

SUBCONTRACTOR WORK IDENTIFICATION FORM

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| Project Name: CSO Reduction Improvements at the WWTP Mod #1 | | | Dept. of Public Utilities | Date: 11/10/2014 |
| Project Number: 650347-100001 | | | Division: Sewerage & Drainage | |
| City Project Manager: Fang Cheng | | | | |
| PM Phone #: (614) 645-1267 | | | Contract Amt or Mod (\$): | |
| Prime Contractor: Burgess & Niple, Inc | Ordinance #: 2680-2014 | | Contract Duration: 1 yr | |

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 | Burgess & Niple, Inc 5085 Reed Road Columbus, OH 43220 | Prime | Vui Chung 614.216.4194 | 31-0885550 9/12/2016 | MAJ | Engineering | \$ 258,600.00 93% |
| 2 | Cad Concepts, Inc 2323 West 5th Avenue, Suit 120 Columbus, OH 43204 | Sub | Joyce Johnson 614-485-0670 | 31-1390280 2/28/2015 | FBE | Drafting | \$ 18,000.00 7% |
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|------------------------|-----------|--|---|
| Version created 082012 | Approved: | | TOTAL CONTRACT or Mod AMOUNT \$ 276,600.00 |
| | 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 |