

SUBCONTRACTOR WORK IDENTIFICATION FORM

Project Name: JPWWTP Land Application Improvement Project			Dept. of Public Utilities	Date: 01/09/2013
Project Number: 650243-10002			Division: Sewerage & Drainage	
City Project Manager: Donald O. Cruden, P.E.				
PM Phone #: 645-0884			Contract Amt or Mod (\$): \$298,224	
Prime Contractor: Hazen Sawyer	Ordinance #: 1033-2013		Contract Duration: 1 yrs +	

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	Hazen Sawyer 150 E Campus View Blvd., Suite 133 Dublin, Ohio 43016-2251 (614) 781-9655	Prime	Scott Phipps 614-781-9655 acarter@hazenandsawyer.com	13-2904652 4/30/2014	MAJ	All Tasks listed in Scope of Work	\$161,546 54.17%
2	Brown and Caldwell 4700 Lakehurst Ct, Suite 100 Dublin, Ohio 43016-2251 (614) 923-0851	Sub	John Fabian 614-923-0851 csmcol@BrwnCald.com	94-1446346 5/2/2014	MAJ	All Tasks listed in Scope of Work	\$65,694.00 22.03%
3	Dynotec 2931 E. Dublin-Granville Rd, Suite 326 Columbus, Ohio 43231 (614) 880-7320	Sub	Richard Lipstreu (614) 880-7320 vhead@dynotecinc.com	31-1319961 3/4/2015	MBE	All Tasks listed in Scope of Work	\$27,500.00 9.22%
4	CAD Concepts, Inc 2323 West 5th Ave, Suite 120 Columbus, Ohio 43204 (614) 485-0670	Sub	Roger Harris 614-485-0670 certifications@ccitechs.com	31-1390280 11/8/2014	FBE	All Tasks listed in Scope of Work	\$43,484.00 14.58%
5							
6							
			Approved: FWW			TOTAL CONTRACT or Mod AMOUNT	\$ 298,247.00
Version created 082012			Date: 04/22/2013			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