

SUBCONTRACTOR WORK IDENTIFICATION FORM

Project Name: Skyline Drive Sanitary Sewer Improvements			Dept. of Public Utilities	Date: 02/25/13
Project Number: 650688-100000			Division: Sewerage & Drainage	
City Project Manager: Greg Fedner				
PM Phone #: (614) 645-8072			Contract Amt or Mod (\$): \$893,053.60	
Prime Contractor: Underground Utilities, Inc.	Ordinance #: 0485-2013		Contract Duration: 240 Days (8 mos)	

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	Underground Utilities, Inc. 416 Wes Monroe Monroeville, Ohio 44847 (419) 465-2587	Prime	John Bores (419) 465-2587 general@undergroundutilitiesinc.com	34-1248942 9/22/2013	MAJ	330 LF of new sanitary sewer	\$ 771,101.60 86.3%
2	Shelly & Sands 1515 Harmon Avenue Columbus, Ohio 43223 (614) 444-5100	Sub	Bryan Varrato (614) 444-5100 bvarrato@shellyandsands.com	31-4351261 1/23/2014	MAJ	Asphalt	\$ 121,952.00 13.7%
3							
4							
5							
6							
		Approved: FWW					TOTAL CONTRACT or Mod AMOUNT \$ 893,053.60
Version created 082012		Date: 02/25/13					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