

SUBCONTRACTOR WORK IDENTIFICATION FORM

Project Name: Large Diameter Valve Replacements				Dept. of Public Utilities	Date: 4/27/17
Project Number: 690521-100003				Division: Water	
City Project Manager: Phil Schmidt, P.E.				Contract Amt:	
PM Phone #: 645-7677				\$4,066,694.40	
Prime Contractor: Complete General Construction Co				Contract Duration: 550 days	
Ordinance #: 1246-2017					

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	Complete General Construction Co. 1221 E. Fifth Ave. Columbus, OH 43219	Prime	Lee A. Guzzo, Chairman of Board (614) 258-9515 lguzzo@completegeneral.com	31-4366382 9/14/17	006056	MAJ	Replacement of large diameter valves (24" through 48" diameter) and associated work including linestops.	\$3,408,194.40 83.8%
2	Decker Construction Company 3040 McKinley Ave. Columbus, OH 43204	Sub	Jon Ewert (614) 488-7958	31-0983557 10/13/17	004549	MAJ	Asphalt	\$125,000.00 3.1%
3	Team Industrial Services, Inc. 13131 Dairy Ashford Ste 600 Sugar Land, TX 77478	Sub	Melinda English (281) 388-5593 teamindustrialservices.com	74-1776312 5/5/19	021765	MAJ	Line stops	\$525,000.00 12.9%
4	McCoy Excavating Co. Inc. 433 Hosack St. Columbus, OH 43207	Sub	Craig McCoy (614) 444-2622	31-0962456 5/1/19	004521	MAJ	Tapping Sleeve	\$8,500.00 0.2%
DPU Fiscal Revised 8/9/2016			Approved: n/a				TOTAL CONTRACT AMOUNT:	\$4,066,694.40
			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 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