

SUBCONTRACTOR WORK IDENTIFICATION FORM							
Project Name: Wastewater Treatment Facilities Professional Contract Management				Dept. of Public Utilities		Date: 3/1/16	
Project Number: 650261-101000		Division: Sewerage & Drainage					
City Project Manager: Raisa Pesina, P.E.							
PM Phone #: (614) 645-7363		Contract Amt or Mod (\$): 1,124,173.00					
Prime Contractor: H.R. Gray & Associates, Inc.			Ordinance #: 0828-2016		Contract Duration: 1 year		
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	H.R. Gray 3770 Ridge Mill Drive Columbus, OH 43026	Prime	George D. Daily 614-487-1335	31-1050479 8/21/2017	MAJ	Construction Management	\$ 857,642.00 76.3%
2	Prime Engineering & Architecture, Inc. 30000 Corporate Exchange Drive Columbus, OH 43231	Sub	Jack Marchbanks 614-839-0250	26-0546656 10/30/2017	MBE	Material Testing	\$ 211,531.00 18.8%
3	Multivista Construction Documentation (an Atlas Limited subsidiary) 12 Huber Village Blvd. Westerville, OH 43082	Sub	Mark Oldenquist 614-776-5580	27-4478267 5/29/2016	MBE	Photo Documentation	\$ 20,000.00 1.8%
4	American Services 171 Livingston Ave Columbus, OH 43215	Sub	Aaron Harper (614) 884-0177	CC71573-102914 6/23/2016	MBE	Security Services	\$ 35,000.00 3.1%
5							
6							
Version created 082012			Approved: KMS			TOTAL CONTRACT or Mod AMOUNT	\$ 1,124,173.00
			Date: 03/17/2016			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