

SUBCONTRACTOR WORK IDENTIFICATION FORM

Project Name: Overbrook/Chatham Integrated Solutions Project			Dept. of Public Utilities	11/10/2014
Project Number: 650870-100004			Division: Sewerage & Drainage	
City Project Manager: Mark Timbrook				
PM Phone #: 614-645-0239			Contract Amt or Mod (\$): \$295,499.20	
Prime Contractor: URS Corporation		Ordinance #: 2684-2014	Contract Duration: 1 yr.	

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	URS 277 W. Nationwide Boulevard Columbus, Ohio 43215 (614) 464-4500	Prime	Jeffrey R. Kerr, P.E. (614) 464-4500 jeffery.kerr@urs.com	34-0939859 07/02/15	MAJ	Project Management	\$295,499.20 100.0%
2	Dynotec 2931 E. Dublin Granville Rd., Suite 200 Columbus, Ohio 43231 (614) 880-7320	Sub	Tobias Iloka (614) 880-7320 kamoah@dynotecinc.com	31-1319961 03/04/15	MBE	Site Survey; geotechnical investigations SUE locates	\$0.00 0.0%
3	DHDC 2390 Advanced Business Center Drive Columbus, Ohio 43228 (614) 527-7656	Sub	Savvas Sophocleous (614) 527-7656 sophocleous@dhdinc.com	32-0376762 06/12/16	MBE	Geotechnical investigations and SUE locations	\$0.00 0.0%
4	Dreier Maller 6508 Taylor Rd. SW Reynoldsburg, OH 43068 (614) 575-0065	Sub	Steve Maller (614) 575-0065 deb1@dreierandmaller.com	34-1681027 05/21/16	MAJ	Geotechnical investigations and SUE locations	\$0.00 0.0%
5							
6							

Version created 082012		Approved:		TOTAL CONTRACT or Mod AMOUNT	\$295,499.20
		Date:		Total Percentage	100.0%

SUBCONTRACTOR WORK IDENTIFICATION FORM

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