

**SUBCONTRACTOR WORK IDENTIFICATION FORM**

Project Name: REGISTRAR SERVICES TO THE ISO 14001:2004 STANDARD FOR THE DEPARTMENT OF PUBLIC UTILITIES			Dept. of Public Utilities	Date: April 28, 2014
Project Number: Unknown			Director's Office	
Project Manager: D. J. Hanket			Contract Amt or Mod (\$): \$60,000.00 (first year)	
P.M. Phone #: 614-645-3753 desk 614-940-9455 City cell			Contract Duration: 3 years (to be modified annually)	
Prime Contractor: Advanced Waste Management Systems, Inc.	Ordinance #: 1184-2014			

**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 Advanced Waste Management Systems, Inc. 6430 Hixon Pike Hixson, TN 37343 432-843-2206	Prime	Jim Mullican, President www.awm.net (423)843-2206	621249287 3/7/2016	MAJ	Project Management, Initial Audit and registration services for ISO certification Annual Surveillance audits to maintain certification	\$60,000.00 100.0%
2						
3						
4						
5						
6						
Version created 082012		Approved:			TOTAL CONTRACT or Mod AMOUNT	\$60,000
		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