIONAL BUSINESS
1. Identify the contractor and provide the contractor's address of their principal place of business.

Contractor	Address		
INTERNATIONAL BUSINESS	PO BOX 81222 Contractor Address		
City	State	County (if Ohio)	Zip
CHICAGO	IL		60693-9102

Contractor: Defaults from information entered in Waiver section.

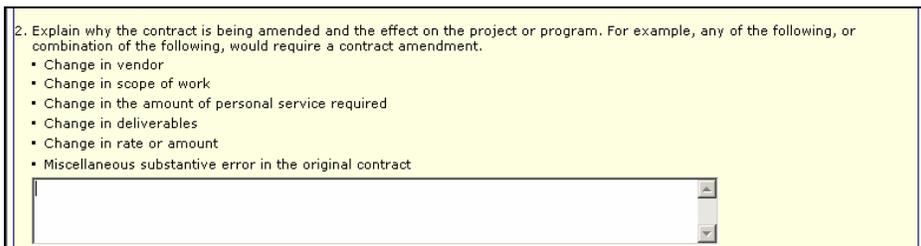
Address: Defaults from information entered in Waiver section.

City: Defaults from information entered in Waiver section.

State: Defaults from information entered in Waiver section.

Zip: Defaults from information entered in Waiver section.

Question 2. Reason for Contract Amendment and Effect of Amendment



2. Explain why the contract is being amended and the effect on the project or program. For example, any of the following, or combination of the following, would require a contract amendment.

- Change in vendor
- Change in scope of work
- Change in the amount of personal service required
- Change in deliverables
- Change in rate or amount
- Miscellaneous substantive error in the original contract

[Text input field]

Reason and Effect of Contract Amendment: Required. Explain why the contract is being amended and the effects of the project or program. Text is not validated.

Question 3. Deliverables

3. Specify the deliverables of this contract or describe the scope of service(s) to be performed by this contractor.

[Note: Only the first 512 characters will be saved.]

Deliverables/Scope of Service: Required. Specify the deliverables or services. Text is not validated. All text is included in the system-generated Summary Paragraph.

Question 4. Object Code

4. Cite the object code(s) of expense being used for this purchase of service(s).

Edit	Object	Subobject	Amount
Add New	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	\$0.00

The total non-exempt amount is one component of the formula for calculating the Controlling Board threshold. Refer to the [online help](#) for determining whether this purchase will exceed the threshold.

Add New button enables multiple rows of data to be entered.

Object: Required. Enter three-character CAS object code. System performs lookup to CAS Object Table to validate object.

Sub-object: Required. Enter two-character CAS subobject code. System performs lookup to the CAS Subobject Table to validate subobject.

Amount: Required. Enter a numeric value greater than or equal to 0. At least one row of data is required.

Non-Exempt Amount: If the object code is exempt from the calculation of the agency threshold, the amount displayed is \$0.00. Otherwise, the object code amount displays in the non-exempt column. Total of amounts associated with non-exempt object codes is calculated and displayed.

Question 5. Previous Controlling Board Approvals for this Contract

threshold. Refer to the [online help](#) for determining whether this purchase will exceed the threshold.

5. Provide the dates of previous Controlling Board approvals for this contract. Indicate whether the approvals were for the initial contract, amendments to this contract, or previous renewals for this contract. In addition to the date(s) of Controlling Board approval, provide the following information depending upon the type of contract previously approved by the Controlling Board.

Initial Contract - Total amount of the initial contract or number of hours and the rate per hour.
Amendment - Total amount of the amended contract (initial + amendment) or total number of hours (initial + amendment) and the total rate per hour (initial contract + contract amendment + contract renewals within the biennium).
Renewal - Total amount of the renewed contract or the total number of hours and the total rate per hour.

NOTE: All amounts must be shown in amounts per fiscal year.

Edit	CB Approval Date	Type of Contract	Amount Per FY	# of Hours	Rate per Hour per FY	FY
Add New	<input style="width: 90%;" type="text"/>	Initial	\$0.00	0.00	\$0.00	<input style="width: 50%;" type="text"/>

CB Approval Date: Required. Enter valid date. Date cannot be future date.

Type of Contract: Select from list Initial, Amendment, and Renewal. Required on original entry.

Amount per FY: Required. Enter a numeric value greater than or equal to \$0.00.

Of Hours: Required. Enter a numeric value greater than or equal to 0.

Rate per Hour per FY: Required. Enter a numeric value greater than or equal to \$0.00.

FY: Required. Enter a two-digit fiscal year.

Add additional fields and save data by clicking on the Add New button. (Refer to on-line Help facility for information on adding, editing, and saving data.)

Question 6. Rate Information

6. If this contract amendment affects the total amount of the contract or the total number of hours and total rate per hour, provide the new rate information.			
Total Contract Amount	Total Number of Hours	Total Rate per Hour	FY
<input type="text" value="\$0.00"/>	<input type="text" value="0"/>	<input type="text" value="\$0.00"/>	<input type="text"/>

If Total Amount, Total # of Hours, or Total Rate per hour is greater than 0, then all four fields are required. If Total Amount, Total # of Hours, and Total Rate per hour is equal to 0, then FY value is not required.

Total Amount: Enter a numeric value greater than or equal to \$0.00.

Total # of Hours: Enter a numeric value greater than or equal to 0.

Rate per Hour: Enter a numeric value greater than or equal to \$0.00.

FY: Required. Enter a two-digit fiscal year.

Question 7. Duration

7. Duration of this contract (beginning and ending dates) within the fiscal biennium, including amendment.	Beginning Date	Ending Date
	<input type="text"/>	<input type="text"/>

Beginning Date: Required. Date cannot be earlier than July 1 of the current biennium.

Ending Date: Required. Date cannot be earlier than July 1 of the first fiscal year of the current biennium.

Question 8. Renewal Schedules

Beginning Date: Required. Cannot be earlier than July 1 of the first fiscal year of the biennium.

Ending Date: Required. Cannot be earlier than July 1 of the first fiscal year of the biennium. Ending Date cannot be earlier than beginning date.

Total Amount: Required. Enter a numeric value greater than \$0.00

Add additional fields and save data by clicking on the Add New button.

Explanation: Provide explanation about contract provisions.

Required Questions - Operating Request – Contract Renewals

This screen contains nine questions. It is displayed when the user selects authorization type of *Waiver of Competitive Selection* and procurement activity of *Contract Renewals*.

Question 1. Contractor Information

Contractor: Defaults from information entered in Waiver section..

Address: Defaults from information entered in Waiver section.

City: Defaults from information entered in Waiver section.

State: Defaults from information entered in Waiver section.

Question 2. History of Project

2. Provide a brief history of the project or program being affected by the work of the contractor.

[Note: Only the first 512 characters will be saved.]

Brief history: Required. Provide history of the program or project. Text is not validated.

Question 3. Deliverables

3. Specify the deliverables of this contract or describe the scope of the services to be performed by renewing this contract.

[Note: Only the first 512 characters will be saved.]

Specify deliverable: Required. Identify the deliverables. Text is not validated. All text is included in the system-generated Summary Paragraph.

Question 4. Object Code

4. Cite the object code of expense being used for this purchase of service(s).

Edit	Object	Subobject	Amount
<input type="button" value="Add New"/>	<input type="text"/>	<input type="text"/>	\$0.00

The total non-exempt amount is one component of the formula for calculating the Controlling Board threshold. Refer to the [online help](#) for determining whether this purchase will exceed the threshold.

Object Code: Enter 3-character CAS object code.

Sub-object Code: text box can be blank or include 3 alphanumeric characters. System performs lookup to CAS Object Code Table.

Amount: A numeric value greater than or equal to 0 must be entered in text box. At least one row of data is required.

Click the Add New button to add information and save information. (Refer to the on-line Help facility for information on adding, editing, and saving data.)

Non-exempt Amount: If the object code is exempt from the calculation of the agency threshold, the amount displayed is \$0.00. Otherwise, the object code amount displays in the non-exempt column.

System calculates and displays total amounts associated with the object code.

Question 5. Previous Controlling Board Approvals for this Contract

5. Provide the dates of previous Controlling Board approvals for this contract. Indicate whether the approvals were for the initial contract, amendments to this contract, or previous renewals for this contract. In addition to the date(s) of Controlling Board approval, provide the following information depending upon the type of contract previously approved by the Controlling Board.

Initial Contract - Total amount of the initial contract or number of hours and the rate per hour.

Amendment - Total amount of the amended contract (initial + amendment) or total number of hours (initial + amendment) and the total rate per hour (initial contract + contract amendment + contract renewals within the biennium).

Renewal - Total amount of the renewed contract or the total number of hours and the total rate per hour.

NOTE: All amounts must be shown in amounts per fiscal year.

Edit	CB Approval Date	Type of Contract	Amount Per FY	# of Hours	Rate per Hour per FY	FY
Add New	<input type="text"/>	Initial	\$0.00	0.00	\$0.00	<input type="text"/>

CB Approval Date: Required. Enter valid date of previous Controlling Board approvals. Cannot be future date.

Type of Contract: Required. Select from drop-down list. Values on pick list should be Initial, Amendment, and Renewal. Entry for Initial Contract is mandatory.

Amount per FY: Required. Enter a numeric value greater than or equal to \$0.00.

of Hours: Required. Enter a numeric value greater than or equal to 0.00.

Rate per Hour per FY: Required. Enter a numeric value greater than or equal to \$0.00.

FY: Required. Enter a two-digit fiscal year.

Question 6. Contract Renewal

6. Provide the total amount of the contract renewal or total number of hours and total rate per hour.

Total Contract Amount	Total # of Hours	Total Rate per Hour	FY
<input type="text" value="\$0.00"/>	<input type="text" value="0"/>	<input type="text" value="\$0.00"/>	<input type="text"/>

Total Amount of the Contract: Required. Enter the total amount of the contract. Must enter a numeric value greater than or equal to \$0.00.

Total # of Hours: Required. Enter total number of hours. Must enter a numeric value greater than or equal to 0.00

Total Rate Per Hour: Required. Enter total rate per hour. Must enter a numeric value greater than or equal to \$0.00.

FY: Required. Enter a two-digit fiscal year.

Question 7. Contract Rate

Contract Increase?: Required. Select from list that includes blank, “Yes,” and “No.” Default value is blank. If “No” is selected additional responses are not required. If “Yes” is selected, complete text box to explain why. Text is not validated.

Question 8. Duration of Contract

Beginning Date: Required. Date cannot be earlier than July 1 of the first fiscal year of the current biennium.

Ending Date: Required. Date cannot be earlier than Beginning Date.

Question 9. Renewal Schedules

Beginning Date: Required. Date cannot be earlier than July 1 of the first fiscal year of the current biennium.

Ending Date: Required. Date cannot be earlier than Beginning Date.

Total Amount: Required. Enter a numeric value greater than or equal to \$0.00.

Click on the Add New button to add additional information and to save data. (Refer to the on-line Help facility for additional information on adding, editing, and saving data.)

Explain Contract Provisions: Optional. Enter any additional information. Text is not validated.

Required Questions - Operating Funds – Purchases of Supplies or Equipment

This screen contains four questions and is displayed when the authorization type *Waiver of Competitive Selection* and procurement activity of *Purchases of Supplies or Equipment* is selected.

Question 1. Supplies/Equipment and Amount of Each

1. Identify the supply or supplies/equipment and provide the amount of each item.				
Edit	Supply/Equipment Name	Price per Unit	Number of Units	Amount
Add New	<input type="text"/>	\$0.00	1	\$0.00

Supply/Equipment Name: Required. Text is not validated.

Price Per Unit: Required. Enter a numeric value greater than or equal to 0.

Number of Units: Required. Enter a numeric value greater than or equal to 0.

Amount: Required. Enter a numeric value greater than or equal to 0.

Click the Add New button to save data and add additional data. (Refer to the on-line Help facility for additional information on adding, editing, and saving data.)

Question 2. Object Code of Expense

2. Cite the object code, subobject code, and amount of each item included in this purchase from this vendor.			
Edit	Object	Subobject	Amount
Add New	<input type="text"/>	<input type="text"/>	\$0.00

The total non-exempt amount is one component of the formula for calculating the Controlling Board

Object Code: Required. Enter the three-character CAS object code. System performs lookup and validation to CAS Object Code Table.

Sub-object Code: Required. Field can be blank or include the two-character CAS Subobject code. System performs lookup and validation to the CAS Subobject Table.

Amount: Required. Enter a numeric value greater than or equal to 0. At least one row of data is required. The total of amounts associated with non-exempt object codes is calculated automatically. A prompt is displayed to the user to indicate whether the total non-exempt amount is over the agency’s threshold.

Non-Exempt Amount: If the object code is exempt from the calculation of the agency threshold, the amount displayed is \$0.00. Otherwise, the object code amount will display in the non-exempt amount column. Total amounts associated with non-exempt object codes is calculated and displayed.

Click the Add New button to save data and add additional data. (Refer to the on-line Help facility for additional information on adding, editing, and saving data.)

Question 3. Selection Process

3. Selection Process: Was this purchase subject to selection by a Request for Proposal (RFP) process?

If yes, answer the following requests for information.

a. If a Request for Proposal (RFP) for this purchase was issued, how was the RFP publicized or advertised? Explain.

