

SUBCONTRACTOR WORK IDENTIFICATION FORM

Project Name: Cooke/Glenmont Integrated Solutions Project			Dept. of Public Utilities	Date: 11/03/15
Project Number: 650870-10005			Division: Sewerage & Drainage	
City Project Manager: Mike Griffith				
PM Phone #: 614-645-2416			Contract Amt or Mod (\$): 500,000	
Prime Contractor: Brown and Caldwell		Ordinance #: 2781-2015	Contract Duration: 4 years	

Contractor and Subcontractor CCCN, Scope and Funding Summary

<u>Name/ Address</u>	<u>Prime Sub</u>	<u>Contact Information</u>	<u>CCCN/ Expires</u>	<u>Firm Type</u>	<u>Contract or Mod Scope</u>	<u>Contract or Mod \$ Amount and %</u>
1 Brown and Caldwell 4700 Lakehurst Court, Suite 100 Columbus, OH 43016	Prime	David Nitz 614-410-6144	94-1446346 3/18/2016	MAJ	Involved in all tasks of the project	\$ 352,382.86 70.5%
2 Prime AE Group 8415 Pulsar Place, Suite 300 Columbus, Ohio 43240	Sub	Sutha Vallipuram 614-839-0250	26-0546656 2/28/2016	AZN	Design and CAD services	\$ 83,328.25 16.7%
3 OHM Advisors 580 North Front Street, Suite 630 Columbus, OH 43215	Sub	Tony Slanec 614-418-9928	38-1691323 4/2/2016	MAJ	H&H Analysis and limited engineering services during construction	\$ 23,532.60 4.7%
4 Coldwater Consulting 4919 Whistlewood Lane Columbus, OH 43081	Sub	Kristen Risch 614-948-3313	27-3377013 11/21/2016	FBE	Limited engineering services during construction and select record plans	\$ 40,756.29 8.2%
Version created 082012		Approved: KMS			TOTAL CONTRACT or Mod AMOUNT	\$ 500,000.00
		Date: 11/5/15			Total Percentage	100.0%

SUBCONTRACTOR WORK IDENTIFICATION FORM

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