SUBCONTRACTOR WORK IDENTIFICATION FORM							
Project Name: SWWTP Sludge Thickening Improvements and Additional Renovations					Dept. of Public Utilities	Date: 12/13/2013	
Project Number: 650359-100000					Division: Sewerage & Drainage		
City Project Manager: Keith Gilbert							
PM Phone #: (614) 645-5					Contract Amt or Mod (\$): \$2,908,000.00		
Prime Contractor: Ulliman Schutte Construct		Ordinance #: 3040-2013			Contract Duration: 494 Days		
Contractor and Subcontractor CCCN, Scope and Funding Summary							
			0001/				
Name/	Prime	Contact	CCCN/	Firm T	Contract or Mod Scope	Contract or Mod \$	
Address	Sub	Information	Expires	Type		Amount and %	
1 Ulliman Schutte Construction	Prime	Trent Bledsoe	31-1582279	MAJ	General Construction	\$ 2,552,600.00	
9111 Springboro Pike		(937) 910-9900	8/26/2015			87.8%	
Miamisburg, Ohio 45342		tbledsoe@ullimanschutte.com					
(937) 910-9900							
2 Atlas Industrial Contractors	Sub	Randy Butcher	31-1589454	MAJ	Electricla	\$ 355,400.00	
5275 Sinclair Rd		(614) 841-4500				12.2%	
Columbus, Ohio 43229							
3							
4							
5							
6							
			•				
	Approved: FWW			TOTAL CONTRACT or Mod AMOUNT	\$ 2,908,000.00		
Version created 082012		Date: 12/18/13			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				