[Text box]

[Note: Only the first 512 characters will be saved.]

b. Number of proposals distributed.

c. Number of days in which interested parties had to respond to the RFP.

d. Number of proposals received.

e. For each proposal received provide:

Edit	Name	Proposal Amount	Address	City	State	County
<input type="button" value="Add New"/>		\$0.00				

Was selection by Request for Proposal? Select from list of blank, “Yes,” and “No.” Default value is blank. If “No” is selected, provide explanation in text box. If “Yes” is selected, answer the next seven sub-questions.

How was RFP advertised?: Required.

Number of Proposals Distributed: Required. Enter text or a numeric value.

Number of Days to Respond: Required. Enter numeric value greater than or equal to 0.

Number of Proposals Received: Required. Enter a numeric value greater than or equal to 0.

For each proposal:

Name: Required. Enter vendor name.

Proposal Amount: Required. Enter a numeric value greater than or equal to \$0.00.

Address: Required. Enter vendor’s street address.

City: Required. Enter city of vendor’s address.

State: Required. Select a value from a list of valid state values.

If state is equal to “OH”, select a value from the Ohio County Table.

Vendor Selection Reason: Required. Text not validated.

Who Rated Responses?: Required. Text not validated.

Question 4. Compliance with Buy America and Buy Ohio

4. Contractor Procurement Compliance:

a. Is this vendor in compliance with Buy America?

Explain:

[Text box]

[Note: Only the first 512 characters will be saved.]

b. Is this vendor in compliance with Buy Ohio?

Explain:

[Text box]

Is vendor in compliance with Buy America? Select from list that includes blank, “Yes,” and “No. Default value is blank. Text is not validated. Field is linked to Ohio Revised Code.

Explain: Enter text to contractor’s compliance. Text is not validated.

Is vendor in compliance with Buy Ohio? Select from list that includes blank, “Yes,” and “No.” Default value is blank. Text is not validated. Field is linked to Ohio Revised Code.

Explain: Enter text to contractor’s compliance. Text is not validated.

Required Questions - Operating Funds – Non Real Estate Leases

This screen contains 13 questions. It is displayed when the *Waiver of Competitive Selection* and *Procurement Activity of Non Real Estate Leases* is selected.

Question 1. Item Being Leased

Describe item: Required. Enter description of item. Text is not validated.

Question 2. Object Code of Expense

Object Code: Required. Enter three-character CAS object code. System performs lookup and validation to the CAS Object Code Table.

Sub-object Code: Enter two-character CAS subobject code. System performs lookup and validation to the CAS Subobject Code Table.

Amount: Required. Enter a numeric value greater than or equal to 0. At least one row of data is required. The total of amounts associated with non-exempt object codes is calculated. A prompt is displayed to indicate whether the total non-exempt amount is over the agency’s threshold.

Non-Exempt Amount: If the object code is exempt from the calculation of the agency threshold the amount displayed is \$0.00. Otherwise, the object code amount is in the

non-exempt amount column. Total amounts associated with non-exempt objects is calculated and displayed.

Click the Add New button to save data and to add additional data. (Refer to on-line Help facility for more information on adding, editing, and saving information.)

Question 3. Selection Process

3. Selection Process: Was this purchase subject to selection by a Request for Proposal (RFP) process? <input type="text"/>
--

Was purchase subjected to Request for Proposal process? Select from blank, “Yes” and “No.” Default value is blank.

If “No” is selected: No Explanation: Required.

If “Yes” is selected:

- a. Explanation: Required. Text is not validated.
- b. Number of Proposals Distributed: Required. Enter text or a numeric value greater than or equal to 0.
- c. Number of Days: Required. Enter a numeric value greater than or equal to 0.
- d. Number of Proposals Received: Required. Enter a numeric value greater than or equal to 0.
- e. Proposal Information:
 - Name: Required. Enter at least one character. Text is not validated.
 - Proposal Amount: Required. Enter a numeric value greater than or equal to 0.00
 - Address: Required. Text is not validated.
 - City: Required. Text is not validated.
 - State: Required. Select from list of valid state values. If state is equal to “OH”, select a value from the Ohio County table.
- f. Explain why vendor selected: Required. Text is not validated.
- g. Indicate who rated responses: Required. Text is not validated.

The proposal information is stored in the Vendor Table and is related to the CBR. Where the questions are completed for more than one vendor, the proposal information recorded to the database during completion of the questions for the first vendor will display in the proposal information of all required questions of other vendors. All other text fields in question 2. a-d and f require data entry for each vendor for which the required questions are completed.

Question 4. Previous Controlling Board Approvals for this Contract

Identify all state contracts/agreements which the selected vendor has had approved by the Controlling Board for this vendor since the beginning of the last fiscal year through this fiscal year to date. Also include contracts/agreements approved for this agency.

a. Total number of contract/agreements:

b. For each contract/agreement, list the state agency and the contract/agreement amount.

Edit	Agency	Contract/Agreement Amount
Add New	<input type="text"/>	\$0.00

NOTE: This information may be accessed through the CAS Inquiry QVTOT05.

Total Number of Contracts: Required. Enter a numeric value greater than or equal to 0.

Agency: Required. Select a valid state agency from the list.

Contract Amount: Required. Enter a numeric value greater than or equal to \$0.00.

At least one row of data is required. Click the Add New button to save data and to add additional data. (Refer to on-line Help facility for more information on adding, editing, and saving information.)

Question 5. Compliance with Buy America and Buy Ohio

5. Contractor Procurement Compliance:

a. Is this vendor in compliance with Buy America?

Explain:

[Note: Only the first 512 characters will be saved.]

b. Is this vendor in compliance with Buy Ohio?

Explain:

[Note: Only the first 512 characters will be saved.]

Vendor compliance with Buy America: Select from list that includes blank, “Yes,” and “No,” and N/A. Default value is blank. Field is linked to ORC.

Explain: Enter text to explain contractor’s compliance. Text is not validated.

Vendor compliance with Buy Ohio: Select from list that includes blank, “Yes,” “No,” and “N/A.” Default value is blank. Field is linked to ORC.

Explain: Enter text to explain contractor’s compliance. Text is not validated.

Question 6. Employee Information

6. Provide the following employee information:

	Nationwide	Ohio
Total Number of Employees	<input type="text" value="0"/>	<input type="text" value="0"/>
Percentage of Women	<input type="text" value="0%"/>	<input type="text" value="0%"/>
Percentage of Minorities	<input type="text" value="0%"/>	<input type="text" value="0%"/>

Total Number of Employees: Required. Enter a numeric value greater than or equal to 0.00

Percentage of Women: Required. Enter a numeric value greater than or equal to 0.00

Percentage of Minorities: Required. Enter a numeric value greater than or equal to 0.00

The percent sign (%) is displayed to the right of the percentage text fields.

Question 7. Cost to Lease the Item

7. Cost to lease the item over the term of the lease:	
a. Net unit cost	\$0.00
b. Number of items	0
c. Total item cost (net unit cost x number of items)	\$0.00
d. Any trade-in allowance	\$0.00
e. Adjusted total item cost (c-d)	\$0.00
f. Stated or implied interest rate	0.00%
g. Periodic payment amount (principal + interest)	\$0.00
h. Number of payments	0
i. Amount of total payments (g x h)	\$0.00
j. Installation or other costs payable to the lessor	\$0.00
k. Total lease cost (i + j)	\$0.00
l. Sum of one-time costs related to putting the leased item into service and payable to parties other than the lessor	\$0.00
m. Total cost (k + l)	\$0.00

- a) Net Unit Cost: Required. Enter a numeric value greater than or equal to \$0.00.
- b) Number of Items: Required. Enter a numeric value greater than or equal to 0.00
- c) Total Item Cost: Required. System calculates (a. x b.).
- d) Any Trade-In Allowance: Required. Enter a numeric value greater than or equal to \$0.00.
- e) Adjusted Total Item Cost: Required. System calculates value (c. – d.).
- f) State or Implied Interest Rate: Required. Enter a numeric value greater than or equal to \$0.00.
- g) Periodic Payment Amount: Required. Enter a numeric value greater than or equal to \$0.00.
- h) Number of Payments: Required. Enter a numeric value greater than or equal to 0.
- i) Amount of Total Payments: Required. System calculates value (g. x h.).
- j) Installation or Other Costs Payable to Lessor: Required. Enter a numeric value greater than or equal to \$0.00.
- k) Total Lease Cost- calculated value (i. + j.): Required. System calculates.
- l) Sum of One-Time Costs Payable to Other than Lessor: Required. Enter a numeric value greater than or equal to \$0.00.
- m) Total Cost: calculated value (k. + l.): Required. System calculates.

Question 8. Duration of Lease Agreement

8. Duration of the lease agreement within the fiscal biennium. <table style="float: right; margin-left: 20px;"> <tr> <td style="text-align: center; font-size: small;">Beginning Date</td> <td style="text-align: center; font-size: small;">Ending Date</td> </tr> <tr> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> </tr> </table>	Beginning Date	Ending Date	<input type="text"/>	<input type="text"/>
Beginning Date	Ending Date			
<input type="text"/>	<input type="text"/>			

Beginning Date: Required. Date cannot be earlier than July 1 of the first fiscal year of the current biennium.

Ending Date: Required. Date cannot be earlier than Beginning Date.

Question 9. Agency Already Leasing Item Covered by the Lease Agreement

9. Is the agency already leasing the item covered by the lease agreement? <div style="float: right; margin-left: 20px;"> <input type="text"/> </div>
--

Is Agency Already Leasing Item?: Select from a list that includes blank, “Yes,” and “No.” Default value is blank.

If “Yes” is selected:

- a) Date Agency Began to Lease the Item: Required. Enter a valid date.
- b) Request for Retroactive Approval of the Lease: Required. Select from list that includes blank, “Yes,” and “No.” Default value is blank.
- c) Request Retroactive Effective Date: Required. Enter a valid date.

If “No” is selected, move to question 10. (Refer to on-line Help facility for more information on adding, editing, and saving information.)

Question 10. All Subsequent Renewal Schedules

10. If applicable, provide a// subsequent renewal schedules (beginning and ending dates) and the amounts associated with this lease agreement. NOTE: All amounts must be shown in amounts per fiscal year.			
Edit	Beginning Date	Ending Date	Total Amount
Add New	<input type="text"/>	<input type="text"/>	<input type="text" value="\$0.00"/>
Explain contract provisions. <div style="border: 1px solid gray; height: 20px; margin-top: 5px;"></div>			

Beginning Date: Required. Date cannot be earlier than July 1 of the first fiscal year of the current biennium.

Ending Date: Required. Date cannot be earlier than Beginning Date.

Total Amount: Required. Enter a numeric value greater than or equal to \$0.00.

Click the Add New button to save data and to add additional data. (Refer to on-line Help facility for more information on adding, editing, and saving information.)

Question 11. Renewal Cost of this Lease Agreement

11. Total lease cost (sum of [a x b] + [c + d + e]) payable to lessor over the lease term	<input type="text" value="\$0.00"/>
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Total Renewal Cost: Required. Value is calculated when users tabs to this filed when screen is saved. User can override the value and enter a numeric value greater than or equal to \$0.00.

Question 12. State Purchase Price

12. Sum of <i>one-time costs</i> related to putting the property into service and payable to parties other than the lessor (amounts payable to the lessor should be included in [e] above): total costs for moving, new furniture and equipment, telephone and computer installation, etc.	<input type="text" value="\$0.00"/>
--	-------------------------------------

Purchase Price: Required. Enter a numeric value greater than or equal to \$0.00.

Question 13. Disclosures

13. Disclosures (if applicable):	
a. Penalty for failure to renew:	<input type="text" value="\$0.00"/>
b. Contingent penalties or obligations, escalator clauses providing for rate or cost increases, etc.:	<input type="text" value="\$0.00"/>

- a) Penalty for Failure to Renew: Optional. Enter a numeric value greater than or equal to \$0.00.
- b) Contingent Penalties or Obligations: Optional. Enter a numeric value greater than or equal to \$0.00.

Required Questions - Operating Funds – New Real Estate Leases

This screen contains 16 questions. It is displayed when the authorization type of *Waiver of Competitive Selection* and procurement activity of *New Real Estate Leases* is selected.

Question 1. Tenant Agency and Division

Operating Request Required Information		Controlling Board Request No.: dmr066
New Real Estate Lease - INTERNATIONAL BUSINESS		
1. Tenant agency and division:	<input type="text"/>	<input type="text"/>

Tenant Agency and Division: Required. Select from list of state agencies.

Question 2. Type of Real Estate

2. Type of real estate Office
--

Type of Real Estate: Required. Select from list that includes Office, Warehouse, Storage, Laboratory, Parking, or Other. If “Other” is selected, text box is displayed for entry of other text. If lease includes more than one type of property (e.g., office and parking) select “Other.” If “Other” is selected, text box is displayed for entry.

Question 3. Location of Property

3. Location of property: <table style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 30%;">Street Address</td> <td style="width: 30%;">City</td> <td style="width: 20%;"></td> </tr> <tr> <td><input style="width: 95%;" type="text"/></td> <td><input style="width: 95%;" type="text"/></td> <td></td> </tr> <tr> <td>State</td> <td>County (Ohio only)</td> <td>Zip Code</td> </tr> <tr> <td>OH</td> <td></td> <td></td> </tr> </table>	Street Address	City		<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>		State	County (Ohio only)	Zip Code	OH		
Street Address	City											
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>											
State	County (Ohio only)	Zip Code										
OH												

Street Address: Required. Enter the location of the property to be leased. Text is not validated.

