

SUBCONTRACTOR WORK IDENTIFICATION FORM

Project Name: Near North & East Large Diameter Condition Assessment			Dept. of Public Utilities	Date: 10/29/15
Project Number: 650725-100014			Division: Sewerage & Drainage	
City Project Manager: Jehan M. Alkhayri			Contract Amt or Mod (\$): \$1,099,389.44	
PM Phone #: (614) 645-			Contract Duration: 24 months	
Prime Contractor: Stantec Consulting Services	Ordinance #: 2862-2015			

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	Stantec Consulting Services, Inc 1500 Lakeshore Drive Suite 100 Columbus, Ohio 43215	Prime	Mark Hudak (614) 486-4383	11-216710 09/10/2017 Active	MAJ	Sewer condition assessment, manhole inspection, MOT and tech memo.	\$ 588,171.74 53.5%
2	Prime AE Group 8415 Pulsar Place. Suite 300 Columbus, Ohio 43240	Sub	Sutha Vallipuram (614) 839-0250	26-0546656/ 02/18/16 Active	ASI	Manhole inspection and MOT assistance.	\$ 127,064.62 11.6%
3	Resource International 6350 Presidential Gateway Columbus, OH 43231	Sub	Michelle Eckels (614) 823-4949	31-0669793 06/30/17 Active	FBE	Air sampling and monitoring.	\$ 42,345.75 3.9%
4	Hydromax USA, LLC 11420 Watterson Ct. Suite 1100 Louisville, KY 40299	Sub	(502) 500-1399	20-0602448 04/24/15 Inactive	MAJ	CCTV sewer inspections.	\$ 341,807.33 31.1%
5							0.0%
6							0.0%
7							0.0%
8							0.0%
			Approved:			TOTAL CONTRACT or Mod AMOUNT	\$ 1,099,389.44
Version created 082012			Date:			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