



STATE OF OHIO
DEPARTMENT OF ADMINISTRATIVE SERVICES
GENERAL SERVICES DIVISION
OFFICE OF PROCUREMENT SERVICES
4200 SURFACE ROAD, COLUMBUS, OH 43228-1395

REQUIREMENTS CONTRACT: LABORATORY CLIA DIRECTOR

CONTRACT NUMBER: CSP905410

EFFECTIVE DATES: 07/01/10 TO 09/30/12
Renewal through 09/30/16

The Department of Administrative Services has accepted Proposals submitted in response to Request for Proposal (RFP) No. CSP905410 that opened on March 10, 2010. The evaluation of the Proposal responses has been completed. The Offeror listed herein has been determined to be the highest ranking Offeror and has been awarded a Contract for the services listed. The respective Proposal response including, Contract Terms & Conditions, any Proposal amendment, special Contract Terms & Conditions, specifications, pricing schedules and any attachments incorporated by reference and accepted by DAS become a part of this Services Contract.

This Requirements Contract is effective beginning and ending on the dates noted above unless, prior to the expiration date, the Contract is renewed, terminated, or cancelled in accordance with the Contract Terms and Conditions.

This Requirements Contract is available to the Ohio Department of Health as applicable.

The agency is eligible to make purchases of the contracted services in any amount and at any time as determined by the agency. The State makes no representation or guarantee that department will purchase the volume of services as advertised in the Request for Proposal.

Questions regarding this and/or the Services Contract may be directed to:

* Kellie Johnson
kellie.johnson@das.ohio.gov

This Requirements Contract and any Amendments thereto are available from the DAS Web site at the following address:

www.ohio.gov/procure

* Indicates change in contract analyst.

ATTACHMENT NINE
COST SUMMARY FORM

CSP905410 - LABORATORY CLIA DIRECTOR

UNSPSC CATEGORY CODE: 80000000

BUDGET: NOT TO EXCEED \$57,000.00

OAKS ITEM NUMBER: 17978

Description	Cost
1. Monthly fee to perform all of the duties as Laboratory Director as specified in the scope of work. (Shall not exceed \$4750.00 per month.)	\$4,750.00
2. Any other identified costs.	\$0.00
3. Total Monthly Fee	\$4,750.00
4. Annual Fee	\$57,000.00

All costs are in U.S. Dollars.
The State is not responsible for any costs not identified.
There are no additional reimbursements for travel or other related expenses.

CONTRACTOR INDEX

CONTRACTOR AND TERMS:

BID CONTRACT NO.: CSP905410-1 (09/30/16) **

* 0000000678
The Ohio State University
The School of Health and Rehabilitation Sciences
453 W. 10th Ave.
106 Atwell Hall
Columbus, OH 43210

TERMS: Net 30 Days

CONTRACTOR'S CONTACT: Deborah Larsen, PhD

TELEPHONE: (614) 292-5645
FAX: (614) 292-0210
E-MAIL: deborah.larsen@osumc.edu

* Indicates change in contractor address and contact information.

** Indicates renewal of contact.

SUMMARY OF AMENDMENTS

Amendment Number	Revision Date	Description
3	10/01/14	Indicates that as a result of mutual agreement this amendment is issued to renew the contract an additional twenty four (24) months effective October 1, 2014 through September 30, 2016, and indicates change in contract analyst and updated address and contact information for contractor.
2	07/10/13	Indicates change to the Contractor mailing address, remit to address, contact and contact information.
1	10/01/12	Indicates that as a result of mutual agreement this amendment is issued to renew the contract an additional twenty four (24) months effective October 1, 2012 through September 30, 2014.