City: Required. Text is not validated.

State: Required. Select a value from list of valid state values.

County: If state is equal to “OH”, select a county from the Ohio County list.

Zip Code: Required. Text is not validated.

Question 4. Owner/Lessor

4. Owner/lessor of the property: <input style="width: 400px;" type="text"/>												
Complete address of the principal place of business: <table style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 30%;">Street Address</td> <td style="width: 30%;">City</td> <td style="width: 20%;"></td> </tr> <tr> <td><input style="width: 95%;" type="text"/></td> <td><input style="width: 95%;" type="text"/></td> <td></td> </tr> <tr> <td>State</td> <td>County (Ohio only)</td> <td>Zip Code</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	Street Address	City		<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>		State	County (Ohio only)	Zip Code			
Street Address	City											
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>											
State	County (Ohio only)	Zip Code										

Street address: Required. Enter the owner’s place of business. Text is not validated.

City: Required. Text is not validated.

State: Required. Select a value from a list of valid state values. If state is equal to “OH,” select a value from the Ohio County table.

Zip Code: Required. Text is not validated.

Question 5. Reason for Relocation

5. Explain why the agency is relocating. Or, if the agency is not relocating, explain why a new lease has been negotiated.

[Note: Only the first 512 characters will be saved.]

Why agency relocating

Explain Why Agency Relocating: Required. Explain why the agency is relocating. Text is not validated.

Question 6. Number of Other Sites Considered

6. Number of other sites considered for this agency's real estate lease:

Enter address information for other sites considered.

Edit	Address	City	State	County (Ohio Only)	Zip Code
<input type="button" value="Add New"/>	<input type="text"/>				

Number of Sites: Required. Enter a numeric value greater than 0.

Address: Required. Text is not validated.

City: Required. Text is not validated.

State: Required. Select a value from a list of valid state values. If state is equal to "OH", select a county from the Ohio County table.

Zip Code: Required. Text is not validated.

Click the Add New button to save data and to add additional data. (Refer to on-line Help facility for more information on adding, editing, and saving information.)

Question 7. Currently Occupying Space

7. Is the agency already occupying the space that is covered by the lease agreement?

If **yes**, answer a and b.

a. On what date did the agency begin occupancy?

b. Are you requesting retroactive approval of the lease agreement?

Is Agency Occupying Space?: Select value from list that includes blank, "Yes," and "No."

Default value is blank. If "Yes" is selected, three sub-questions are displayed:

- a) Date Agency Began Occupancy: Required. Enter a valid date.
- b) Request for Retroactive Approval of lease: Required. Select from list that includes blank, "Yes," and "No." Default value is blank.
- c) Requested Retroactive Effective Date: Required if answer to 7 b. is "Yes." Enter a valid date.

Question 8. Duration of Lease

8. Duration (beginning and ending dates) of lease agreement within the fiscal biennium	Beginning Date <input style="width: 80%;" type="text"/>	Ending Date <input style="width: 80%;" type="text"/>
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Beginning Date: Required. Date cannot be earlier than July 1 of the first fiscal year of the current biennium.

Ending Date: Required. Date cannot be earlier than Beginning Date.

Question 9. Lease Agreements

9. Identify all state lease agreements or contracts in which the selected lessor has had approved by the Controlling Board any time since the beginning of the last fiscal year through this fiscal year to date. Also include all lease agreements or contracts approved for this agency.			
Total number of contract/agreements <input style="width: 80%;" type="text" value="0"/>			
Edit	Agency	Contract/Agreement Amount	FY
Add New	<input style="width: 80%;" type="text"/>	\$0.00	<input style="width: 80%;" type="text"/>
NOTE: This information may be accessed through CAS Inquiry QVTOT05.			

Total Number of Contracts: Required. Enter a numeric value greater than or equal to 0.00.

Agency: Required. Select from list that includes all valid state agencies and “none.”

Lease/Contract Amount: Required. Enter a numeric value greater than or equal to \$0.00.

FY: Required. Enter two-digit fiscal year.

Question 10. Lease Cost

10. Lease Cost: Identify the cost to lease the property over the term of the lease:	
a. Rate per square foot:	<input style="width: 80%;" type="text" value="\$0.00"/>
b. Number of square feet:	<input style="width: 80%;" type="text" value="0"/>
c. Tenant improvements: <input style="width: 80%;" type="text" value="Lump sum"/>	<input style="width: 80%;" type="text" value="\$0.00"/>
d. Contingency amount:	<input style="width: 80%;" type="text" value="\$0.00"/>
e. Other amounts payable to lessor (either lump sum or over the course of the lease), such as parking, utilities, maintenance and repairs, janitorial, trash removal, security, insurance, taxes, etc. (Total of other amounts):	<input style="width: 80%;" type="text" value="\$0.00"/>

Identify the cost:

- a) Rate Per Square Foot: Required. Enter a numeric value greater than or equal to \$0.00.
- b) Number of Square Feet: Required. Enter a numeric value greater than or equal to 0.00
- c) Tenant Improvements: Required. Select type of tenant improvement from drop-down list. Cost Amount: Required. Enter a numeric value greater than or equal to 0.00

- d) Contingency Amount: Required. Enter a numeric value greater than or equal to \$0.00.
- e) Other Amounts Payable to Lessor: Required. Enter a numeric value greater than or equal to \$0.00.

Question 11. Total Cost

11. Total lease cost (sum of [a x b] + [c + d + e]) payable to lessor over the lease term:	<input type="text" value="\$0.00"/>
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Total Lease Cost: Required. System calculated value of numbers from questions 10 [a. x b.] + [c. + d. + e]. User can override calculated amount with another entry.

Question 12. One-Time Costs

12. Sum of <i>one-time costs</i> related to putting the property into service and payable to parties other than the lessor (amounts payable to the lessor should be included in [e] above): total costs for moving, new furniture and equipment, telephone and computer installation, etc.:	<input type="text" value="\$0.00"/>
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Sum of One-Time Costs Payable to Other than Lessor: Enter sum of one-time costs related to putting property into service and not payable to lessor.

Question 13. Total Cost

13. Total Cost (sum of 11 + 12) above:	<input type="text" value="\$0.00"/>
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Total Cost: Calculated value of 11. + 12: Required. System calculated.

Question 14. Renewal Schedules

14. If a renewal option is applicable, provide all renewal schedules for this lease agreement.							
Edit	Beginning Date	Ending Date	No. of Sq. Feet	Rate per Sq. Foot	Total Amount	FY1	FY2
Add New	<input type="text"/>	<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>	<input type="text"/>	<input type="text"/>

Beginning Date: Required. Date cannot be earlier than July 1 of the first fiscal year of the current biennium.

Ending Date: Required. Date cannot be earlier than starting date.

Number of Square Feet: Required. Enter a numeric value greater than or equal to 0.00

Rate per Square Foot: Required. Enter a numeric value greater than or equal to \$0.00.

Total Lease Amount: Required. Enter a numeric value greater than or equal to \$0.00.

Contract Amount: Required. Enter a numeric value greater than or equal to \$0.00.

FY 1: Required. Enter a two-digit fiscal year.

FY 2: Required. Enter a two-digit fiscal year.

Question 15. Purchase Option

15. If purchase option, state purchase price:

Purchase Price: Required. Enter a numeric value greater than or equal to \$0.00.

Question 16. Disclosures:

16. Disclosures (if applicable):
a. Penalty for failure to renew:
b. Contingent penalties or obligations, escalator clauses providing for rate or cost increases, etc.:
c. Explain nature of the costs identified in b:

[Note: Only the first 512 characters will be saved.]

Disclosures:

- a) Penalty for failure to renew: Required. Enter a numeric value greater than or equal to \$0.00.
- b) Contingent penalties or obligations: Required. Enter a numeric value greater than or equal to \$0.00.
- c) Nature of Costs: required. Text is not validated.

Required Questions - Operating Funds – Real Estate Lease Addendum

This screen contains 10 questions. It is displayed when the authorization type of *Waiver of Competitive Selection* and Procurement Activity of *Real Estate Lease Addendum* is selected.

1. Tenant Agency and Division:

Question 1. Tenant Agency and Division

Tenant agency and division: Required. Select from a list that includes valid state agencies and divisions.

Question 2. Type of Real Estate

2. Type of real estate:

Type of Real Estate: Required. Select from list that includes Office, Warehouse, Storage, Laboratory, Parking, or Other. If lease includes more than one type of property (e.g., office and parking) select “Other.” If “Other” is selected, text box is displayed for entry of additional text.

Description: Required if “Other” is selected. Text is not validated.

Question 3. Location of Property

3. Identify the location of the property.

Street Address		City	
<input type="text"/>		<input type="text"/>	
County	State	Zip Code	
Franklin	OH	<input type="text"/>	

Street address: Required. Text is not validated.

City: Required. Text is not validated.

State: Required. Select from a list of valid states. If state is equal to “OH,” select a county from the Ohio County list.

Zip Code: Required. Text is not validated.

Question 4. Owner/Lessor

4. Identify the owner/lessor and provide the complete address of their principal place of business.

Street Address		City	
<input type="text"/>		<input type="text"/>	
County	State	Zip Code	
Franklin	OH	<input type="text"/>	

Street Address: Required. Text is not validated.

City: Required. Text is not validated.

State: Select from a list of valid states. *County:* If state is equal to “OH,” select a county from the Ohio County list.

Zip Code: Required. Text is not validated.

Question 5. Reason Lease is being Addended

5. Why is the lease being addended? Any of the following, or combination of the following would require a lease addendum.

- Increase in square footage
- New or additional tennant improvements
- Change in rate or amounts
- Sstantive change in terms of the lease (i.e., additional services to be provided by lessor)?
- Miscellaneous substantive error in current lease agreement

Why is Lease Addended?: Required. Text is not validated.

Question 6. Effect of Proposed Lease Addendum

6. What is the effect of the proposed lease addendum on the agency?

Addendum effect: Required. Text is not validated.

Question 7. Previous Controlling Board Approvals for this Lease Agreement

7. Previous Controlling Board approvals for this lease within the current biennium.

Approval Date	Type of Lease	Total Number of Square Feet	Amount Per Square Foot	Amount Per Fiscal Year
<input style="width: 80px;" type="text"/>	<input type="text" value="Original"/>	<input style="width: 80px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>

Edit	Approval Date	Type of Lease	Total Number of Square Feet	Amount Per Square Foot	Amount Per FY
X	7/1/93	Original	10000	10.00	100000.00
X	9/30/94	Addendum	11,000	10.00	110000.00
X	7/1/95	Addendum	11000	11.00	121000.00

Approval Date: Required. Enter a valid date.

Type of Lease: Required: Select from a list that includes original, amendment, and addendum.

Total Sq Ft: Required. Enter a numeric value greater than 0.00

Sq Ft Amount: Required. Enter a numeric value greater than \$0.00.

Amount per FY: Required. Enter a numeric value greater than \$0.00.

Question 8. Information Regarding this Lease Agreement

8. Provide the following information regarding this lease agreement.					
	Current Lease		Lease Addendum		
Rate per Square Foot	<input type="text" value="\$0.00"/>	FY <input type="text"/>	<input type="text" value="\$0.00"/>	FY <input type="text"/>	
	<input type="text" value="\$0.00"/>	FY <input type="text"/>	<input type="text" value="\$0.00"/>	FY <input type="text"/>	
Number of Square Feet	<input type="text" value="0"/>	FY <input type="text"/>	<input type="text" value="0"/>	FY <input type="text"/>	
	<input type="text" value="0"/>	FY <input type="text"/>	<input type="text" value="0"/>	FY <input type="text"/>	
Tenant Improvements	<input type="text" value="\$0.00"/>	FY <input type="text"/>	<input type="text" value="\$0.00"/>	FY <input type="text"/>	
<input type="text" value="Lump Sum"/>	<input type="text" value="\$0.00"/>	FY <input type="text"/>	<input type="text" value="\$0.00"/>	FY <input type="text"/>	
Other Amounts (Specify)	<input type="text" value="\$0.00"/>	FY <input type="text"/>	<input type="text" value="\$0.00"/>	FY <input type="text"/>	
<input type="text"/>	<input type="text" value="\$0.00"/>	FY <input type="text"/>	<input type="text" value="\$0.00"/>	FY <input type="text"/>	
Total Lease Cost (Sum)	<input type="text" value="\$0.00"/>	FY <input type="text"/>	<input type="text" value="\$0.00"/>	FY <input type="text"/>	
	<input type="text" value="\$0.00"/>	FY <input type="text"/>	<input type="text" value="\$0.00"/>	FY <input type="text"/>	

Rate per Square Foot:

- Current Lease: Enter a numeric value greater than \$0.00.
- FY: Enter a two-digit fiscal year when current lease is greater than \$0.00.
- Lease Addendum: Enter a numeric value greater than \$0.00.
- FY: Required. Enter a two-digit fiscal year when addended lease is greater than \$0.00.

Number of Square Feet: Required. Enter a numeric value greater than 0.00

- Current Lease: Enter a numeric value greater than \$0.00.
- FY: Enter a two-digit fiscal year when current lease is greater than \$0.00.
- Lease Addendum: Enter a numeric value greater than \$0.00.
- FY: Enter a two-digit fiscal year when addended lease is greater than \$0.00.

