

SUBCONTRACTOR WORK IDENTIFICATION FORM

Project Name: General Engineering Consultant Services #2			Dept. of Public Utilities	Date: 5/22/15
Project Number: 650260-100100			Division: Sewerage & Drainage	
City Project Manager: Raisa Pesina				
PM Phone #: 614-645-7363			Contract Amt or Mod (\$): \$520,000	
Prime Contractor: Burgess & Niple, Inc.	Ordinance #: 1588-2015		Contract Duration: 4 yrs. - 2018	

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 5085 Reed Road Columbus OH 43220 614.216.4194	31-0885550 9/12/2016	MAJ	Contract	\$520,000
2 Andover 1395 West Fifth Avenue Columbus, OH 43212	Sub	Rob Petras 1395 West Fifth Avenue Columbus, OH 43212 614.302.2594	51-0556580 6/25/2015	FBE		TBD
3 AEC 1405 Dublin Rd. Columbus, OH 43215	Sub	Lisa Huang 1405 Dublin Rd. Columbus, OH 43215 614.643.3536	13-1612308 7/31/2016	FBE		TBD
4 Dynotec 2931 E. Dublin-Granville Rd Suite 200 Columbus, OH 43231	Sub	Glenn Weist 2931 E. Dublin-Granville Rd Suite 200 Columbus, OH 43231 513.543.2645	31-1319961 2/5/2015	MBE		TBD
5 DHDC 2390 Advanced Business Center Drive Columbus, Ohio 43228	Sub	Savvas Sophocleous 2390 Advanced Business Center Drive Columbus, Ohio 43228 614.527.7656	32-0376762 7/31/2016	MBE		TBD
6						
Version created 082012		Approved: kms			TOTAL CONTRACT or Mod AMOUNT	\$520,000
		Date: 06/10/16			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