

SUBCONTRACTOR WORK IDENTIFICATION FORM

Project Name: Blacklick Creek Main Trunk Sewer LDSA			Dept. of Public Utilities	Date: 10/20/15
Project Number: 650725-100011			Division: Sewerage & Drainage	
City Project Manager: Nick Domenick			Contract Amt or Mod (\$): \$1,097,054.36	
PM Phone #: (614) 645-4693			Contract Duration: 1 yr	
Prime Contractor: Chester Engineers		Ordinance #: 2636-2015		

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	Chester Engineers 88 East Broad Street, Suite 1980 Columbus, Ohio 43215 (614) 224-4419	Prime	Hasan Alkhayri halkhayri@chesterengineers.com (614) 224-4419	20-2401674 6/30/2017	MBE	Project Management	\$ 561,373.28 51.2%
2	DLZ Ohio, Inc. 6121 Huntley Rd. Columbus, Ohio 43215 (614) 888-0040	Sub	Shyam V. Rajadhyaksha hrdept@dlz.com (614) 888-0040	31-1268980 2/28/2017	MBR	Surveying/Manhole Inspections	\$162,076.83 14.8%
3	Amtec Surveying 3355 Lenox Rd Atlanta, GA. 30326 (404) 840-6324	Sub	Alan McCloskey alan@amtecsurveying.com (404) 840-6324	58-2298848 12/30/2016	MAJ	Sewer Televising	\$83,054.10 7.6%
4	Redzone Robotics 91 43rd Street Suite 250 Pittsburgh, PA 15201 (412) 476-8980	Sub	John DePasquale jdepasquale@redzone.com (412) 476-8980	25-1558769 06/13/16	MAJ	Sewer Televising	\$290,550.15 26.5%
5							
6							
		Approved: kms					TOTAL CONTRACT or Mod AMOUNT \$ 1,097,054.36
Version created 082012		Date: 10/21/15			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