

SUBCONTRACTOR WORK IDENTIFICATION FORM

Project Name: Workforce and Economic Development Consulting Svcs - Mod #2			Dept. of Public Utilities	6/23/2016
Project Number:			Director's Office	
Project Manager: Keena Smith				
			Contract Amt or Mod (\$): 350,000.00	
	Ordinance #: 1698-2016		Contract Duration: 1 year	

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 RAMA Consulting Group, Inc. 897 E. 11th Avenue Columbus, OH 43211	Prime	Mataryun Wright, President & Managing Director 614/245-0451 614/453-5095 fax mowright@rama-consulting.net	20-4647970 1/16/2017	MBE	Workforce and economic development consulting services	\$285,000.00 81.4%
2 RA Consultants 4250 Creek Rd. Cincinnati, OH 45241	Sub	John Allen Principal (513)469-6600 jallen@raconsultantsllc.com	20-0654077 5/21/2017	MAJ	Workforce and economic development consulting services	\$30,000.00 8.6%
3 Laura MacGregor Comek Law LLC 300 E. Broad St. Suite 450 Columbus, OH 43215	Sub	Laura Comek Columbus, OH 43215 (614)560-1488	47-1922120 11/18/2017	MAJ	Workforce and economic development consulting services	\$20,000.00 5.7%
4 Performance Consulting 131 Franklin Park West Suite 3 Columbus, OH 43205	Sub	Jim White President 614-252-3266	31-1351402 7/15/2016	MAJ	Diversity Training and Worforce Development Consulting	\$15,000.00 4.3%
5						
6						
		Approved: KMS			TOTAL CONTRACT or Mod AMOUNT	\$350,000.00
Version created 082012		Date: 6/24/16			Total Percentage	100.0%

SUBCONTRACTOR WORK IDENTIFICATION FORM

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 individual 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