

SUBCONTRACTOR WORK IDENTIFICATION FORM

Project Name: Blacklick Sanitary Interceptor Sewer, Section 6 Parts B&C			Dept. of Public Utilities	Date: 06/24/2015
Project Number: 650034-100006			Division: Sewerage & Drainage	
City Project Manager: Nick Domenick			Contract Amt or Mod (\$):	
PM Phone #: (614) 645-4693			\$1,714,133.90	
Prime Contractor: EMH&T	Ordinance #: 1765-2015		Contract Duration: 12/31/2020	

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 EMH&T 5500 New Albany Road Columbus, Ohio 43054 (614) 775-4207	Prime	Michael Keller mkeller@emht.com (614) 775-4207	31-0685594 8/2/2015	MAJ	Lead Consultant, admin services generate detail plans and specifications	\$ 676,285.24 39.5%
2 Aldea Services, LLC 1616 FORBES ST Rockville, MD 20851 (301) 355-9703	Sub	Gina Goodfellow gina@aldeaservices.com (301) 355-9703	26-2425947 2/26/2016	MAJ	Shaft Design	\$ 490,903.50 28.6%
3 H.R. Gray 3770 Ridge Mill Drive Columbus, Ohio 43026 (614) 487-1335	Sub	James Joyce jjoyce@hrgray.com (614) 487-1335	31-1050479 10/9/2015	MAJ	Construction Review	\$ 80,177.16 4.7%
4 Eagon & Associates 100 OLD WILSON BRIDGE RD STE 115 Worthington, Ohio 43085 (614) 888-5760	Sub	Herbert B. Eagon Jr. HERB@EAGON.CC (614) 888-5760	31-1152778 5/29/2016	MAJ	Hydrogeologic Analysis	\$ 54,113.00 3.2%
5 AECOM 300 East Broad Street, Suite 300 Columbus, Ohio 43215 (614) 429-5083	Sub	Shannon Markham shannon.markham@aecom.com (614) 429-5083	95-2661922 9/23/2016	MAJ	Tunnel / Geotechnical Review	\$ 412,655.00 24.1%
6						0.0%
7						0.0%
8						0.0%
Version created 082012		Approved: KMS			TOTAL CONTRACT or Mod AMOUNT	\$ 1,714,133.90
		Date: 6/26/15			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