SUBCONTRACTOR WORK IDENTIFICATION FORM							
Project Name: General CA/CI; Scioto Main / West Side Relief; Town / Fourth Inflow Redirect					Dont of Bublic Hillities	D-1- 00/40/0040	
Project Name: General CA/CI; Scioto Main / N Project Number: 650800-100000; 100005, and		f; 10wh / Fourth Inflow Redirect			Dept. of Public Utilities	Date: 09/19/2012	
100006					Division: Sewerage & Drainage		
City Project Manager: John Newsome							
PM Phone #: (614) 645-0484					Contract Amt or Mod (\$): \$4600,000		
FW F11011e #. (014) 043-0464					Contract Aint of Mod (\$). \$4000,000		
Prime Contractor: Prime Engineering		Ordinance #:			Contract Duration: 10/30/2013		
Contractor and Subcontractor CCCN, Scope and Funding Summary							
Name/	Prime	Contact	CCCN/	Firm	Contract or Mod Scope	Contract or Mod \$	
Name/ Address	Sub	Information	Expires	Type	Contract or Mod Scope	Amount and %	
1 Prime Engineering	Prime	mormation	26-0546656	ASN	CA/CI	\$ 460,000.00	
3000 Corporate Exchange Drive, Suite 600	1 111110		02/17/14	71011	0,10,1	100.0%	
Columbus, Ohio 43231			<b>V</b>				
2 NO SUBCONTRACTORS		NO SUBCONTRACTORS			NO SUBCONTRACTORS		
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		A			TOTAL CONTRACT or Mod AMOUNT	\$ 460,000.00	
		Approved:			TOTAL CONTRACT OF WIDG AMOUNT	φ 400,000.00	
Version created 082012		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 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				
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				