

SUBCONTRACTOR WORK IDENTIFICATION FORM

Project Name: Franklin Main Interceptor Rehab. Mod #1			Dept. of Public Utilities	Date: 03/18/2013
Project Number: 650600-100008			Division: Sewerage & Drainage	
City Project Manager: Mike Griffith				
PM Phone #: (614) 645-2416			Contract Amt or Mod (\$): \$0	
Prime Contractor: Layne Inliner LLC		Ordinance #: 0772-2013	Contract Duration:	

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		Zero Dollar Mod - No Subcontractos			Zero Dollar Mod - No Subcontractos	
2		Zero Dollar Mod - No Subcontractos			Zero Dollar Mod - No Subcontractos	
3						
4						
5						
6						
Version created 082012		Approved:			TOTAL CONTRACT or Mod AMOUNT	\$ -
		Date:			Total Percentage	0.0%

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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