

<b>Project Name: Fairwood / Griggs Radio Replacement Project</b>		
<b>Project Number: 650580-100000</b>		
<b>City Project Manager: Paul Roseberry</b>		
<b>PM Phone #: (614) 645-3728</b>		
<b>Prime Contractor/Consultant: The Righter Company</b>		<b>Ordinance #: 1158-2018</b>
<b><u>Contractor and Subcontractor C</u></b>		

	<b>Name / Address</b>	<b>Prime or Sub</b>	<b>Contact Information</b>
1	<b>The Righter Company</b> 2424 Harrison Rd Columbus, Ohio 43204 (614) 272-9700	Prime	Bradley R. Nadolson <a href="tel:6142729700">(614) 272-9700</a> brad@rightercompany.com
2	<b>J&amp;K Communications, Inc.</b> 222 South Tower View Drive Columbia City, IN 46725 (260) 244-7975	Sub	Jon Shew (260) 244-7975
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DPU Fiscal Revised 8/9/2016

Approved:

Date:

	<b>Dept. of Public Utilities</b>	<b>Date: 04/23/18</b>
	<b>Division: DOSD</b>	
	<b>Contract Amt or Mod (\$):</b> <b>\$171,600.00</b>	
	<b>Contract Duration: 180 Days</b>	

**CCN, Scope, and Funding Summary**

<b>C.C.# / Expires</b>	<b>DAX Vendor #</b>	<b>Firm Type</b>	<b>Contract or Mod Scope</b>	<b>Contract or Mod Amount &amp; %</b>
31-0889208 1/19/2020	004433	MAJ	Project Management Contingency = Total =	\$ 19,177.01 \$ 28,600.00 \$ 47,777.01 27.8%
35-1784801 1/30/2020	007061	MAJ	Radio Telemetry System Special - Section 16900	\$123,822.99 72.2%
			Task #	0.0%
			Task #	0.0%
			Task #	\$ - 0.0%
			If Authorized	0.0%
			If Authorized	0.0%
				0.0%

			<b>TOTAL CONTRACT or Mod AMOUNT</b>	<b>\$ 171,600.00</b>
			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 Department / Division assigned project manager
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
Vendor #	The Dynamic Accounting System (DAX) vendor identification number
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