Project Name: Blueprint Stormwater Sewer System Assessment - West Franklinton

	Dept. of Public Utilities — **Date: 3/13/17**
Project Number: 611625-100002	**Division: DOSD**
City Project Manager: Grace Lang	**Contract Amt or Mod ($):**
PM Phone #: 645-8630	**$1,019,511.78**
Prime Contractor/Consultant: — **Ordinance #: 0734-2017**	**Contract Duration:**

Contractor and Subcontractor CCCN, Scope, and Funding Summary

	Name / Address	Prime or Sub	Contact Information	C.C.# / Expires	DAX Vendor #	Firm Type	Contract or Mod Scope	Contract or Mod Amount & %
1	**EMH&T**	Prime	Marcia Bland	31-0685594	4214	MAJ	Project Management,CCTV and	$992,511.78
	5500 New Albany Road		614-775-4237	exp. 3/23/17			Manhole Inspections	97.4%
	Columbus, Ohio 43054		mbland@emht.com					
2	**Paul Peterson**		Brian Peterson	31-4404549	6107		Maintenance of Traffic	$27,000.00
	950 Dublin Road		614-486-4375	exp. 4/27/17				2.6%
	Columbus, Ohio 43215		brianp@ppco.net					
3								0.0%
4								0.0%
5								0.0%
6								0.0%
7								0.0%
8								0.0%
			Approved:				**TOTAL CONTRACT or Mod AMOUNT**	**$ 1,019,511.78**
	DPU Fiscal Revised 8/9/2016		Date:				Total Percentage	100.0%

SUBCONTRACTOR WORK IDENTIFICATION FORM

Field	Description
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 peoject. 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 Dymanic 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