Tenant Improvements: Required. Select from list that includes Lump Sum or Per Sq. Ft.

- Current Lease: Enter a numeric value greater than \$0.00.
- FY: Enter a two-digit fiscal year when current lease is greater than \$0.00.
- Lease Addendum: Enter a numeric value greater than \$0.00.
- FY: Enter a two-digit fiscal year when addended lease is greater than \$0.00.

Other Amounts: Required. Text is not validated.

- Current Lease: Enter a numeric value greater than \$0.00.
- FY: Enter a two-digit fiscal year when current lease is greater than \$0.00.
- Lease Addendum: Enter a numeric value greater than \$0.00.
- FY: Enter a two-digit fiscal year when addended lease is greater than \$0.00.

Total Lease Cost:

- Current Lease: Enter a numeric value greater than \$0.00.
- FY: Enter a two-digit fiscal year when current lease is greater than \$0.00.
- Lease Addendum: Enter a numeric value greater than \$0.00.
- FY: Enter a two-digit fiscal year when addended lease is greater than \$0.00.

Question 9. Duration of Lease

9. Duration of lease (beginning and ending dates) within the fiscal biennium, including addendum.	Beginning Date <input style="width: 100%;" type="text"/>	Ending Date <input style="width: 100%;" type="text"/>
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Beginning Date: Required. Date cannot be earlier than July 1 of the first fiscal year of the current biennium.

Ending Date: Required. Date cannot be earlier than Beginning Date.

Question 10. Renewal Schedules

10. Provide all renewal schedules, beginning and ending dates, and the total lease cost per each fiscal year.							
Edit	Beginning Date	Ending Date	No. of Sq. Feet	Rate per Sq. Foot	Total Amount	FY1	FY2
Add New	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text" value="0"/>	<input style="width: 100%;" type="text" value="\$0.00"/>	<input style="width: 100%;" type="text" value="\$0.00"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Beginning Date: Enter the beginning lease date in MMDDYYYY format.

Ending Date: Enter the ending lease date in MMDDYYYY format.

Number of Square Feet: Required. Enter a numeric value greater than or equal to 0.00.

Rate per Square Feet: Required. Enter a numeric value greater than or equal to 0.00.

Total Lease Amount: Required. Enter a numeric value greater than or equal to \$0.00.

FY1: Required. Enter the two-digit first fiscal year of the lease.

FY2: Required. Enter the two-digit second fiscal year of the lease.

Required Questions - Operating Funds – Real Estate Lease Renewal or Real Estate Lease Holdover

This screen contains 10 questions. It is displayed when authorization type *Waiver of Competitive Selection* and procurement activity of *Real Estate Lease Renewals/Holdovers* is selected.

Question 1: Tenant Agency and Division

1. Tenant agency and division:	<input style="width: 100%;" type="text"/>
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Tenant Agency and Division: Required. Select from a list that includes valid agency and division titles.

Question 2. Type of Real Estate

2. Type of real estate:

Identify Type of Real Estate: Required. Select from list that includes Office, Warehouse, Storage, Laboratory, Parking, or Other. If list includes more than one type of property (e.g., office, and parking) select “Other.” If “Other” is selected, text box is displayed for entry of additional text.

Description: Required if “Other” is selected.

Question 3. Type of Lease Agreement

3. Identify the type of lease agreement

Identify Type of Lease Agreement: Select from list that includes: Real Estate Lease Renewal and Real Estate Lease Holdover.

Question 4. Owner/Lessor

4. Identify the location of the property.

Street Address		City	
<input type="text"/>		<input type="text"/>	
State	County (if Ohio)	Zip	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Street Address: Required. Text is not validated.

City: Required. Text is not validated.

State: Required. Select a value from a list of valid state values. If state is equal to “OH”, select a county from the Ohio County list.

Zip Code: Required. Text is not validated.

Question 5. Location of Property

5. Identify the owner/lessor and provide the complete address of their principal place of business.

Lessor Name	Street Address	City
<input type="text"/>	<input type="text"/>	<input type="text"/>
State	County (if Ohio)	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>

Address: Required. Text is not validated.

City: Required. Text is not validated.

State: Required. Select a value from a list of valid state values. If state is equal to “OH,” select a value from the Ohio County list.

Zip Code: Required. Text is not validated.

Question 6. Previous Controlling Board Approvals for this Lease

6. Provide dates of previous Controlling Board approvals for this lease within the current biennium:					
Edit	Approval Date	Type of Lease	Total Number of Square Feet	Amount per Square Foot	Amount per Fiscal Year
Add New	<input type="text"/>	Original	0.00	\$0.00	\$0.00

Approval Date: Required. Enter a valid date for the renewal.

Type of Lease: Required. Select from list of values that includes Original, Addendum, Amendment, and Renewal.

Total Number of Square Feet: Required. Enter a numeric value greater than or equal to 0.00

Amount per Square Foot: Required. Enter a numeric value greater than or equal to \$0.00.

Amount per Fiscal Year: Required. Enter a numeric value greater than or equal to \$0.00.

Multiple lines can be entered using the Add New function.

Question 7. Information Regarding this Lease Agreement

7. Provide the following information regarding this lease agreement.					
	Current Lease		Lease Renewal/Holdover		
Rate per Square Foot	<input type="text" value="\$0.00"/>	FY <input type="checkbox"/>	<input type="text" value="\$0.00"/>	FY <input type="checkbox"/>	<input type="checkbox"/>
	<input type="text" value="\$0.00"/>	FY <input type="checkbox"/>	<input type="text" value="\$0.00"/>	FY <input type="checkbox"/>	<input type="checkbox"/>
Number of Square Feet	<input type="text" value="0"/>	FY <input type="checkbox"/>	<input type="text" value="0"/>	FY <input type="checkbox"/>	<input type="checkbox"/>
	<input type="text" value="0"/>	FY <input type="checkbox"/>	<input type="text" value="0"/>	FY <input type="checkbox"/>	<input type="checkbox"/>
Tenant Improvements	<input type="text" value="\$0.00"/>	FY <input type="checkbox"/>	<input type="text" value="\$0.00"/>	FY <input type="checkbox"/>	<input type="checkbox"/>
<input type="text" value="Lump Sum"/>	<input type="text" value="\$0.00"/>	FY <input type="checkbox"/>	<input type="text" value="\$0.00"/>	FY <input type="checkbox"/>	<input type="checkbox"/>
Other Amounts (Specify)	<input type="text" value="\$0.00"/>	FY <input type="checkbox"/>	<input type="text" value="\$0.00"/>	FY <input type="checkbox"/>	<input type="checkbox"/>
	<input type="text" value="\$0.00"/>	FY <input type="checkbox"/>	<input type="text" value="\$0.00"/>	FY <input type="checkbox"/>	<input type="checkbox"/>
Total Lease Cost (Sum)	<input type="text" value="\$0.00"/>	FY <input type="checkbox"/>	<input type="text" value="\$0.00"/>	FY <input type="checkbox"/>	<input type="checkbox"/>
	<input type="text" value="\$0.00"/>	FY <input type="checkbox"/>	<input type="text" value="\$0.00"/>	FY <input type="checkbox"/>	<input type="checkbox"/>

Rate per square foot:

Current Lease: Required. Enter a numeric value greater than \$0.00.

FY: Enter a two-digit fiscal year when current lease amount is greater than \$0.00.

Addended Lease: Required. Enter a numeric value greater than \$0.00.

FY: Enter a two-digit fiscal year when addended lease amount is greater than \$0.00.

Number of square foot: Required. Enter a numeric value greater than 0.00

Tenant Improvements:

Required. Select from Lump Sum or Per Sq. Ft.

Current Lease: Required. Enter a numeric value greater than \$0.00.

FY: Enter a two-digit fiscal year when the current lease amount is greater than \$0.00.

Addended Lease: Enter a numeric value greater than \$0.00.

FY: Enter a two-digit fiscal year when addended lease amount is greater than \$0.00.

Other Amounts: Enter additional description and amounts.

Text box: At least one character. Text is not validated.

Current Lease: A numeric value greater than \$0.00.

FY: Require a two-digit entry where current lease amount is greater than \$0.00.

Addended Lease: A numeric value greater than \$0.00.

FY: Require a two-digit entry where addended lease amount is greater than \$0.00.

Total Lease Cost:

Current Lease: A numeric value greater than \$0.00.

FY: Require a two-digit entry where current lease amount is greater than \$0.00.

Addended Lease: A numeric value greater than \$0.00.

FY: Require a two-digit entry where addended lease amount is greater than \$0.00.

Question 8. Duration of Lease

8. Duration of lease (beginning and ending dates) within the fiscal biennium, including addendum.	Beginning Date	Ending Date
	<input type="text"/>	<input type="text"/>

Beginning Date: Required. Date cannot be earlier than July 1 of the first fiscal year of the current biennium.

Ending Date: Required. Date cannot be earlier than Beginning Date.

Question 9. Renewal Schedules

9. Provide all renewal schedules, beginning and ending dates, and the total lease cost per each fiscal year.							
Edit	Beginning Date	Ending Date	No. of Sq. Feet	Rate per Sq. Foot	Total Amount	FY1	FY2
<input type="button" value="Add New"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>	<input type="text"/>	<input type="text"/>
Explain contract provisions.							
<input type="text"/>							

Beginning Date: Required. Date cannot be earlier than July 1 of the first fiscal year of the current biennium.

Ending Date: Required. Date cannot be earlier than Beginning Date.

Number of Square Feet: Required. Enter a numeric value greater than or equal to 0.00

Rate per Square Foot: Required. Enter a numeric value greater than or equal to \$0.00.

Total Amount: Required. Enter a numeric value greater than or equal to \$0.00.

FY1: Required enter 2-digit fiscal year

FY2: Required enter 2-digit fiscal year.

Explain: Required. Enter explanation. Text is not validated.

Question 10. For Holdover Agreements, Anticipated Date of Approved New Lease

10. For holdover agreements only , provide the anticipated date of approved new lease agreement <input type="text"/>

Anticipated Approval Date: Required. Enter a valid date.

Additional Pages

Attachments

Attachments provide helpful information for understanding the nature of a request. In addition to the Controlling Board Request form, there are specific attachments that must also be included depending upon the type of request being submitted.

Operating Request Controlling Board Request No.: 000000

ATTACHMENTS

Attachments, in addition to the responses to the Required Information Questions, provide helpful information for understanding the nature of the request. Refer to the online help for descriptions of the attachments required for each request type. Please limit the file size of each attachment to a maximum of 20MB.

Attachment Type:

Description:

Confidential:

Select File:

Upload:

Standard Attachments

Confidential	Attachment Type	Attachment Description
	<input type="checkbox"/> Contract amendment	pic

Other Attachments

Confidential	Attachment Type	Attachment Description
	<input type="checkbox"/> Other	test

The Attachments screen provides a means to attach supporting documents to each request. The items listed in the *Standard Attachments* section vary depending upon the request's authorization type. (Note: File size for each attachment should be a maximum of 20MB. Common file formats are .pdf and .gif, though there are various other options.)

New Contract Attachments

- Copy of approved Release and Permit from DAS/State Purchasing or DAS-Computer Services.
- If purchasing from a blanket Release & Permit issued by DAS, provide a copy of the Release and Permit that exempts this purchase.
- Sole source justification letter, if applicable.
- Copy of the actual Request for Proposal (RFP) as it was distributed to prospective bidders.

Contract Amendment Attachments

- Copy of the contract amendment, specifying the amount and the duration of the contract, signed by the vendor only.
NOTE: Review the State Accounting Personal Service Contracts Check List in the CAS Info-Action Manual prior to submitting the request package.
- When applicable, a copy of approved Release and Permit from DAS/ State Purchasing or DAS/Computer Services.
- If purchasing from a blanket Release and Permit issued by DAS, provide a copy of the Release and Permit that exempts this purchase.

Contract Renewal Attachments

- Copy of approved Release and Permit from DAS/State Purchasing or DAS/Computer Services.
- If purchasing from a blanket Release and Permit issued by DAS, provide a copy of the Release and Permit that exempts this purchase.
- Recent sole source justification letter, if applicable.
- Copy of the contract renewal or a copy of a letter from the agency to the vendor informing the vendor that the agency is exercising its option to renew the contract pursuant to the terms of the original contract. This contract or letter must specify the duration of the renewal and the amount of the contract per fiscal year.
- NOTE: Review the State Accounting Personal Service Contracts Check List in the CAS Info-Action Manual prior to submitting the request package.

Purchase of Supplies or Equipment Attachments

- Copy of approved Release and Permit from DAS/State Purchasing or DAS/Computer Services.
- If purchasing from a blanket Release and Permit, provide a copy of the Release and Permit that exempts this purchase.
- Sole source justification letter, if applicable.
- Request for Proposal (RFP)/Request for Quote (RFQ).
- Response to RFQ from selected vendor on vendor's stationery.

Non-Real Estate Leases Attachments

- Copy of approved Release and Permit from DAS/State Purchasing or DAS/Computer Services.
- If purchasing from a blanket Release and Permit, provide a copy of the Release and Permit that exempts this purchase.
- Sole source justification letter, if applicable.
- Request for Proposal (RFP)/Request for Quote (RFQ).
- Response to RFP/RFQ from selected vendor on vendor's stationery. The duration of the lease and the amount per fiscal year must be specified in the response from the selected vendor.

