

SUBCONTRACTOR WORK IDENTIFICATION FORM

Project Name: SWWTP Corrosion Prevention and Protective Coating Systems			Dept. of Public Utilities	Date: 11/16/2012
Project Number: 650350-100002			Division: Sewerage & Drainage	
City Project Manager: Monica Powell				
PM Phone #: 614-645-3089			Contract Amt or Mod (\$): 441,901.46	
Prime Contractor: Chester Engineers		Ordinance #:	Contract Duration: 12 mo.	

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 St Suite 1980 Columbus Ohio 43215	Prime	J. Aaron Lecklider, P.E. (614) 224-4419	20-2401674 5/31/2013	MBE	Design and construction services	\$ 391,901.46 89%
2 ARCADIS US, Inc. 100 E. Campus View Blvd., Suite 200 Columbus Ohio 43240	Sub	Jim Hays, P.E. (614) 985-9204	13-2653703 8/25/2013	MAJ	Design and construction services	\$ 40,000.00 9%
3 Resource International, Inc 6350 Presidential Gateway Columbus, Ohio 44023	Sub	Steve Johnson, P.E. (614) 823-4949	31-0669793 6/30/2013	FBE	Field Inspection / Construction services	\$ 10,000.00 2%
4 Corrosion Probe 16405 Majestic Oaks Drive Chagrin Falls, Ohio 44023	Sub	Randy Nixon, P.E. (614) 591-5117	06-1123092 1/14/2013	MAJ	Field Inspection / Construction services	\$ 4,000.00 1%
Version created 082012		Approved: FWW			TOTAL CONTRACT or Mod AMOUNT	\$ 441,901.46
		Date: 01/07/13			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