

SUBCONTRACTOR WORK IDENTIFICATION FORM

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|---|-------------------------------|--|---|-----------------|
| Project Name: DPU Training and Safety Program - Mod #2 | | | Dept. of Public Utilities | Date: 2/16/2015 |
| Project Number: | | | Division: Sewerage & Drainage | |
| City Project Manager: Roland W. Saunders | | | Division: Water Division: Power | |
| PM Phone #: 614-645-1354 | | | Contract Amt or Mod (\$): \$415,000.00 | |
| Prime Contractor: 360water, Inc. | Ordinance #: 0783-2015 | | Contract Duration: 5 yrs | |

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 | 360water, Inc. 965 West Third Avenue Columbus, Ohio 43212 | Prime | Laura Raish (President) 614-294-3600 Gordon Baugh (Project Manager) 614-294-3600 | 31-1704111 5/31/2015 | FBE | All Tasks listed in Scope of Work | \$415,000.00 100.00% |
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| | | | Approved: kms | | | TOTAL CONTRACT or Mod AMOUNT | \$415,000.00 |
| Version created 082012 | | | Date: 3/11/15 | | | Total Percentage | 100.00% |

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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 peoject. 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 |

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| Total Percentage | Should equal one hundred percent |
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| Approved | DPU's EBOCO Liaison completes this section |
| | |
| Date | The date of approval by DPU's EBOCO's Liaison |
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