New Real Estate Lease Attachments

- New real estate lease signed by the lessor (only).
- Real Estate Lease Addendum.
- Real estate lease amendment signed by the lessor (only).
- Real Estate Lease Renewal or Real Estate Lease Holdover.
- Copy of DAS letter to the lessors notifying them of the agency's intent to renew (holdover), with renewal (holdover) terms, pending approval by Controlling Board.

Capital Request Attachments

- Pre-approval for agency administration:
 - Attach copy of the notification from DAS/GDS/SAO authorizing the agency to administer the capital project.
- DAS Planning/Design/Engineering or Construction Management Services Recommendation Letter:
 - Attach copy of the notification from DAS/GDS/SAO of their recommendation that states the name of the contractor and the amount to be released for the planning/design/engineering or construction management services contract.
- DAS Construction Contract Award Letter:
 - Attach copy from DAS/GDS/SAO of their recommendation that states the name(s) of the contractor(s) and the amount to be released for the contract(s).
- Bid Tabulation/Price Quotations:
 - Attach copy of the bid tabulation or applicable price quotation with the lowest and most responsible bid circled for requests to release funds for construction contracts or equipment purchases that have been awarded by the competitive selection required for the particular type of contract.
- DAS Equipment Purchase Award Letter:
 - Attach copy of the notification from DAS/GSD/SAO of the recommendation that states the name(s) of the vendor(s), the itemized list of equipment, and the amount to be released for the vendor(s) for the purchase of equipment.
- Sole Source Vendor Letter:
 - If waiver of competitive selection is requested and the agency has proposed to purchase equipment or services from a sole source, provide a letter from the vendor explaining the justification for the sole source designation.
 - For institutions of higher education, provide a letter from the institution's purchasing department justifying the proposed purchase from a sole source vendor.
- Private Business Use Report:
 - Private Business Use Report must be completed and filed before state bond proceeds are released. A separate Private Business Use Report must be completed for each appropriation line item created in each Capital Act (or created via a transfer of appropriation authority). BOR and OBM will not approve a Controlling Board Request unless a Private Business Report has been submitted for the particular appropriation line item or Capital Act.
- Reimbursement Declaration of Official Intent:
 - Declaration of Official Intent under US Treasury Regulations of Section 103 and 141-150 of the IRS Code of 1986 (IRC).

Real Estate Acquisition Attachments

- Real Estate Appraisal:
 - Any land acquisitions requires one appraisal whose total option price is less than \$100,000.00. For land acquisitions whose total option price is greater than or equal to \$100,000.00, two appraisals are required.

Operating Transfer Attachment

- Statutory Provision Authorizing Transfer.

Fund Appropriation Request Attachment

- Authorization:
 - Federal funds-attach Catalogue of Federal Domestic Assistance (CFDA) excerpt legislation or Revised Code section.
- Subsidy Distribution Information:
 - Attach spreadsheet outlining the distribution of subsidy moneys if applicable.

Files can be selected from a local or network drive. The *Other Attachments* section provides a means to describe and attach additional other files to support the request. Any file type is acceptable. Selecting the Upload Attachments button catalogs the file to the database. Once a file is uploaded to the database:

- The text box and Browse button are disabled.
- The attachment name is hyperlinked to the file.
- An X (delete) icon is displayed.

Upon selection of the X (delete) icon a prompt is displayed asking “Are you sure you want to delete this attachment?” If “Yes” is selected:

- The text box and Browse button are enabled.
- The attachment name is not hyperlinked to a file.
- The X (delete) icon is disabled.

If “No” is selected, no action is taken.

Select the Continue button, to move to the previously displayed screen. Check the Confidential button to flag an attachment as confidential. Confidential attachments are not available to the public and can only be accessed by authorized users.

Subsequent and Summary Paragraphs

Summary and subsequent paragraphs help describe the CB request in further detail. The text included in the Summary Paragraph appears as the request description in the agenda. If request is for a waiver of competitive selection, complete the required information questions and then return to the Open Request to Create the Summary Paragraph. Users can edit the system-created Summary Paragraph.

Examples of Summary/Subsequent paragraphs for each type of request are included below. Generally, the information from the first waiver record and funding record is pulled from the database to the system-generated Summary Paragraph. The user can edit the paragraph to include any omitted information. Note: If text already exists in the Summary Paragraph and the user clicks the Create Summary button, an alert will advise that all text in the Summary Paragraph will be replaced by the System-generated information.

R—Release of Funds

“The *{agency or institution name}* respectfully requests Controlling Board approval to release \$_____ for the *{project name}* project in *{name of city, name of county}*. *{DAS/GSD/SAO project number for DAS-administered projects}*”

T—Transfer of Appropriation

“The *{agency or institution name}* _____ respectfully requests Controlling Board approval to transfer \$_____ from *{line item name}* to *{line item name}* for the *{project name}* project in *{name of city, name of county}*. *{DAS/GSD/SAO project number for DAS-administered projects}*.”

W—Waiver of Competitive Selection & Release of Funds-Service Contracts

“The *{agency or institution name}* _____ respectfully requests Controlling Board approval to release \$_____ and to waive competitive selection to contract with *{contractor name}*, *{contractor city, state, county (Ohio vendors only) of their principal place of business}*, to provide *n* for the *{project name}* project in *{name of city, name of county}*. *{DAS/GSD/SAO project number for DAS-administered projects}*”

W—Waiver of Competitive Selection & Release of Funds-Contract Amendments

“The *{agency or institution name}* _____ respectfully requests Controlling Board approval to release \$_____ and to waive competitive selection to modify the contract with *{contractor name}*, *{contractor city, state, county (Ohio vendors only) of their principal place of business}*, to provide *{type of service}* for the *{project name}* project in *{name of city, name of county}*. *{DAS/GSD/SAO project number for DAS-administered projects}*”

W—Waiver of Competitive Selection & Release of Funds—Purchase of Supplies or Equipment*

“The *{agency or institution name}* _____ respectfully requests Controlling Board approval to release \$_____ and to waive competitive selection to purchase *{item(s)}* from *{vendor name}*, *{vendor city, state, county (Ohio vendors only) of their principal place of business}*, for the *{project name}* project in *{name of city, name of county}*. *{DAS/GSD/SAO project number for DAS administered projects}*”

*Most requests for a waiver of competitive selection will also require the release of funds.

CI—Change of Intent

“The *{agency or institution name}* _____ respectfully requests Controlling Board approval of a change of intent for previously released funds in the amount of \$_____ for the *{project name}* project in *{name of city, name of county}*. *{DAS/GSD/SAO project number for DAS-administered projects, if applicable}*”

Other Common Request Combinations, Summary Paragraphs, and Examples

T, R, W—Transfer Funds, Release Different Amount, and Waiver of Competitive Selection

“The *{agency or institution name}* respectfully requests Controlling Board approval to transfer \$_____ from *{line item name}* to *{line item name}*; to release \$_____ for the *{project name}* project in *{name of city, name of county}*; and, to waive competitive selection to *{contract/purchase}* with *{contractor name}*, *{contractor city, state, county (Ohio vendors only) of their principal place of business}*, for *{service type, purchase type}*. *{DAS/GSD/SAO project number for DAS-administered projects}*”

R, W—Release Funds and Waiver of Competitive Selection, Different Amount as Release

“The *{agency or institution name}* respectfully requests Controlling Board approval to release \$_____ for the *{project name}* project in *{name of city, name of county}*, which includes a waiver of competitive selection in the amount of \$_____ to contract with *{contractor name}*, *{contractor city, state, county (Ohio vendors only) of their principal place of business}*, for *{type of service}*. *{DAS/GSD/SAO project number for DAS-administered projects}*”

Operating Request

This request is primarily submitted in those cases that involve a waiver of competitive selection using operating appropriations, although it can also be used to accommodate other circumstances. The uses of this form include:

Waivers of Competitive Selection, including waivers for:

- a) New Contracts
- b) Contract Amendments
- c) Contract Renewals
- d) Purchases of Supplies
- e) Non-Real Estate Leases

- f) New Real Estate Leases
- g) Real Estate Lease Amendments
- h) Real Estate Lease Renewals or Real Estate Lease Holdovers
- i) Miscellaneous Controlling Board approvals required by statute

Summary Paragraph

The first paragraph of the request should be a summary paragraph in the following format:

“The {agency or institution name} respectfully requests Controlling Board approval to waive competitive selection in the amount of \$_____ {per Fiscal Year} to contract with {vendor name}, {vendor city, state, county (Ohio vendors only) of their principal place of business} to provide {service/deliverables} for the {describe the program/project}.”

Subsequent Paragraphs

1. Provide a written explanation describing in detail the nature of the request.
2. Provide background information relative to the project or program for which the waiver of competitive selection is being sought. Suggestions for these paragraphs, based on the type of request, should include the following:
 - Objectives of the project or program requiring a contract
 - Prior phases of the project or program requiring a contract
 - If the contract is a portion of a multi-phase project or program phases of the contract, including future phases of the project or program

Contract Amendments

Summary Paragraph

The first paragraph of the request should be a summary paragraph in the following format:

“The {agency or institution name} respectfully requests Controlling Board approval to waive competitive selection in the amount of \$_____ {per Fiscal Year} to amend/modify the contract with {vendor name}, {vendor city, state, county of their principal place of business} to provide {service/deliverables} for the {describe program/project}.”

Subsequent Paragraphs

Provide a detailed written explanation of the nature of the request.

1. Provide background information relative to the project or program for which the waiver of competitive selection to amend a contract is being sought

Suggestions for these paragraphs include:

- Objectives of the project or program requiring a contract amendment
- Prior phases of the project or program
- If the contract is a portion of a multi-phase project or program, the phases of this contract, including future phases of the project or program

Contract Renewals

Summary Paragraph

The first paragraph of the request should be a summary paragraph in the following format:

“The *{agency or institution name}* respectfully requests Controlling Board approval to waive competitive selection in the amount of \$_____ *{per fiscal year}* to renew the contract with *{vendor name}*, *{vendor city, state, county of their principal place of business}* to provide *{service/deliverables}* for the *{describe program/project}*.”

Subsequent Paragraphs

1. Provide a detailed written explanation of the nature of the request.
2. Provide background information relative to the project or program for which the waiver of competitive selection for the renewal of this contract is being sought.

Suggestions for these paragraphs include the following:

- Objectives of the project or program requiring the renewal of a contract
- Prior phases of the project or program
- If the contract is a portion of a multi-phase project or program, indicate the phases of the contract, including future phases of the project or program

Purchases of Supplies or Equipment

Summary Paragraph

The first paragraph of the request should be a summary paragraph in the following format:

“The *{agency or institution name}* respectfully requests Controlling Board approval to waive competitive selection in the amount of \$_____ *{per fiscal year}* to purchase *{supply/equipment}* from *{vendor name}*, *{vendor city, state, county (Ohio vendors only) of their principal place of business}* for the *{describe the program/project}*.”

Subsequent Paragraphs

1. Provide a detailed written explanation of the nature of the request.
2. Provide background information relative to the project or program for which the waiver of competitive selection for the purchase of supplies/equipment is being sought.

These paragraphs should include an explanation of the objectives of the project or program requiring the supplies or equipment.

Non Real-Estate Leases

Summary Paragraph

The first paragraph of the request should be a summary paragraph in the following format:

“The *{agency or institution name}* respectfully requests Controlling Board approval to waive competitive selection in the amount of \$_____ to lease *{description of leased item}* with *{vendor name}*, *{vendor city, state, county of their principal place of business}* for the *{describe project/program}*.”

Subsequent Paragraphs

1. Provide a detailed written explanation of the nature of the request.
2. Provide background information relative to the project or program for which the waiver of competitive selection for the leased item is being sought.

These paragraphs should include an explanation of the cost benefit to the agency be leasing the item(s) as compared to purchasing the item(s).

New Real Estate Leases

Summary Paragraph

The first paragraph of the request should be a summary paragraph in the following format:

“The *{agency or institution name}* respectfully requests Controlling Board approval to waive competitive selection in the amount of \$_____ *{per fiscal year}* to lease commercial *{type of real estate}* space from *{lessor name}*, *{lessor city, state, county (Ohio vendors only) of their principal place of business}* for the *{agency, institution and/or division}*.”

Subsequent Paragraphs

1. Provide a detailed written explanation of the nature of the request.
2. Provide background information relative to the project or program for which the waiver of competitive selection to affect a new real estate lease is being sought.

Real Estate Lease Addenda

Summary Paragraph

The first paragraph of the request should be a summary paragraph in the following format:

“The *{agency or institution name}* respectfully requests Controlling Board approval to waive competitive selection in the amount of \$_____ *{per fiscal year}* to effect an addendum to a commercial real estate lease for *{type of real estate}* space with *{lessor name}*, *{lessor city, state, county (Ohio only) of their principal place of business}* for the *{agency, division}*.”

Subsequent Paragraphs

1. Provide a detailed written explanation of the nature of the request.
2. Provide background information relative to the project or program for which the waiver of competitive selection for a real estate lease addendum is being sought.

