

SUBCONTRACTOR WORK IDENTIFICATION FORM

Project Name: 2014 Annual Lining Project			Dept. of Public Utilities	Date: 11/10/2014
Project Number: 650404-100041			Division: Sewerage & Drainage	
City Project Manager: Mike Griffith				
PM Phone #: (614) 645-2416				
Prime Contractor: Insituform Technologies		Ordinance #: 2679-2014	Contract Amt or Mod (\$): \$4,511,118.04	Contract Duration: 365 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	Insituform Technologies 17988 Edison Ave Chesterfield, MO 63005 (636) 530-8000	Prime	Debra Jasper (636) 530-8000	13-3032158 4/22/2015	MAJ	Cure-In-Place Pipe	\$ 3,216,042.04 71.3%
2	MCSP 7740 Reinhold Drive Cincinnati, Ohio 45237 (513) 482-3300	Sub	Drew O'Connor (513) 482-3300 mcsp@fuse.net	31-1692549 7/22/2015	MAJ	Manhole Rehabilitation and Chimney Seals	\$ 819,576.00 18.2%
3	Advanced Under Ground Inspection 38657 WEBB DR Westland, MI 48185 (734) 721-0081	Sub	STEVE JOHNSON (734) 721-0081 sjohnson@advui.com	38-3618574 11/11/2016	MBR	Cleaning / CCTV / Manhole Work	\$ 474,500.00 10.5%
4	Sunbelt Pump Rentals 1275 W. Mound St. Columbus, Ohio 43223 (614) 496-0641	Sub	Shawn Grinstead (614) 496-0641 shawn.grinstead@sunbeltrentals.com	58-0415192 10/22/2016	MAJ	By pass pumps	\$ 165,000.00 3.7%
5							
6							

Version created 082012	Approved:		TOTAL CONTRACT or Mod AMOUNT \$ 4,510,118.04
	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