

SUBCONTRACTOR WORK IDENTIFICATION FORM

Project Name:JPWWTP Corrosion Prevention and Protective Coating Systems, Phase 2			Dept. of Public Utilities	5/27/2015
Project Number: 650259-100002			Division: Sewerage & Drainage	
City Project Manager: Monica Powell				
PM Phone #: 614-645-3089			Contract Amt or Mod (\$): 2,934,800.00	
Prime Contractor: Kenmore Construction Company, Inc.	Ordinance #: 1723-2015		Contract Duration: 300 days	

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 Kenmore Construction Company Inc. 808 Frank Road Columbus Ohio 43223	Prime	William Scala (614) 274-4300	34-0802152 8/14/2016	MAJ	General Construction	\$ 1,359,800.00 46%
2 Howard Painting, Inc. 1740 Spruce Street Defiance, Ohio 43512	Sub	(419) 782-7786	34-0893147 1/22/2017	MAJ	Painting	\$ 1,250,000.00 43%
3 Jadco Construction Services, Inc. 9901 York-Theta Drive North Royalton Ohio 44133	Sub	(440) 582-8534	20-4072635 8/7/2015	MAJ	Concrete Rehabilitation	\$ 100,000.00 3%
4 Alloyd Insulation Company, Inc. 5050 Suite D Nike Drive Hilliard, Ohio 43026	Sub	(614) 527-4545	31-0621270 5/7/2017	MAJ	Pipe Insulation	\$ 225,000.00 8%
5 Proline Electric, Inc. 301 Cedar Hill Road Lancaster, Ohio 43130	Sub	(740) 687-4571	31-1487377 6/11/2017	MAJ	Electric	\$ 50,000.00 2%
Version created 06/11/2013		Approved: kms / mep			TOTAL CONTRACT or Mod AMOUNT	\$ 2,934,800.00
		Date: 06/23/15			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