Real Estate Lease Renewal or Real Estate Lease Holdover

Summary Paragraph

The first paragraph of the request should be a summary paragraph in the following format:

“The *{agency or institution name}* respectfully requests Controlling Board approval to waive competitive selection in the amount of \$_____ *{per fiscal year}* to renew/holdover a commercial real estate lease for *{type of real estate}* space with *{lessor name}*, *{lessor city, state, county (Ohio only) of their principal place of business}* for the *{agency, division}*.”

Subsequent Paragraphs

1. Provide a detailed written explanation of the nature of the request.
2. Provide background information relative to the project or program for which the waiver of competitive selection for the renewal/holdover of the commercial real estate lease is being sought.

Transfer of Operating Request

The Transfer of Operating Request may be submitted to seek Controlling Board approval for the various actions to adjust an agency's operating budget:

- Transfer of operating appropriations
- Transfer of cash
- Transfer of operating appropriations and cash
- Transfer from the Emergency Purposes appropriation line item (ORC 127.14)

Transfer of Operating Appropriations Request

Summary Paragraph

The first paragraph of the request should be a summary paragraph in the following format:

“The {agency} respectfully requests Controlling Board approval to transfer \${specify amount} of {cash, appropriation, or cash and appropriation} from {appropriation line item/fund name} to {appropriation line item/fund name} for the {specify project or program}.”

NOTE: For a transfer of general Emergency Purposes appropriation the OBM analyst will assist in providing information that should be included in the explanation of request.

Subsequent Paragraphs

1. Provide a written explanation describing, in detail, the nature of the request for the transfer of appropriation and/or cash.
2. Provide background information relative to the project or program for which the transfer is being sought.

NOTE: For a transfer of earmarked Emergency Purposes appropriation, or other specific Controlling Board appropriations the agency should explain how it has met the terms and conditions specified in the temporary law of the appropriations act for requesting the transfer.

Fund/Appropriation Request

Summary Paragraph

The first paragraph of the request should be a summary paragraph in the following format:

“The {agency} respectfully requests Controlling Board approval to {create/increase} {appropriation authority/fund} in the amount of \$_____ in {appropriation line item/fund} {specify appropriation line item name/fund name}.”

Subsequent Paragraphs

1. Provide a detailed written explanation describing why the request for an adjustment to the agency’s operating budget (Increase in Appropriation, Creation of a Fund, or the Establishment of Appropriation Authority) is being submitted.
2. Provide additional background information regarding the projects or programs benefiting from the appropriation adjustment.

Real Estate Acquisition Request

Summary Paragraph

(The first paragraph of the request should be a summary paragraph in either of the following formats.)

Approval to use non-capital funds for the Acquisition of Real Estate

“The *{agency or institution name}* respectfully requests Controlling Board approval to purchase *{#}* of acre(s) of real estate in *{specify county}* in the amount of \$_____ from *{name of owner(s)}* for an addition to the *{name of project or master plan requiring the acquisition of this real estate}*.”

Approval to Release and/or Transfer Capital Appropriations for the Acquisition of Real Estate

“The *{agency or institution name}* respectfully requests Controlling Board approval release \$_____ for the purchase of *{#}* of acres of real estate in *{specify county}* from *{name of owner(s)}* for an addition to the *{name of project or master plan requiring the acquisition of this real estate}*.”

Subsequent Paragraph(s)

1. Provide additional background information regarding the intended use of the property whether it is to serve as the site for a new building, continued use of existing structures on the piece of property, for parking, for future expansion of a campus or nature preserve.
2. Explain if eminent domain or some other legal action is involved in the acquisition of the property.

Release and Permit Screen

DAS/Acquisition Management is involved in procurement decisions regarding computer equipment and software, and those purchases made through a Request for Proposal (RFP) process. DAS/State Purchasing is involved in most major purchasing processes and must grant a Release and Permit to an agency before an agency can request a waiver of competitive selection from the Controlling Board.

A Release and Permit is required for each purchase, for each vendor, and for each fiscal year. DAS/State Purchasing or DAS Acquisition Management, depending upon the type of purchase, can issue a Release and Permit.

The Release and Permit Information screen enables the recording and displaying of release and permit information associated with each waiver on the request. For Release and Permits issued by DAS/Acquisitions Management, the Release and Permit information is recorded to the database via web services and displayed on this screen. The agency must enter the Release and Permits numbers issued by DAS/ State Purchasing.

Users can submit requests to the Controlling Board without the Release and Permit however the request cannot be scheduled for a meeting until the information is complete. The agency is responsible for obtaining the Release and Permit.

- If the CBR has not been submitted to the Controlling Board Office the agency must enter the information.
- If the CBR has not been submitted to the Controlling Board Office, the agency must provide this information to the Controlling Board Office for entry.
- If the purchase is from a blanket Release/Permit issued by DAS, the user can enter the Release/Permit information and attach a copy of the information that exempts the purchase.

The Release/Permit screen can be opened from the Open Request screen by clicking on the Release & Permit Add/Modify/View link. The user can edit the data for each vendor and waiver amount. The Vendor ID, Vendor Name, Fiscal Year, Waiver Amount, and Release/Permit Number are recorded in the Waiver section of the Request and are displayed on this screen.

CB Request									
New	Open	Delete	Check Status						
Meeting Date: 2/7/2005		CAPITAL REQUEST				Controlling Board Request No.: dmr1			
Status: New									
RELEASE & PERMIT INFORMATION									
<p style="font-size: small;">This page displays the release and permit information obtained from Acquisition Management's Release and Permit system, when interfaced. The user must edit the records below to record or edit release and permit information related to release and permits issued by DAS State Purchasing.</p>									
Edit	Vendor ID	Name	FY	Amount	R & P #	R & P Date	Issued By	Comment	
	130871985	INTERNATIONAL BUSINESS	06	\$0.00					

Select the pencil icon to enable each field for edit. Click the update icon to save edits or click cancel to cancel all changes not yet saved.

Vendor ID: Required. Defaults from waiver information entered on the request.

Vendor Name: Required. Defaults from waiver information entered on the request.

FY: Required. Defaults from waiver information entered on the request.

Amount: Defaults from waiver information entered on the request.

R & P #: Enter the Release and Permit number.

R & P Date: A valid date no earlier than July 1 of the first fiscal year of the current biennium.

Issued By: Values on select list include Not Required, Acquisitions Management and State Purchasing.

Comments: Enter additional information provided on the Release and Permit. For Release and Permit issued by DAS/Acquisitions comments are “Approved” or “Denied.”

Release & Permit Status

The Release & Permit screen displays all Controlling Board requests for waiver of competitive selection where the status is “In Process” or “Scheduled.” Requests can be submitted to the Controlling Board Office without the Release and Permit information however; the requests cannot be scheduled for a meeting until the information is complete. The agency is responsible for obtaining the Release and Permit data for the CB Request.

CB Request							
This page displays all Controlling Board requests for waiver of competitive selection where the status is In-Process (under CBO review) or Scheduled (on an agenda).							
CBR No	Meeting Date	Vendor Name	FY	R & P #	R & P Issue Date	R & P Issued By	R & P Comments
AGR005	11/15/2004	BECTON DICKINSON & COMPANY	05				
BOR009	01/24/2005	SNYDER OF BERLIN	05	326356651659	11/30/2004	Acquisitions Management	
BOR009	01/24/2005	SNYDER OF BERLIN	06	689663216586	11/30/2004	State Purchasing	
DAS012	10/18/2004	VOYAGER FLEET SYSTEMS INC	05	das 05 0002			
DAS016	10/22/2004	Columbus Area Labor Management Committee	05				
DAS024	11/15/2004	Towers Perrin	05				
DAS025	11/15/2004	JEROME M SCOTT ARCHITECTS INC	05				
DAS030	11/15/2004	IBM	04				
DAS030	11/15/2004	Smith's Hardware	05	RP1015-21		Not Required	
DAS030	11/15/2004	WEXFORD HEALTH SOURCES	05				

Check Status

The Check Status screen tracks the Workflow activity of each request. (The design of this screen is based upon the Workflow model)

This page

- displays all CBRs for the agency/institution of the user signed in.
- includes the CBR# in reverse chronological order.
- includes each CBR's authorization request type, short description, meeting date, status, and changed date.

This page displays the workflow activity of each request created during the past three months. You can open the request by selecting the CBR number from the status section of the user [home](#) page.

To view requests created prior to the current three-month period, you can open the request from the agenda displayed on the [home](#) page or you can open the request included in the [inquiry](#) results.

CBR No	Request Type	Short Description	Meeting Date	Status	Changed Date
dmr060	Operating Request	new	02/07/2005	New	1/12/2005 11:57:56 AM
dmr059	Fund Request	new	02/07/2005	New	1/12/2005 9:41:19 AM
dmr058	Fund Request	new	02/07/2005	New	1/12/2005 9:41:11 AM
dmr057	Capital Request	new	02/07/2005	New	1/12/2005 8:25:56 AM
dmr056	Capital Request	new	02/07/2005	New	1/11/2005 3:28:37 PM
dmr055	Capital Request	for testing mag	02/07/2005	Scheduled	1/19/2005 3:50:51 PM

Possible status categories include the following:

<i>New</i>	Agency is editing or reviewing the request.
<i>BOR Review</i>	Higher education institution has submitted the request to the Board of Regents for review.
<i>In Process</i>	OBM Debt Analyst, OBM Budget Analyst, Controlling Board Secretary, and/or Controlling Board President are reviewing the request.
<i>In-Revision</i>	The Controlling Board Office has returned the request to the agency or BOR for revisions.
<i>HiEd Revision</i>	BOR has returned the request to the higher education institution for revision.
<i>Scheduled</i>	Controlling Board has completed their review. Request is waiting OBM Director review, on the list of requests eligible for the CB agenda, or included on the CB agenda.
<i>Approved</i>	Controlling Board or Director of OBM has approved the request.
<i>Denied</i>	Controlling Board or OBM Director has denied the request.
<i>Deferred</i>	Controlling Board or OBM Director has deferred the request to another meeting.
<i>Withdrawn</i>	Agency, institution, or Controlling Board has withdrawn the request. The request was not scheduled for any review or a Controlling Board meeting.

Delete Screen

The Delete Screen displays a list of Controlling Board requests created by the “logged in” user and not yet submitted to the Controlling Board Office. This enables the agency to delete requests that may have been created and subsequently determined to not require approval by either the Controlling Board Office or the OBM Director. The request and any attachments may be deleted from the system. The CBR number may be available for another request if the deleted request is the most recent request created for the agency. If so, the deleted request number is assigned to the next request created.

The agency also has the option to change the status of a request that has not been submitted to the Controlling Board Office to “Withdrawn.” Requests with a status of “Withdrawn” retain all information including responses to questions, Subsequent Paragraphs, and attachments.

A request that has been submitted to the Controlling Board Office cannot be deleted. If a submitted request is not to be routed to the OBM Director or the Controlling Board Office, the Controlling Board Office can change the status to “Withdrawn.” Requests with a status of “Withdrawn” retain all information including responses to questions, subsequent paragraphs, and attachments.

The message “There are no requests to delete” appears if there are no requests with a status of “New” or if the user does not have the authority to delete a request.

CB Request					
		New	Open	Delete	Check Status
An agency can delete any request that has not been submitted to the Controlling Board Office. The request will be deleted from the system and the deleted CBR number may not be available for another request.					
EBR No	Request Type	Short Description	Preparer	Date Created	Delete
dmr069	Capital Request	for test	DMR10.USER10	1/19/2005 3:59:37 PM	✘
dmr068	Capital Request	short des	DMR10.USER10	1/19/2005 3:58:35 PM	✘
dmr067	Capital Request	new	DMR10.USER10	1/19/2005 8:01:17 AM	✘
dmr066	Operating Request	new	DMR10.USER10	1/18/2005 2:14:46 PM	✘
dmr065	Operating Request	new	DMR10.USER10	1/18/2005 2:13:23 PM	✘
dmr064	Capital Request	new	DMR10.USER10	1/18/2005 2:12:39 PM	✘

To delete a request:

- Select the delete icon. A message appears to confirm the delete action. Click “OK” to delete the request. The task is removed from the users TaskList Inbox. The request does not appear in the Status section of the Home screen or on the Check Status screen. For audit purposes, the database records the request number deleted along with the user’s IP address and the date and time of deletion.

Forms Screen

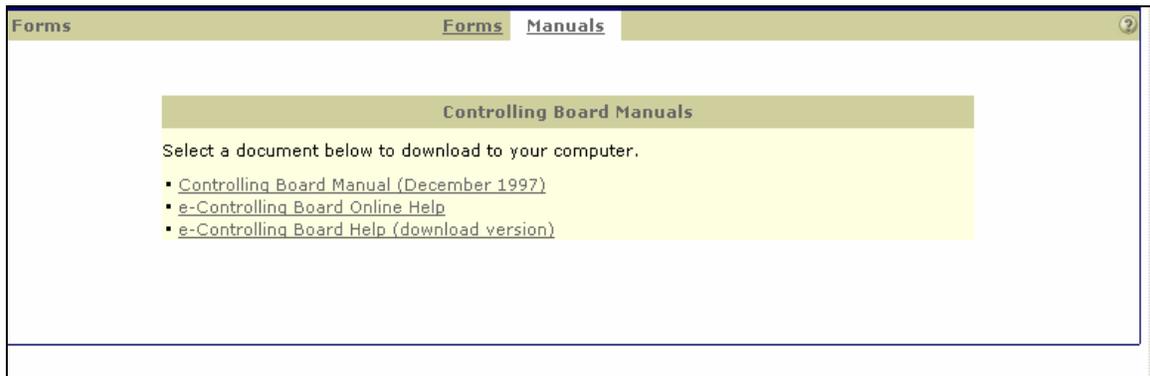


The Forms screen contains hyperlinks to files that may be downloaded by the user. These are printable blank CB request forms for use as worksheets.



