

SUBCONTRACTOR WORK IDENTIFICATION FORM									
Project Name: SPCC COMPLIANCE ASSISTANCE						Dept. of Public Utilities		FEB. 4, 2014	
Project Number:						Director's Office			
Project Manager: DIRK BROWN						Contract Amt or Mod (\$): \$50,000 PER YEAR			
			Ordinance #: XXXX-2014			Contract Duration: 3 YEARS			
Contractor and Subcontractor CCGN, Scope and Funding Summary									
Name/ Address	Prime Sub	Contract Information	CCGN/ Expires	Firm Type	Contract or Mod Scope	Contract or Mod \$ Amount and %			
1 BROWN & CALDWELL 4700 LAKEHURST COURT, SUITE 100 COLUMBUS, OH 43016	PRIME	BRAD RODGERS BRODGERS@BRWINGALD.COM 614.923.0858	941446346		SPCC COMPLIANCE ASSISTANCE				
2 360WATER 965 WEST THIRD AVE COLUMBUS, OH 43212	SUB	PAUL HADDAD PAUL@360WATER.COM	31-1704111	FBE	SPOC TRAINING ASSISTANCE				
3									
4									
5									
6									
						TOTAL CONTRACT or Mod AMOUNT	\$0.00		
						Total Percentage	0.0%		
						Approved:			
						Date:			
Version created 08/2012									