

SUBCONTRACTOR WORK IDENTIFICATION FORM

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|--|--|-------------------------------|--|------------------|
| Project Name: Williams Rd / Castle Rd Sanitary Pump Station Control Valve Upgrade Project | | | Dept. of Public Utilities | Date: 06/13/2013 |
| Project Number: 650751-100000 | | | Division: Sewerage & Drainage | |
| City Project Manager: Paul Roseberry | | | Contract Amt or Mod (\$): | |
| PM Phone #: (614) 645-3728 | | | \$411,770.88 | |
| Prime Contractor: Varo Engineers, Inc. | | Ordinance #: 1529-2013 | Contract Duration: Approx 1 yr | |

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 | Varo Engineers, Inc. 2751 Tuller Parkway Dublin, Ohio 43017 (614) 459-0424 | Prime | Jeff Keller (614) 459-0424 jkeller@varoeng.com | 31-0722508 2/15/2015 | MAJ | Arc flash analysis | \$ 405,540.88 98.5% |
| 2 | CW Design Group, LLC 972 LINKFIELD DR Worthington, Ohio 43085 (614) 846-9279 | Sub | Charles Wagner (614) 846-9279 cwdg@cwdg.net | 06-1648088 5/16/2015 | ASN | Land development, transportation, Surveying | \$ 6,230.00 1.5% |
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|------------------------|-----------|--|---|
| Version created 082012 | Approved: | | TOTAL CONTRACT or Mod AMOUNT \$ 411,770.88 |
| | 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 |