Manuals Screen

The Manuals screen contains hyperlinks to Manuals that may be downloaded by the user. These include the Controlling Board Manual, e-Controlling Board On-line Help and e-Controlling Board Help (downloadable version).



Reports Screen

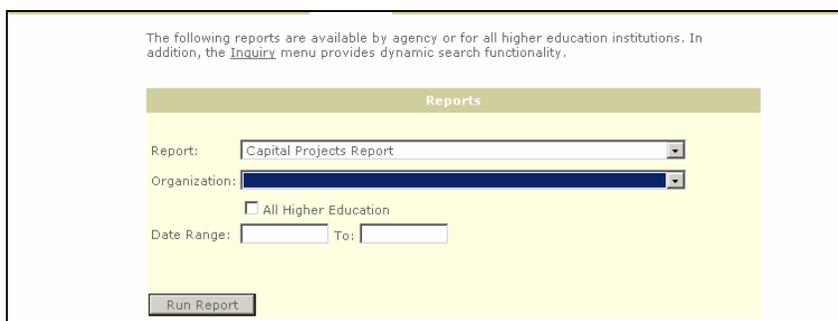
The Reports screen contains a listing of several executable reports. Agencies can select and print any report.

- Select Report Type from the drop-down list.
- Select Organization or check All Higher Education.
- Enter starting date and ending date in MMDDYY YY format.

For Approved Request reports, all requests for the organization are retrieved based on when the date the request was approved by the Controlling Board or OBM Director.

For Summary Request reports, all requests for the organization of the current user are retrieved based on the date range entered.

- Click Run to run the report. Report displays in new browser window.
- Click Print to send to agency computer printer (Note: User may have printer options displayed in a dialog box. Make a selection and click OK or Print to print the report).
- Close the window by clicking on Close.



The following reports are available by agency or for all higher education institutions. In addition, the [Inquiry](#) menu provides dynamic search functionality.

Reports

Report:

Organization:

All Higher Education

Date Range: To:

The data contained in the reports can be exported to Microsoft Excel. Report names include either *Approved* or *All Requests* to the right of the report name. e-Controlling Board reports include the following:

- Capital Projects (Approved)
- OBM Approval of Specific Capital Requests (Approved)
- Transaction Report-Waivers (Approved)
- Transaction Report-Waivers with No Competitive Opportunity (Approved)
- Transaction Report-Waivers with Agency Released Competitive Opportunity (Approved)
- Transaction Report-Fund Report (Approved)
- Transaction Report-Transfer Requests (Approved)
- Transaction Report-Capital Release Requests (Approved)
- Transaction Report-Operating Release Requests (Approved)
- Transaction Report-Real Estate Acquisition Report (Approved)
- Summary Report-All Request Types (Approved)
- Summary Report-All Statuses (All Requests)
- Report by County-Capital Release Requests (Approved)
- Summary Report-Waiver Requests (Approved)

Inquiry Screen

The Inquiry screen (also available from the Reports screen) provides a means to execute queries about specific Controlling Board requests. The search criteria include CBR number, Appropriation Line Item (ALI), ALI Name, Vendor Name, Vendor ID, Release & Permit Number, Status, Project Number, Keywords, and Date Status Changed. Use Keywords to search the entire Summary Paragraph for the string of words entered. The Summary Paragraph cannot be included in the search results however; the request can be opened to view the Summary Paragraph.

The screenshot shows a web application interface with two tabs: 'Reports' and 'Inquiry'. The 'Inquiry' tab is active. Below the tabs, there are two main sections: 'Meeting Date Inquiry' and 'Ad Hoc Inquiry'. The 'Meeting Date Inquiry' section has a 'Meeting Date' dropdown menu set to '12/06/2004' and a 'Go' button. The 'Ad Hoc Inquiry' section has a heading and a paragraph of instructions. Below this are several input fields: 'Organization' (dropdown), 'Vendor ID', 'Status' (dropdown), 'CBR No', 'Vendor Name', 'Release & Permit #', 'ALI No', 'Project Number', and 'Keywords'. There are 'Search' and 'Export' buttons at the bottom right of the form.

The data contained in the search results can be exported to Microsoft Excel.

Utilities Screen

The Utilities screen provides a means for users to change their password or delegate their tasks.



The screenshot shows the 'e-Controlling Board' interface. At the top, there is a navigation bar with icons for Home, CB Request, Forms, Reports, Utilities, Admin, and Logout. Below this, the 'Utilities' section is active, with sub-tabs for 'Change Password' and 'Delegate Tasks'. The 'Change Password' form includes a text box for 'Login Name' containing 'Shelley.mclouglin', two empty text boxes for 'New Password' and 'Confirm Password', and an 'Update' button at the bottom.

Change Password

All users must have a secure Password to enter the Controlling Board agency site. When Change Password is selected, a menu item labeled Change Password is displayed with a page containing the User/ID text boxes for entry of:

- Current password
- New password
- Password confirmation

Enter a new password using any combination of alpha or numeric characters (no special characters.)

- Password must be a minimum of six characters and a maximum of 15 characters (must include at least one alpha character and one numeral).
- Password is encrypted as it is entered.
- New password must be different than current password.

If the “Update Password” button is selected, a prompt appears to indicate whether the password was successfully or unsuccessfully changed.

Delegate Tasks

Using the Delegate Tasks capability (available from the Utilities screen) Workflow users can delegate their Workflow tasks to other established e-Controlling Board Workflow users for specified periods of time.

The screenshot shows a web application interface for the 'Delegate Tasks' function. At the top, there is a navigation bar with links for Home, CB Request, Forms, Reports, Utilities, Admin, and Logout. Below this is a sub-header with 'Utilities', 'Change Password', and 'Delegate Tasks'. The main form area has a yellow background and contains the following fields and elements:

- Login User Name:** Shelley.mclouglin
- Current Delegate User and Time Period:** (This label is present but the corresponding field is empty)
- Available Users from the Organization:** A list box containing 'Shelley.McLoughlin'
- Starting Date:** An empty text input field.
- Ending Date:** An empty text input field.

To assign another user your tasks for a specific period of time, select a user from the list, and enter a Starting Date and an Ending Date. Tasks that are routed to your role, display in the delegated user's inbox during the specified time period. Tasks remain in the delegated user's inbox until the user completes the task.

If today's date is entered as a Starting Date and Assign Delegate button is selected, the tasks in your inbox move to the selected user's inbox within the hour. To move all the tasks currently in your inbox to another user, select the Effective Immediately button.

A user profile for the person you wish to delegate tasks to must be established in the e-Controlling Board Workflow process. To create a new user, complete the security request form, obtain required approvals, and submit the form to the Controlling Board Office. The System Administrator must create a user profile before the user's name is available to select as a delegate.

Administration Screen

The Administration screen is only available to authorized OBM System Administrators. Information established on these screens is used for functional administration (e.g., setting agendas), security administration (e.g., resetting passwords), and technical administration purposes (e.g., setup Workflow models).



Functional Administration

Agenda

The menu item Agenda is provided for the use of the Controlling Board Office. The Controlling Board President is required to publish the agenda items and supplemental documentation to the Controlling Board and the Legislative Budget Office at least seven days prior to the Controlling Board meeting (ORC 127.13) At that time, the agenda is usually available to the public as well. When Agenda is selected, the following screen is displayed.



All CBRs with a status of “Scheduled” and the OBM Director Sign-off Indicator equal to “blank” are displayed on this screen. Fields displayed include:

- CBR Number
- CBR Meeting Date

- Date CBR was submitted to the CBO (date CBR status changed to In-Process).
- Summary Paragraph

CBO users can choose to include all CBRs or specific CBRs. By selecting the View Draft Agenda button a temporary agenda is created, placing the selected CBRs in the agenda order as specified in the agenda table, and referencing each CBR with a sequential agenda item order. Any edits to the Summary Paragraph must be made through the Non-substantive Change menu item. Selecting the Publish Agenda for mm/dd/yyyy button displays an alert confirming that the user wants to create the Agenda (the Agenda cannot be changed once published). Selection of the OK button creates the official Agenda. The Agenda is immediately linked from the Public Screen and the Home Screen. Once an Agenda has been published, the screen displays all requests eligible for inclusion as add-on items to the most recently published Agenda or for future meeting Agendas.

Selection of specific requests and selecting the Add-on CBRs to Existing Agenda for mm/dd/yy button adds any additional CBRs to the bottom of the published Agenda for the specified meeting date.

- CBRs are listed in correct order by CBR and then sequentially numbered (with the numbering beginning with the first sequential number after the last item on the published Agenda).
- The following text will be inserted on the Agenda:
 - Additional for Month dd, yyyy (where Month dd, yyyy is replaced by the agenda's meeting date).

Approvals

The Approvals menu item is for use by the CBO. It allows items that have been on the agenda to be finalized as approved, denied, or deferred. (Note: The OBM Director has access to another screen for finalizing CB requests submitted for his approval.)



The screenshot shows a web interface titled "Administration". The main content area contains the following text: "The requests included on this page have been published on an agenda but the Controlling Board decision has not yet been posted. To finalize these requests, follow one or more of these steps:" followed by three bullet points: "- Select the requests approved at the meeting, enter the action date, and click Approved.", "- Select the requests denied at the meeting, enter the action date, and click Denied.", and "- Select the requests deferred at the meeting, enter the action date, and click Deferred." Below this text is a table with two columns: "CBR No" and "Summary". Under the table, there is a text input field labeled "Enter the Action Date:". At the bottom of the form are three buttons: "Approved", "Denied", and "Deferred".

Select each request that was approved at the meeting, enter the meeting date in the action field date field and then click Approved. Repeat steps for Denied and Deferred. An e-mail notification is sent to State Accounting and the agency contract for each request. For capital requests an e-mail notification is also sent to SAO. Requests marked Deferred display on the Agenda screen and are available for future meeting agenda.

Add Meeting Minutes

The Add Meeting Minutes menu item is for use by the CBO. It provides a way to add or replace the file that contains the controlling board minutes and upload it to the database. This file is immediately linked to the e-CB Home Screen.

To add Meeting Minutes

- Select a meeting date from the drop-down list.
- Click the Browse button and search for the file containing the minutes for the date selected. (PDF format is recommended for files.) Click the file open.
- Click Upload Meeting Minutes button.

An alert displays to advise that the file has uploaded. The file is immediately linked to the e-Controlling Board home screen.

The screenshot shows a web form titled "Administration" with a help icon. The form contains the following elements: a text area with instructions: "To add or replace the file containing the Controlling Board meeting minutes, upload the file to the database. This file will immediately be linked on the e-Controlling Board home page."; a "Select meeting date:" label followed by a dropdown menu showing "09/27/2004"; a "Select Meeting Minutes File:" label followed by a text input field and a "Browse..." button; and a large "Upload Meeting Minutes" button at the bottom.

Withdraw CB Request

The Withdraw CB Request menu item is for use by the CBO. It provides a means to withdraw a request from the Workflow process but retain the request in the system. A withdrawn request cannot be re-entered into Workflow but it can be copied to a new request

To Withdraw a Request

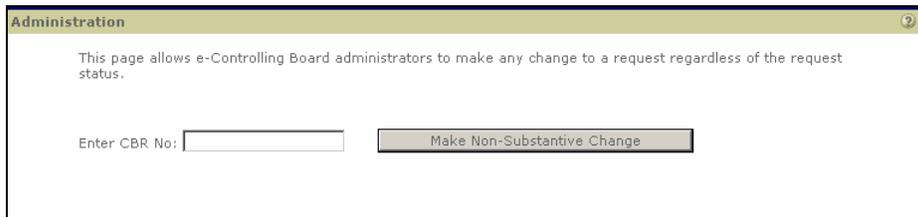
- Enter a request number (be sure to enter the correct number since you will not be able to undo the command).
- Click Withdraw Controlling Board Request button. An alert displays advising that the CBR was withdrawn successfully.
- Click OK.

The screenshot shows a web form titled "Administration" with a help icon. The form contains the following elements: a text area with instructions: "To change the status of a Controlling Board request to 'Withdrawn,' enter the request number below. A withdrawn request will be removed from workflow but will be retained in the system. A withdrawn request cannot re-enter workflow. However, a withdrawn request can be copied to a new request."; a "Enter CBR No:" label followed by a text input field; and a "Withdraw Controlling Board Request" button.

