

SUBCONTRACTOR WORK IDENTIFICATION FORM

Project Name: JPWWTP ACA/ACB Steam Heating (SCP 02JP)			Dept. of Public Utilities	Date: 01/31/2014
Project Number: 650260-102004			Division: Sewerage & Drainage	
City Project Manager: Keith Gilbert				
PM Phone #: (614) 645-5164			Contract Amt or Mod (\$): 332,252.80	
Prime Contractor: The C.D. Whitfield Co., LLC	Ordinance #: 0306-2014		Contract Duration: 180 days	

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	The C.D. Whitfield Co., LLC 2919 East 37th Street Cleveland, Ohio 44115 (216) 883-8668	Prime	Charlie Whitfield (216) 883-8668 cdwboiler@yahoo.com	26-0564317 1/6/2016	MAJ	General contractor	\$ 280,252.80 84.3%
2	Bi State Insulation 275 Conover Drive Franklin, Ohio 45005 (513) 668-6100	Sub	Mark Anthony (513) 668-6100 marka@bistateinsulation.com	43-1840099 2/19/2014	MAJ	Insulation	\$ 49,000.00 14.7%
3	Cap City Electric 9798 Karmar Ct Ste B New Albany, Ohio 43054 (614) 933-8700	Sub	M. Pricetas (614) 933-8700	76-0774593 3/28/2015	MAJ	Electrical	\$ 3,000.00 0.9%
4							
5							
6							

		Approved:		TOTAL CONTRACT or Mod AMOUNT \$ 332,252.80
Version created 082012		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