

**SUBCONTRACTOR WORK IDENTIFICATION FORM**

|                                                                                          |  |  |                                                   |           |
|------------------------------------------------------------------------------------------|--|--|---------------------------------------------------|-----------|
| <b>Project Name: HVAC &amp; Air Purification Maintenance Services for DPU Facilities</b> |  |  | <b>Dept. of Public Utilities</b>                  | 4/24/2015 |
| <b>Project Number: FEM 1505.2</b>                                                        |  |  | <b>Division: Sewerage &amp; Drainage</b>          |           |
| <b>City Project Manager: Monica Powell</b>                                               |  |  |                                                   |           |
| <b>PM Phone #: 614-645-3089</b>                                                          |  |  | <b>Contract Amt or Mod (\$):<br/>\$385,000.00</b> |           |
| <b>Prime Contractor: Cornerstone Maintenance Services LTD.</b>                           |  |  | <b>Ordinance #: 1513-2015</b>                     |           |

**Contractor and Subcontractor CCCN, Scope and Funding Summary**

|                        | <u>Name/<br/>Address</u>                                                                      | <u>Prime<br/>Sub</u> | <u>Contact<br/>Information</u>  | <u>CCCN/<br/>Expires</u>           | <u>Firm<br/>Type</u> | <u>Contract or Mod Scope</u>                                                                | <u>Contract or Mod \$<br/>Amount and %</u>             |
|------------------------|-----------------------------------------------------------------------------------------------|----------------------|---------------------------------|------------------------------------|----------------------|---------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 1                      | <b>Cornerstone Maintenance Services Ltd.</b><br>10779 US Hwy 42 South<br>Plain City, OH 43064 | Prime                | Jim Skaggs<br>(614) 325-3755    | 01-0852059<br>Active<br>1/6/2017   | MAJ                  | HVAC Maintenance<br>Air Purification Maintenance<br>Media sampling and changeout.<br>Repair | \$385,000.00<br>100.0%                                 |
| 2                      | <b>Filter Technology</b><br>PO Box 6014<br>Hilliard, OH 43026                                 | Sub Cont             | Ray Reisinger<br>(614) 921-9801 | 31-1690687<br>Active<br>12/3/2016  | MAJ                  | Supply filters as needed.                                                                   | To be determined by<br>assigned work order or<br>task. |
| 3                      | <b>United Refrigeration Service Inc.</b><br>581 W. Town St.<br>Columbus, OH 43215             | Sub Cont             | Dan Campbell<br>(614) 228-5311  | 31-4329940<br>Active<br>12/17/2016 | MAJ                  | Repair of refrigerated units or<br>assemblies                                               | To be determined by<br>assigned work order or<br>task. |
| 4                      | <b>Ketchum &amp; Walton Company</b><br>1783 Kenny Road<br>Columbus, Ohio 43212                | Sub Cont             | Aaron Powell<br>(614) 486-5961  | 31-0997616<br>Active<br>10/27/2016 | MAJ                  | Supply media as needed.                                                                     | To be determined by<br>assigned work order or<br>task. |
| 5                      |                                                                                               |                      |                                 |                                    |                      |                                                                                             |                                                        |
| 6                      |                                                                                               |                      |                                 |                                    |                      |                                                                                             |                                                        |
|                        |                                                                                               |                      | Approved: kms                   |                                    |                      | <b>TOTAL CONTRACT or Mod<br/>AMOUNT</b>                                                     | <b>\$385,000.00</b>                                    |
| Version created 082012 |                                                                                               |                      | Date: 6/3/15                    |                                    |                      | 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                                                                                                                |