

SUBCONTRACTOR WORK IDENTIFICATION FORM

Project Name: 2013 General Construction Contract			Dept. of Public Utilities	Date: 02/18/2014
Project Number: 650745-100005			Division: Sewerage & Drainage	
City Project Manager: Mark Timbrook			Contract Amt or Mod (\$): \$2,215,000.00	
PM Phone #: (614) 645-0298			Contract Duration: 1 yr w/ possible extension)	
Prime Contractor: The Righter Company		Ordinance #: 0454-2014		

Contractor and Subcontractor CCCN, Scope and Funding Summary

	<u>Name/ Address</u>	<u>Prime Sub</u>	<u>Contact Information</u>	<u>CCCN/ Expires</u>	<u>Firm Type</u>	<u>Contract or Mod Scope</u>	<u>Contract or Mod \$ Amount and %</u>
1	The Righter Company 2424 Harrison Rd Columbus, Ohio 43204 (614) 272-9700	Prime	Brad Nadolson (614) 272-9700 brad@rightercompany.com	31-0889208 1/7/2015	MAJ	Manage miscellaneous construction repairs and projects	\$ 2,194,647.00 99.1%
2	Decker Construction Co. 3040 MCKINLEY AVENUE Columbus, Ohio 43204 (614) 488-7958	Sub	CARL W SCHEIDERER (614) 488-7958 cscheiderer@deckerconstruction.com	31-0983557 12/9/2015	MAJ	Asphalt	\$ 18,355.00 0.8%
3	Twin Rivers Construction Co. 1489 MASONIC PARK RD Marietta, Ohio 45750 (740) 373-3047	Sub	JEANNE M. WETZ-ELSWICK (740) 373-3047 twinriversco@aol.com	26-0128524 12/4/2015	MAJ	Concrete sealing	\$ 1,998.00 0.1%
4							
5							
6							

Version created 082012	Approved:		TOTAL CONTRACT or Mod AMOUNT	\$ 2,215,000.00
	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