

**SUBCONTRACTOR WORK IDENTIFICATION FORM**

<b>Project Name: HVAC &amp; Air Purification Maintenance Services for DPU Facilities - Mod #1</b>			<b>Dept. of Public Utilities</b>	10/10/2014
<b>Project Number: FEM 1505.2</b>			<b>Division: Sewerage &amp; Drainage</b>	
<b>City Project Manager: Monica Powell</b>				
<b>PM Phone #: 614-645-3089</b>			<b>Contract Amt or Mod (\$): \$100,000.00</b>	
<b>Prime Contractor: Cornerstone Maintenance Services LTD.</b>			<b>Ordinance #: 2448-2014</b>	<b>Contract Duration: 4 Years</b>

**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	<b>Cornerstone Maintenance Services</b> 10779 US Hwy 42 South Plain City, OH 43110	Prime	Jim Skaggs (614) 325-3755	01-0852059 Active 1/3/2015	MAJ	HVAC Maintenance Air Purification Maintenance Media sampling and changeout. Repair	\$100,000.00 100.0%
2	<b>Filter Technology</b> PO Box 6014 Hilliard, OH 43026	Sub Cont	Ray Reisinger (614) 921-9801	31-1690687 Active 1/18/2015	MAJ	Supply filters as needed.	To be determined by assigned work order or task.
3	<b>United Refrigeration Services</b> 581 W. Town St. Columbus, OH	Sub Cont	Don Campbell (614) 228-5311	31-4329940 Active 1/18/2015	MAJ	Repair of refrigerated units or assemblies	To be determined by assigned work order or task.
4	<b>Ketchum Walton</b> 1783 Kenny Road Columbus, Ohio 43213	Sub Cont	Aaron Powell (614) 486-5961	31-0997616 Active 12/21/2014	MAJ	Supply media as needed.	To be determined by assigned work order or task.
5							
6							
			Approved: KMS			<b>TOTAL CONTRACT or Mod AMOUNT</b>	<b>\$100,000.00</b>
Version created 082012			Date: 10/22/2014			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