

SUBCONTRACTOR WORK IDENTIFICATION FORM

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|--|------------------|--|---|----------------|
| Project Name: Electric Motor Maintenance Services | | | Dept. of Public Utilities | Date: 11/20/12 |
| Project Number: FEM 1601.3 | | | Division: Water | |
| City Project Manager: Monica Powell | | | | |
| PM Phone #: 614-645-3089 | | | Contract Amt or Mod (\$):70,000.00 | |
| Prime Contractor: Mid Ohio Electric Company | 2651-2012 | | Contract Duration: | |

Contractor and Subcontractor CCCN, Scope and Funding Summary

| | <u>Name/ Address</u> | <u>Prime Sub</u> | <u>Contact Information</u> | <u>CCCN/ Expires</u> | <u>Firm Type</u> | <u>Contract or Mod Scope</u> | <u>Contract or Mod \$ Amount and %</u> |
|---|--|----------------------|--------------------------------|--------------------------|----------------------|------------------------------|--|
| 1 | Mid- Ohio Electric Company 1170 McKinley Ave Columbus, OH 43222 | Prime | Bret Law 614-274-8000 | 314416140 12/29/2013 | MAJ | General Contractor | \$ 3,000.00 4.3% |
| 2 | Hyundia Ideal Electric Co 330 East First St Mansfield, OH 44902 | Sub | Bob Ortasic 419-520-3201 | 141993591 4/27/2014 | MAJ | Motor Rewinding | \$ 67,000.00 95.7% |
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|------------------------|--|------------------|--|-------------------------------------|---------------------|
| Version created 082012 | | Approved: FWW | | TOTAL CONTRACT or Mod AMOUNT | \$ 70,000.00 |
| | | Date: 11/20/2012 | | 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 |