

SUBCONTRACTOR WORK IDENTIFICATION FORM

Project Name: Alum Creek Trunk (South) & DESHLER Tunnel Sewer Assessment			Dept. of Public Utilities	Date: 05/17/13
Project Number: 650725-100004			Division: Sewerage & Drainage	
City Project Manager: Nick Domenick				
PM Phone #: (614) 645-4693			Contract Amt or Mod (\$): \$400,928.72	
Prime Contractor: DLZ Ohio, Inc.	Ordinance #: 1252-2013		Contract Duration: 1 yr.	

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	DLZ Ohio, Inc. 6121 Huntley Rd Columbus, Ohio 43229 (614) 888-0040	Prime	Joshua Brooks (614) 888-0040	31-1268980 2/28/2015	ASN		\$ 205,902.07 51.4%
2	Ribway Engineering Group 300 E. Broad St, Suite 500 Columbus, Ohio 43215 (614) 221-6009	Sub	Andrew Eribo (614) 221-6009 aeribo@ribwaygroup.com	31-1406579 2/28/2014	MBE		\$ 19,875.50 5.0%
3	Donahue Ideas 2780 Airport Drive, Suite 333 Columbus, Ohio 43219 (614) 532-6771	Sub	Colleen M. Donahue, P.E. (614) 532-6771 cdonahue@donahue-ideas.com	06-1716807 3/31/2014	FBE		\$ 11,398.80 2.8%
4	Fee Corp. 7995 Allen Rd Canal Winchester, Ohio 43110 (614) 837-3010	Sub	Karen Peterson (614) 837-3010 kpeterson@feecorpinc.com	31-1426410 5/18/2014	MAJ		\$ 86,220.00 21.5%
5	Hydromax USA 71 Cavalier Boulevard, Suite 122 Florence, Ky 41042 (859) 512-7878	Sub	Stu Bowns (859) 512-7878 stu.bowns@hydromaxusa.com	20-0602448 4/23/2015	MAJ		\$ 77,532.35 19.3%
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		Approved: FWW					TOTAL CONTRACT or Mod AMOUNT \$ 400,928.72
Version created 082012		Date: 5/20/13					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