

SUBCONTRACTOR WORK IDENTIFICATION FORM

Project Name: JPWWTP Biosolids Land Application Improvement Project - Step 2 Modification				Dept. of Public Utilities	Date: 04/14/2016
Project Number: 650243-100002				Division: Sewerage & Drainage	
City Project Manager: Troy Branson, P.E.				Contract Amt or Mod (\$): \$178,700	
PM Phone #: 614-645-4704					
Prime Contractor: Hazen and Sawyer		Ordinance #: 1163-2016	Contract Duration: 1 year		

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	Hazen and Sawyer 150 East Campus View Blvd, Suite 133 Columbus OH 43235	Prime	Scott Phipps 614-781-9655	13-2904652 Active	MAJ	All Tasks listed in the Mod Scope of Services	\$123,950 69.4%	
2	CCI Engineering Services 2323 West 5th Ave, Suite 120 Columbus, OH 43204	Sub	Jack Ray 614-485-0670	31-1390280 Active	FBE	CAD Design	\$16,000 9.0%	
3	Chester Engineers 88 East Broad Street, Suite 1980 Columbus, OH 43215	Sub	Roger Harris 614-388-8100	20-2401674 Active	MBE	Electrical Design	\$33,750 18.9%	
4	Dynotec 2931 E. Dublin-Granville Rd, Suite 326 Columbus, OH 43241	Sub	Glenn Weiss 614-880-7320	31-1319961 Active	MBE	Civil Design	\$5,000 2.8%	
5							0.0%	
6							0.0%	
7							0.0%	
8							0.0%	
9							0.0%	
			Approved: kms				TOTAL CONTRACT or Mod AMOUNT	\$178,700
Version created 082012			Date: 04/28/2016				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