

SUBCONTRACTOR WORK IDENTIFICATION FORM

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|---|------------------------|--|-------------------------------|
| Project Name: SMOG Stormwater Facility Improvements | | | Dept. of Public Utilities |
| Project Number: 611021-100000 | | | Division: Sewerage & Drainage |
| City Project Manager: Hunter Kelly | | | Contract Amt or Mod (\$): |
| PM Phone #: (614) 645-0239 | | | \$208,933.10 |
| Prime Contractor: Strand Associates, Inc. | Ordinance #: 1392-2017 | | Contract Duration: 3 yrs. |

Contractor and Subcontractor CCCN, Scope and Funding Summary

| # | Name/ Address | Prime Sub | Contact Information | CCCN/ Expires | Firm Type | Contract or Mod Scope |
|---|---|--------------|------------------------------|-------------------------|--------------|--|
| 1 | Strand 4433 Professional Parkway, Columbus, Ohio, 43125 | Prime | Kris Ruggles 614-835-0460 | 39-1020418 9/25/2017 | MAJ | Project Management Design Engineering Services During Construction |
| 2 | No subs | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |

| | | | |
|------------------------|-----------|--|-------------------------------------|
| Version created 082012 | Approved: | | TOTAL CONTRACT or Mod AMOUNT |
| | Date: | | Total Percentage |

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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 |