

SUBCONTRACTOR WORK IDENTIFICATION FORM

	SUBCONTRACTOR WORK IDENTIFICATION FORM							
	Project Name: Specialty Maintenance Crafts for DPU Facilities				Dept. of Public Utilities	2/16/2018		
	Project Number: FEM 0101.5				Division: Sewerage & Drainage			
	City Project Manager: Monica Powell							
	PM Phone #: 614-645-3089				Contract Amt or Mod (\$): \$800,000.00			
	Prime Contractor: The Righter Company, Inc.		Ordinance #: 0717-2018		Contract Duration: 4 Years			
	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	The Righter Company, Inc. 2424 Harrison Rd. Columbus, OH 43204	Prime	Nick Miller 614-272-9700 x106	31-0889208 Active 1/19/2020	MAJ	General Contractor	\$799,900.00 100.0%	
2	Decker Construction 3040 Mc Kinley Avenue Columbus, Ohio 43204	Sub	Carl Scheiderer 614-488-7958	31-0983557 Active 10/25/2019	MAJ	Asphalt repair	\$100.00 To be determined by assigned work order or task.	
Version created 082012			Approved:			TOTAL CONTRACT or Mod AMOUNT	\$800,000.00	
			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