

SUBCONTRACTOR WORK IDENTIFICATION FORM

Project Name: PCM for Small Projects			Dept. of Public Utilities	Date: 02/10/15
Project Number: CIP650262-101000	City Project Manager: Raisa L. Pesina, P.E.		Division: Sewerage & Drainage	
PM Phone #: (614) 645-6373			Contract Amt or Mod (\$): \$250,000.00	
Prime Contractor: Smoot Construction Company	Ordinance #: 0677-2015		Contract Duration: 1 yr	

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	Smoot Construction 1907 Leonard Avenue Columbus Ohio, 43219	Prime	Lewis R. Smoot Jr. lsmoottjr@srsmoot.com 614-253-9000	31-1224826 / 4/29/2016	MBE	Construction management	\$250,000 100.0%
2	Simco Construction 1632 W. 1st Granville Ohio, 43212	Sub	Clarence Simmons 614-206-4363	27-0264262 / 2/24/2016	MBE	Construction Inspection	To be determine by assigned work order / task
3	Prime Engineering 3000 Corporate Exchange Drive, Suite 600 Columbus Ohio, 43231	Sub	Reggie Hood 614-839-0250	26-0546656 / 2/5/2016	MBE	Material testing	To be determine by assigned work order / task
4							
5							
6							
			Approved:			TOTAL CONTRACT or Mod AMOUNT	\$ 250,000.00
Version created 082012			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