

SUBCONTRACTOR WORK IDENTIFICATION FORM

Project Name: 2015 Annual Lining Project			Dept. of Public Utilities	Date: 03/25/2016
Project Number: 650404-100042			Division: Sewerage & Drainage	
City Project Manager: Mike Griffith				
PM Phone #: (614) 645-2416				
Prime Contractor: Layne Inliner, LLC	Ordinance #: 0909-2016		Contract Amt or Mod (\$): \$4613,109.00	Contract Duration: 05/01/2107

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	Layne Inliner, LLC 4143 Weaver Court Hilliard, Ohio 43026 (614) 529-6440	Prime	Kathy Jarrell kathy.jarrell@layne.com (614) 529-6440	01-0684682 2/3/2018	MAJ	Project Management	\$ 3,921,044.00 85.0%
2	Brenneman Excavating 6150 W. State Rd Elida, Ohio 45807 (419) 339-3613	Sub	Rodney Brenneman (419) 339-3613	30-0376951 4/22/2017	MAJ	Sewer work	\$ 33,000.00 0.7%
3	Municipal & Contractors Sealing Products 7740 Reinhold Drive Cincinnati, Ohio 45237 (513) 482-3300	Sub	Drew O'Connor (513) 482-3300	31-1692549 11/5/2017	MAJ	Sewer work	\$ 377,090.00 8.2%
4	Advanced Underground Inspection 38657 Webb Dr. Westland, MI 48185 (734) 721-0081	Sub	Steve Johnson (734) 721-0081	38-3618574 10/5/2017	MBR	Sewer work Inspection	\$ 280,975.00 6.1%
5	City of Columbus Prevailing Wage Coordinator	NA			NA		\$ 1,000.00
6							0.0%
7							0.0%
8							0.0%
			Approved: KMS			TOTAL CONTRACT or Mod AMOUNT	\$ 4,613,109.00
Version created 082012			Date: 4/7/16			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