

**ATTACHMENT NO. 7
SUBCONTRACTOR WORK IDENTIFICATION FORM**

SUBCONTRACTOR WORK IDENTIFICATION FORM						
Project Name: JPWWTP Clarifiers Electrical Upgrades				Dept. of Public Utilities		Date: 8/2/2017
Project Number: 650230-100001				Division: Sewerage & Drainage		
City Project Manager: Patrick Eiden				Contract Amt or Mod (\$): \$3,815,700.00		
PM Phone #: (614) 645-0309				Contract Duration: 782 days		
Prime Contractor: Kokosing Industrial, Inc.				Ordinance #: 2235-2017		
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 Kokosing Industrial, Inc 6235 Westerville Road, Suite 200 Westerville, OH 43081	Prime	Thomas G. Muraski, P.E. (614) 212-5700 tgm@kokosing.biz	47-2946608 3/10/2019	MAJ	Prime	\$2,220,493.00 58.2%
2 Claypool Electric 1275 Lancaster Kirkersville Rd. Lancaster, OH 43130	Sub	Tucker Brady (740) 653-5683 tbrady@claypoolelectric.com	31-0831061 3/4/2018	MAJ	Electrical	\$1,590,000.00 41.7%
3 John K. Leohner Co. Inc. 3605 Carroll Southern Rd. Carroll, OH 43112-9728	Sub	Kendra Riggs (740) 756-7036 sleohner@aol.com	31-0716408 6/30/2018	F1	Seeding and Mulching	\$5,207.00 0.1%
4			012309			
5			004366			
6			004231			
Version created 082012			Approved: _____		TOTAL CONTRACT or Mod AMOUNT	\$3,815,700.00
					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