Non-Substantive Change

The Non-Substantive Change menu item is for use by the CBO. It provides a means for the CBO to make a change to a request regardless of the status of the request. No history of these changes is kept so users must be very careful when entering data. To make a change:

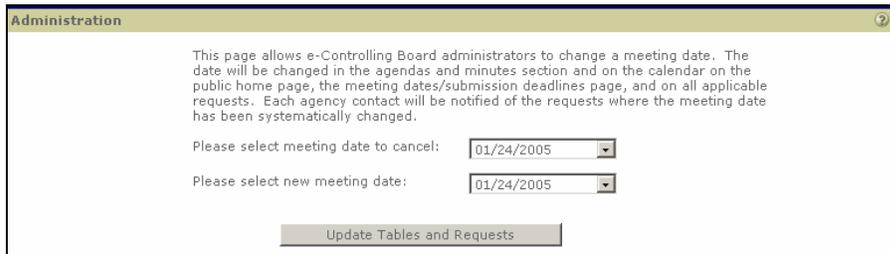
- Enter the request number and click the Make a Non-Substantive Change button. The Open Request Screen will display for changes.



The screenshot shows a web browser window titled "Administration". The main content area contains the following text: "This page allows e-Controlling Board administrators to make any change to a request regardless of the request status." Below this text, there is a label "Enter CBR No:" followed by a text input field. To the right of the input field is a button labeled "Make Non-Substantive Change".

Cancel Meeting

The Cancel Meeting menu item is for use by the CBO. It allows CBO administrators to change a meeting date. The date is changed in the agenda and minutes section and on the calendar on the public home, the meeting date/submission deadlines page, and on all applicable requests. Agency contacts are notified of the requests when the date has been systematically changed.



The screenshot shows a web browser window titled "Administration". The main content area contains the following text: "This page allows e-Controlling Board administrators to change a meeting date. The date will be changed in the agendas and minutes section and on the calendar on the public home page, the meeting dates/submission deadlines page, and on all applicable requests. Each agency contact will be notified of the requests where the meeting date has been systematically changed." Below this text, there are two labels: "Please select meeting date to cancel:" followed by a dropdown menu showing "01/24/2005", and "Please select new meeting date:" followed by another dropdown menu showing "01/24/2005". At the bottom of the form is a button labeled "Update Tables and Requests".

The new Meeting Date must be included in the Meeting Dates Table. Request permission from an authorized Technical Administration user to access the screen. Then open the Cancel Meeting Page and change the meeting.

- Select the meeting to be cancelled or rescheduled from the drop-down list.
- Select the new meeting date.
- Click the Updates Tables and Requests button. Prompt appears to confirm the action. Click OK to proceed with the change or Cancel to the return to the Cancel Meeting screen.

Note: If possible, perform Cancel Meeting changes before or after office hours, or request the Technical Administrator disable logins until the changes are made to insure no problems occur with new requests being added during this time.

OBM Director Approval

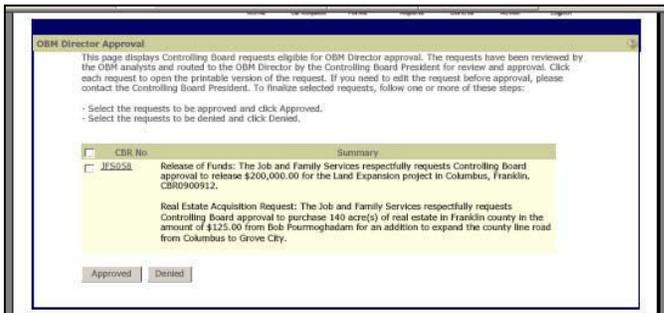
The OBM Director screen displays Controlling Board Requests eligible for OBM Director approval. The requests have been reviewed by the OBM Analysts and routed to the OBM Director by the Controlling Board President for review and approval.



To Change Status of Request to Approved:

- Check the request(s) to be approved.
- Click Approve button (alert appears asking “Are you sure you want to approved selected item(s)?”)
- Click OK to change the status of each checked request to “Approved.”
- Click Cancel to return to th OBM Director Approval screen (alert appears advising that the request(s) have been approved.

An e-mail notification is sent to State Accounting and the agency contact for each request. For capital requests an e-mail notification is also sent to SAO.



To Change Status of Request to Denied:

- Click the request(s) to be denied.
- Click the Denied button (alert displays asking “Are you sure you want to deny selected items(s)?”)
- Click OK to change the status of each checked request to “Denied.”
- Click Cancel to return to the OBM Director Approval screen (alert appears to advise that the request(s) have been denied.)

An e-mail notification is sent to State Accounting and the agency contact for each request. For capital requests an e-mail notification is also sent to SAO.

LSC Briefing Document

The Add LSC Briefing Document link is on the home screen for users assigned to the LSC Workflow role. Select this link to open the Add LSC Briefing Document screen. This screen enables authorized users to upload a file containing the LSC briefing document associated with the requests included in a meeting agenda to the Controlling Board database.



To Add an LSC Briefing Document to the Controlling Board Database:

- Select a meeting date from the drop-down list.
- Click the Browse button and search for the file containing the minutes for the date selected. Click that file open.
- Click Upload LSC Briefing Document button. A message displays when the upload is complete. The file is immediately linked to the e-Controlling Board home screen. The link is displayed to the right of the respective meeting agenda date.



Security Administration-Users

The Users screen provides a means for the authorized OBM Security Administrator to add new users or edit user profiles. It also includes the function that allows for passwords to be reset and for Workflow roles to be assigned.

The screenshot shows a web-based interface for user management. On the left, a scrollable list of users includes names like Andy Putz, Anni Efthimiou, and various system-generated IDs (e.g., dmr11.user11). The main area is titled 'User Profile' and contains several input fields: 'Login Name', 'First Name', 'Middle Initial', 'Last Name', 'Agency', 'Secret Number', and 'Email Address'. Below these fields are two buttons: 'Reset Fields' and 'Save User Profile'. A section titled 'Reset Password' contains 'New Password' and 'Confirm Password' fields, with an 'Update User Password' button below them. At the bottom, there are two columns labeled 'Available Roles' and 'User Roles'. The window title bar at the bottom shows 'Done' and 'Local Intranet'.

To Add a New User:

- Click the Reset button to clear all fields.
- Enter data in the first six fields
 - Enter user's first name.
 - Enter user's middle initial.
 - Enter user's last name (the user ID is created by the system based on the user's first name/last name unless it already exists in the system, then it will be first name, middle initial, and last name).
 - Enter user's CAS agency code.
 - Enter 8-character secret number submitted by the user. This number is used to validate user authenticity.
 - Enter user e-mail address.

Click Save User Profile button. Fields on the screen are cleared and the system-generated ID is displayed in the User Name list box. An e-mail notification including the system-generated user ID and password is sent to the user's e-mail address. The user will be prompted to change the password when they first login to the e-Controlling Board. The user ID is not case sensitive but the password is case sensitive. The eight-character alphanumeric password is randomly generated by the system using A-Z, a-z, and 0-9.

To View or Edit a User Profile:

- Select the User ID in the User Name list box. The User's profile displays in the data fields. If required, edit the data and click the Save User Profile button.

To Delete a User Profile:

- Delegate user's tasks and remove the user in the Workflow path. (Only the authorized Technical Administrator performs this task.)

To Reset User Password:

- Confirm the requestor is user by obtaining the user secret number.
- Enter a new password and confirm password and click Update User Password.
- Advise user of new password.

To Establish a Workflow Role:

- Select from list of roles in Available Roles box. (The OBM Technical Administrator establishes all Roles)
- Click Add Role button. The Role is saved and displayed in the User Roles box.

To Remove a Workflow Role

- Click the name in the User Roles box and then click Remove Role button. The selected role is immediately removed.

Technical Administration

The technical administration screens provide a means for the OBM Technical Administrator to enter Table information and Workflow Setup data.

Tables

The tables used in the e-Controlling Board system provide a means for the system to do a lookup on data that a user enters on a request. The Tables are maintained by the OBM Administrator to add, edit or delete information, and include the following information:

User Table: includes secure information (e.g., user ID) for all users.

Agency Contacts Table: establishes the official contact person at the agency and division level.

Agency Table: includes all the basic agency information

Appropriation Line Table: includes established agency appropriation line information

Object/Subobject Codes Table: includes object and subobject of expense data.

Meeting Date/Submission Dates Table: includes submission and revision deadlines, agenda, and meeting date information.

Agenda Order Table: includes the order of requests on the agenda.

Workflow Template Setup

The Workflow Template Setup screens allow the system administrator to set specific Workflow settings in Table format, and to display tasks associated with a specific Workflow model. Only the OBM Technical Administrator can add, edit, and delete the Workflow template screens.

Web Services

Web services are used to translate and map the Release and Permit information. Release and Permit data is loaded to the database and the data is displayed on the respective CBR's Release and Permit screen. When Release and Permit data is loaded to the database, an e-mail notification is sent to the CB President.

Workflow

The Workflow process is an integral part of the e-Controlling Board design. Workflow provides a means for users to substitute electronic documents for paper documents and includes a flexible set of options for editing, routing, approval, and security.

Agencies can choose from a variety of different Workflow models. Each agency will have one or more persons assigned as a "Preparer" and at least one person assigned as "Approver 1." The number of approval levels required by an agency will vary between one and five. The signature authority of the agency/organization must be the highest approval level for the agency. (Workflow users have create/update/delete functionality.) Agencies can select a Workflow model for their agency or for divisions within their agency. The Workflow model selected will route the CBR request through a designated path of preparers/approvers based on role. The Workflow tool will provide users with both an inbox and outbox. Each user's inbox will include a list of the requests awaiting review/authorization.

How the Workflow Process Works with e-Controlling Board

Review, Revision, Approval

The agency routes the Controlling Board request through the various approvers at the agency site depending upon the workflow model chosen. (Note: Only the designated preparers by division can create the CBR for the agency/division.) Once the request is completed at the agency site it is routed on to the next appropriate reviewer.

After review of an agency's request, the CB President, CB Secretary, OBM Budget Analyst, or OBM Debt Analyst may determine that a revision should be made prior to publishing the request. The Controlling Board President can add a synopsis and return the request to the highest agency approver. The approver can edit the request, add revision notes, and route the request backward or return the request to the Controlling Board Office.

Agency approvers must indicate completion of their review process for each CBR. The agency designated Release and Permit initiators receive notification when the CBR is agency approved (i.e., when the CBR is routed to the CBO). (DAS Acquisitions/Management receives e-mail notification when a change is made to a CBR waiver record after initial submission to the CBO.) Dates and times that CBRs are sent are captured and displayed in the Workflow process view.

Users/approvers are electronically notified when an action is needed. An e-mail notification is sent to the approver when the task is sent to the approver's Workflow inbox. The preparer and each approver can add notes. The notes are visible only to the agency user with possession of the request. The last agency approver can add a synopsis that is visible to the BOR or the CBO. The CBO can create a synopsis and return the

request to the BOR who can create a synopsis and return the request to Higher Education. Higher education institutions can create a synopsis that is read-only by the BOR. The BOR can create a synopsis that is read-only by the CBO. The notes are visible only to the agency user with possession of the request (e.g., LSC and CB members cannot view the synopsis). Access to notes is secured by user profile. Agency users do not have access to CBO notes.

The CB President, CB Secretary, OBM Budget Analyst, and Debt Analyst must indicate completion of the review process for each CBR. (The CB President can complete the Workflow task for the CB Secretary, OBM Budget Analyst, and the OBM Debt Analyst. The CB President’s Workflow inbox lists the completion status for the OBM Analyst, CB Secretary and the OBM Debt Analyst. Items are sorted by meeting date and then by CB number. CBR numbers are linked to the Open Requests screen. (The CB President does not receive e-mail notification when requests are sent by agencies or BOR to the CB President’s inbox.)

Processing Workflow Documents-Using the Workflow Tasklist-Default Inbox

Task	Process	Status	Responsible	Start Date
Preparer	CBR# dmr003(d)	Ready	DMR-Preparer	12/15/2004 1:47:49 PM
Preparer	CBR# dmr004(d)	Ready	DMR-Preparer	12/16/2004 8:28:46 AM
Preparer	CBR# dmr005(d)	Ready	DMR-Preparer	12/16/2004 9:17:38 AM
Preparer	CBR# dmr006(d)	Ready	DMR-Preparer	12/27/2004 9:01:51 AM
Preparer	CBR# dmr007(d)	Ready	DMR-Preparer	12/27/2004 11:11:08 AM
Preparer	CBR# dmr008(d)	Ready	DMR-Preparer	12/27/2004 3:39:16 PM

The Workflow Tasklist Default Inbox appears on the user’s home screen. Workflow roles determine which requests are displayed and which are available for edit. The request is removed when the user routes the request from the Open CB request screen.

Records and pages identify the number of tasks remaining for the user and the number of pages listing those tasks.

Icons are used to identify simple tasks. Click the refresh icon to refresh the tasklist

Click the select icon to specify a particular row. Click the check icon to identify the record as viewed or unviewed (bold print identifies the task as not viewed and light font indicates viewed).

Task identifies the role of the user to whom the task is assigned (e.g., preparer.) Clicking on the Task opens the Open Request screen. Only a division’s designated preparer can create the CBR for the agency/division.

Process specifies the particular CB request. The initials of the preparer appear to the right of the CBR number. Clicking on the request opens the Workflow process view.

Status identifies the Workflow status of the request. The status is “Ready” for all users. The Administrator’s inbox includes all requests in Workflow and the status is either “Ready” or “Waiting.” The Administrator can open the Workflow process view but not the request.

Responsible identifies the user who is responsible for completing the task. This may be the user’s name or the user’s role.

Start Date identifies when the request was routed to the user’s inbox.