

SUBCONTRACTOR WORK IDENTIFICATION FORM

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|--|------------------------|--|----------------------------|-------------------------------|----------|
| Project Name: Elevator Maintenance Services for DPU Facilities | | | | Dept. of Public Utilities | 5/5/2017 |
| Project Number: FEM 1401.3 | | | | Division: Sewerage & Drainage | |
| City Project Manager: Monica Powell | | | | Contract Amt or Mod (\$): | |
| PM Phone #: 614-645-3089 | | | | \$70,000.00 | |
| Prime Contractor: Oracle Elevator Company | Ordinance #: 1431-2017 | | Contract Duration: 4 Years | | |

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>DAX Vendor #</u> | <u>Firm Type</u> | <u>Contract or Mod Scope</u> | <u>Contract or Mod \$ Amount and %</u> |
|------------------------|--|----------------------|--------------------------------|----------------------------------|-------------------------|----------------------|---|--|
| 1 | Abell Elevator Service Company dba Oracle Elevator Company 771 Dearborn Park Lane, Suite B Columbus, OH 43085 | Prime | Greg Burnett (614) 330-1448 | 20-1968406 Active 3/8/2018 | 001104 | MAJ | Elevator Maintenance & repair | \$70,000.00 100.0% |
| 2 | No Subcontractors | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |
| 6 | | | | | | | | |
| Version created 082012 | | | Approved: | | | | TOTAL CONTRACT or Mod AMOUNT | \$70,000.00 |
| | | | Date: | | | | 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 |