

**SUBCONTRACTOR WORK IDENTIFICATION FORM**

<b>Project Name: Alum Creek Trunk Middle - Contract A</b>			<b>Dept. of Public Utilities</b>	Date: 04/20/2015
<b>Project Number: 650725-100003</b>			<b>Division: Sewerage &amp; Drainage</b>	
<b>City Project Manager: Jeremy Cawley</b>				
<b>PM Phone #: (614) 645-6795</b>			<b>Contract Amt or Mod (\$): \$2,458,564.80</b>	
<b>Prime Contractor: Layne Inliner, LLC</b>	<b>Ordinance #: 1152-2015</b>		<b>Contract Duration: 365 days</b>	

**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	<b>Layne Inliner, LLC</b> 4143 Weaver Court Hilliard, Ohio 43026 (614) 529-6440	Prime	Kathy Jarrell (614) 529-6440 <a href="mailto:kathy.jarrell@layne.com">kathy.jarrell@layne.com</a>	01-0684682 2/6/2016	MAJ	general construction / construction mgr	\$ 1,978,549.80 80.5%
2	<b>MCSP</b> 7740 Reinhold Dr. Cincinnati, Ohio 45237 (513) 482-3300	Sub	Drew O'Connor (513) 482-3300 mcsp@fuse.net	31-1692549 7/22/2015	MAJ	Manhole rehabilitation	\$ 190,170.00 7.7%
3	<b>Brenneman Excavation</b> 6150 W. State Rd Elida, Ohio 45807 (419) 339-3613	Sub	John Brenneman (419) 339-3613 brennemanx@gmail.com	03-0376951 4/22/2017	MAJ	Open Cut	\$ 289,845.00 11.8%
4							
5							
6							
		Approved:				<b>TOTAL CONTRACT or Mod AMOUNT</b>	<b>\$ 2,458,564.80</b>
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 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