SUBCONTRACTOR WORK IDENTIFICATION FORM

Project Name: Wastewater Treatment Facilities Professional Contract Management		**Dept. of Public Utilities**	Date: 03/25/2015
Project Number: 650261-101000		**Division: Sewerage & Drainage**	
City Project Manager: Raisa Pesina, P.E.			
PM Phone #: (614) 645-7363		**Contract Amt or Mod ($):**	
Prime Contractor: H.R. Gray & Associates, Inc.	**Ordinance #**: 0948-2015	**Contract Duration:**	

Contractor and Subcontractor CCCN, Scope and Funding Summary

	Name/ Address	Prime Sub	Contact Information	CCCN/ Expires	Firm Type	Contract or Mod Scope	Contract or Mod $ Amount and %
1	**H.R. Gray - A Haskell Co.**	Prime	George D. Daily	31-1050479	MAJ	Construction Management	$ 1,995,942.00
	3770 Ridge Mill Drive		614-487-1335	10/9/2015			59.1%
	Columbus, OH 43026						
2	**Smoot Construction Company of Ohio**	Sub	Lewis Smoot Jr.	31-1224826	MBE	Construction Management	$ 1,106,417.00
	1907 Leonard Avenue		614-253-9000	4/29/2016			32.8%
	Columbus, OH 43219						
3	**Prime Engineering & Architecture, Inc.**	Sub	Jack Marchbanks	26-0546656	MBE	Material Testing	$ 99,999.00
	30000 Corporate Exchange Drive		614-839-0250	2/5/2016			3.0%
	Columbus, OH 43231						
4	**Multivista Construction Documentation (an Atlas Limited subsidiary)**	Sub	Mark Oldenquist	26-2606051	MAJ	Photo Documentation	$ 75,000.00
	12 Huber Village Blvd.		614-776-5580	5/29/2015			2.2%
	Westerville, OH 43082						
5	**American Services**	Sub	Aaron Harper	56-2471573	MBE	Security Services	$ 98,000.00
	171 Livingston Ave		(614) 884-0177	4/16/2015			2.9%
	Columbus, OH 43215						
6							

	Approved:	**TOTAL CONTRACT or Mod AMOUNT**	**$ 3,375,358.00**
Version created 082012	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 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
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