

**SUBCONTRACTOR WORK IDENTIFICATION FORM**

<b>Project Name: Clintonville Lining CA/CI</b>			<b>Dept. of Public Utilities</b>	Date: 04/26/2013
<b>Project Number: 650874-100000</b>			<b>Division: Sewerage &amp; Drainage</b>	
<b>City Project Manager: Mike Griffith</b>			<b>Contract Amt or Mod (\$):</b> \$475,594.44	
<b>PM Phone #: (614) 645-2416</b>			<b>Contract Duration: 270 days from</b> NTP (approx Feb/Mar 2014)	
<b>Prime Contractor: Prime Engineerings, Inc.</b>		<b>Ordinance #: 1092-2013</b>		

**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 <b>Prime Engineering, Inc.</b> 3000 Corporate Exchange Drive Columbus, Ohio 43231 (614) 839-0250	Prime	Sugu Suguness (614) 839-0250 <a href="mailto:sugus@primeeng.com">sugus@primeeng.com</a>	26-0546656 2/17/2014	ASN	construction inspection	\$ 420,594.44 88.4%
2 <b>DLZ Ohio</b> 6121 HUNTLEY RD Columbus, Ohio 43229-1003 (614) 888-0040	Sub	VIKRAM RAJADHYAKSHA (614) 888-0040 hrdept@dlz.com	31-1268980 2/19/2015	MBR	CIPP Testing	\$ 50,000.00 10.5%
3 <b>EMH&amp;T</b> 5500 NEW ALBANY RD Columbus, Ohio 43054 (614) 775-4500	Sub	Ken Shoemaker (614) 775-4500 <a href="mailto:sdovleahern@emht.com">sdovleahern@emht.com</a>	31-0685594 9/22/2013	MAJ	Survey for As-Builts	\$ 5,000.00 1.1%
4						
5						
6						
Version created 082012		Approved: FWW			<b>TOTAL CONTRACT or Mod AMOUNT</b>	<b>\$ 475,594.44</b>
		Date: 04/29/13			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