

Project Name: Professional Construction Management Services for Lockbourne Intermodal Subtrunk		
Project Number: 650491-100006		
City Project Manager: Jeremy Cawley		
PM Phone #: (614) 645-6795		
Prime Contractor/Consultant: Smoot Construction Co.		Ordinance #: 3051-2016

Contractor and Subcontractor CC

	Name / Address	Prime or Sub	Contact Information
1	Smoot Construction Inc. 1907 Leonard Avenue Columbus, Ohio 43219	Prime	Lewis R. Smoot Jr. (614) 253-9000
2	Aldea Services LLC 5500 New Albany Road Columbus, Ohio 43054	Subcont.	Bob Goodfellow (301) 979-7483
3	HR Gray 3770 Ridge Mill Drive Columbus, Ohio 43026	Subcont.	Jim Joyce (614) 487-1335
4	Prime AE Group 8415 Pulsar Place, Suite 300 Columbus, Ohio 43230	Subcont.	Reggie Hood (614) 839-0250
5			
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DPU Fiscal Revised 8/9/2016

Approved: _____

Date: _____

	Dept. of Public Utilities	Date: 10/21/2016
	Division: Sewerage & Drainage	
	Contract Amt or Mod (\$):	
	\$5,031,441.43	
Contract Duration: Construction - 3yrs.		

CN, Scope, and Funding Summary

C.C.# / Expires	DAX Vendor #	Firm Type	Contract or Mod Scope	Contract or Mod Amount & %
31-1224826 04/15/18	004871	MBE	construction management services and inspection	\$ 2,578,063.04 51.2%
26-2425947 04/06/18	002301	MAJ	construction management services and inspection	\$ 1,768,156.00 35.1%
31-1050479 08/21/17	004640	MAJ	construction management services and inspection	\$ 485,222.40 9.6%
26-0546656 10/30/17	002102	ASN	professional testing and inspection services	\$ 200,000.00 4.0%
				0.0%
				0.0%
				0.0%
				0.0%

			TOTAL CONTRACT or Mod AMOUNT	\$ 5,031,441.44
			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