

SUBCONTRACTOR WORK IDENTIFICATION FORM

Project Name: Franklin Main Interceptor Rehabilitation, Sec 6 - King Ave to W 2nd Ave			Dept. of Public Utilities	Date: 11/16/12
Project Number: 650600-100006			Division: Sewerage & Drainage	
City Project Manager: Mike Griffith				
PM Phone #: (614) 645-0484				
Prime Contractor: Jones-Stuckey, Ltd., Inc.		Ordinance #: 2640-2012	Contract Amt or Mod (\$): \$246,611.44	Contract Duration: 1 yr Apr/13 - Apr/14

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 Jones-Stuckey Ltd., Inc 5202 Bethel Reed Park, Suite 200 Columbus, Ohio 43220 (614) 486-0401	Prime	Vince Jarrett (614) 486-0401	31-0723296 11/19/2014	MAJ		\$ 155,640.44 63.1%
2 Columbus Engineering Consultants 840 MICHIGAN AVE Columbus, Ohio 43215 (614) 228-3500 x-202	Sub	JACK JANG jjang@ceceng.net (614) 228-3500 x-202	31-0716498 4/18/2014	ASN	Survey	\$ 15,456.00 6.3%
3 Columbus Engineering Consultants 840 MICHIGAN AVE Columbus, Ohio 43215 (614) 228-3500 x-202	Sub	JACK JANG jjang@ceceng.net (614) 228-3500 x-202	31-0716498 4/18/2014	ASN	SUE & Easements (If needed)	\$ 11,824.00 4.8%
4 Dreier & Maller 6508 TAYLOR RD SW REYNOLDSBURG, Ohio 43068 (614) 575-0065	Sub	STEWART DREIER info@DreierandMaller.com (614) 575-0065	34-1681027 5/10/2014	MAJ	Sewer Cleaning and TV	\$ 39,175.00 15.9%
5 Mid Ohio Pump				MAJ	Bypass pumping	\$ 24,516.00 9.9%
6						
		Approved:			TOTAL CONTRACT or Mod AMOUNT	\$ 246,611.44
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