

SUBCONTRACTOR WORK IDENTIFICATION FORM

Project Name: Blueprint Columbus, 2014, Kent/Fairwood Area			Dept. of Public Utilities	Date: 09/22/2015
Project Number: 650870-101202			Division: Sewerage & Drainage	
City Project Manager: Hunter Kelly				
PM Phone #: (614) 645-0239				
Prime Contractor: Chester Engineers			Ordinance #: 2486-2015	
		Contract Duration: 3 yrs. 12/31/2018		

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	Chester Engineers 88 E. Broad Street Columbus, Ohio 43215	Prime	Joshua Brooks jbrooks@chesterengineers.com (614) 224-4419 (Office) (614) 556-4287 (Direct)	20-2401674 5/18/2017	MBE	Project Management, Field Investigations, Preliminary Design Report, Construction Plans	\$765,574.81 42.5%
2	Stantec Consulting Services, Inc. 1500 Lake Shore Dr Columbus, Ohio 43204	Sub	Elie Sabbagh Elie.Sabbagh@stantec.com (614) 486-4383	11-2167170 9/10/2017	MAJ	Management Assitance, Hydrologic & Hydraulic Analysis, Survey	\$400,518.95 22.3%
3	Resource International 6350 Presidential Gateway Columbus, Ohio 43231	Sub	Steve Johnson stevej@resourceinternational.com (614) 823-4949	31-0669793 3/27/2016	FBE	SUE	\$37,958.08 2.1%
4	EMH&T 5500 New Albany Rd Columbus, Ohio 43054	Sub	Marci Bland MBland@emht.com (614) 775-4237	31-0685594 8/1/2017	MAJ	Sewer Cleaning & Televising	\$595,938.45 33.1%
5		Sub					\$0.00 0.0%
		Sub					\$0.00 0.0%
		Sub					\$0.00 0.0%
6		Sub					\$0.00 0.0%
						TOTAL CONTRACT or Mod AMOUNT	\$1,799,990.29
Approved:							
Date:						Total Percentage	100.0%

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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