

SUBCONTRACTOR WORK IDENTIFICATION FORM

Project Name: Morse / Dominion Integrated Solutions			Dept. of Public Utilities	Date: 11/10/14
Project Number: 650870-100003			Division: Sewerage & Drainage	
City Project Manager: Jeremy Cawley				
PM Phone #: (614) 645-6795			Contract Amt or Mod (\$): \$249,859.40	
Prime Contractor: Strand Associates, Inc.	Ordinance #: 2683-2014		Contract Duration: 1yr	

Contractor and Subcontractor CCCN, Scope and Funding Summary

	Name/ Address	Prime Sub	Contact Information	CCCN/ Expires	Firm Type	Contract or Mod Scope	Contract or Mod \$ Amount and %
1	Strand Associates, Inc. 4433 Professional Parkway Columbus, Ohio 43215 (614) 835-0460	Prime	Kris Ruggles (614) 835-0460 kris.ruggles@strand.com	39-1020418 10/9/2015	MAJ	Project Management	\$ 249,859.40 100.0%
2	Resource International Inc. 6350 Presidential Gateway Columbus, Ohio 43231 (614) 823-4949	Sub	FARAH B. MAJIDZADEH farahm@resourceinternational.com (614) 823-4949	31-0669793 5/20/2016	FBE	Survey; geotechnical investigations SUE locates	\$ -
3	Dreier & Maller 6508 Taylor Rd SW Reynoldsburg, Ohio 43068 (614) 575-0065	Sub	STEWART DREIER deb1@dreierandmaller.com (614) 575-0065	34-1681027 5/21/2016	MAJ	CCTV and cleaning storm sewers CCTV Sanitary Service laterals	\$ -
4							
5							
6							
			Approved:			TOTAL CONTRACT or Mod AMOUNT	\$ 249,859.40
Version created 082012			Date:			Total Percentage	100.0%

SUBCONTRACTOR WORK IDENTIFICATION FORM

Project Name	Project name as it appears on either the RFP or Bid Documents. The same name should be used in the legislation
Project Number	Should be a twelve digit number represented as a six-six number. Example 650123-100000
City Project Manager	The DOSD assigned to the project
P.M. Phone #	The assigned City Engineer's telephone number
Prime Contractor	contract / modification awardee
Ordinance	Legislation number for the project. To be entered by DPU Fiscal
Date	Date the document is completed
Contract/Mod Amt (\$)	The amount of contract or modification cost for this project
Name and Address	Company name; address; City & State; Zip Code; and Phone Number
Prime/Sub	Indicate whether it the Prime contractor or a subcontractor
Contact Information	Company Official, or Project Manager, Email address, and Phone number
CCCN / Expires	City of Columbus Contract Compliance Number (Obtained through Equal Business Opportunity Commission Office - EBOCO) / Expiration Date: Date the CCCN expires
Firm Type	The Majority or Minority identification of the company. Typically it be identified as: MAJ; MBE; FBE; ASN; or MBR
Contract or Mod Scope	The scope or type of work being performed for this project
Contract or Mod Amt	The total amount and percentage each participant will receive for this contract or modification
Total Contract or Mod Amt	Total Amount for all participants in this contract or modification
Total Percentage	Should equal one hundred percent
Approved	DPU's EBOCO Liaison completes this section
Date	The date of approval by DPU's EBOCO's Liaison