

SUBCONTRACTOR WORK IDENTIFICATION FORM

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|---|--|-------------------------------|---|--|-----------|
| Project Name: Overbrook/Chatham Integrated Solutions Project | | | | Dept. of Public Utilities | 11/3/2015 |
| Project Number: 650870-100004 | | | | Division: Sewerage & Drainage | |
| City Project Manager: Hunter Kelly, P.E. | | | | | |
| PM Phone #: 614-645-0239 | | | | | |
| Prime Contractor: AECOM | | Ordinance #: 2780-2015 | Contract Amt or Mod (\$): 297,133.35 | Contract Duration: 4 yrs. | |

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 | AECOM 277 W. Nationwide Boulevard Columbus, Ohio 43215 | Prime | Jeffrey R. Kerr, P.E. 277 W. Nationwide Boulevard Columbus, Ohio 43215 | 95-2661922 09/23/16 | MAJ | solutions for private sewer rehabilitation, redirection of stormwater from private sources and the design of green infrastructure. | \$297,133.35 100.0% |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| | | | Approved: KMS | | | TOTAL CONTRACT or Mod AMOUNT | \$297,133.35 |
| Version created 082012 | | | Date: 11/5/15 | | | 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 |