

SUBCONTRACTOR WORK IDENTIFICATION FORM

Project Name: EMS Support Services			Dept. of Public Utilities	Date: January 11, 2017
Project Number: Unknown			Director's Office	
Project Manager: Tim Evans			Contract Amt or Mod (\$):	
P.M. Phone #: 614-645-3290 desk 614-582-1124 cell			\$200,000.00 (phase 1)	
Prime Contractor: GS&P/OH, Inc.	Ordinance #: 0114-2017		Contract Duration: 3 years (to be modified annually)	

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	GS&P/OH, Inc 155 E. Broad St. Suite 900 Columbus, OH 43215	Prime	Robert McGormley	62-1736493 12/3/2017	MAJ	EMS Support Services for transition to ISO 14001:2015 certification	\$110,000.00 76.9%
2	Total Compliance, LLC 5859 Morganwood Sq. Hilliard, OH 43026	Sub	Chris Heminger	20-3604041 5/18/2018	MAJ		\$15,000.00 10.5%
3	T & M Associates 4675 Lakehurst Ct. Suite 250 Dublin, OH 43016	Sub	Scott Blanchard	22-1806708 9/15/2018	MAJ		\$18,000.00 12.6%
4							
5							
6							
			Approved:			TOTAL CONTRACT or Mod AMOUNT	\$143,000
Version created 082012			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