	SUBCONTRACTOR WORK IDENTIFICATION FORM									
	Project Name: Portage Grove Project Area					Dept. of Public Utilities	Date: 6/25/13			
	Project Number: 650700					Division: Sewerage & Drainage				
	City Project Manager: Hunter Kelly									
						Contract Amt on Mad (f): 402 454 45				
	PM Phone #: 645-0329		<b>O</b> n l'anna # 4070-0040			Contract Amt or Mod (\$): 103,454.15				
_	Prime Contractor: Pomeroy and Associates		Ordinance #: 1670-2013	Seene and Fund		Contract Duration: 2yrs				
⊢	Contractor and Subcontractor CCCN. Scope and Funding Summary									
F	Name/	Prime	Contact	CCCN/	Firm	Contract or Mod Scope	Contract or Mod \$			
	Address	Sub	Information	Expires	Туре		Amount and %			·
1	Pomeroy and Associates	Prime	Christopher M. Tebbe, P.E	31-1568332	MAJ	Construction Management	\$ 99,454.15			
	599 Scherers Ct.		ctebbe@pomeroyassoc.com	12/13/2013			96.13%			
	Worthington, Ohio 43085		614-885-2498							
	614-885-2498									
2	Dreier & Maller, Inc	Sub	STEWART DREIER	34-1681027	MAJ	Smoke test existing sanitary sewers	\$ 4,000.00			·
			614-575-0065	5/10/2014	-		3.87%			
			info@DreierandMaller.com							
3	5									
4										
5		<u> </u>								
6										
Approved:					TOTAL CONTRACT or Mod AMOUNT	\$ 103,454.15				
Version created 082012 Date:					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 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						