

**SUBCONTRACTOR WORK IDENTIFICATION FORM**

Project Name: Wastewater Treatment Facilities Ash Lagoons Improvements				Dept. of Public Utilities	Date: 11/14/13
Project Number: 650333-100000				Division: Sewerage & Drainage	
City Project Manager: Rob VanEvra				Contract Amt or Mod (\$): \$119,500.00	
PM Phone #: 645-7961				Contract Duration: 6 months	
Prime Contractor: ARCADIS U.S., Inc.		Ordinance #: 3032-2013			

**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	ARCADIS U.S., Inc. 100 E. Campus View Blvd., Suite 200 Columbus, OH 43235 (614) 985-9100	Prime	Jim Hays, P.E. Jim.Hays@arcadis-us.com (614) 985-9204	57-0373224 7/10/2015	MAJ	Additional Engineering Services Detailed Design Services During Construction	\$ 119,500.00 100.0%
2							
3							
4							
5							
6							
			Approved: FWW			<b>TOTAL CONTRACT or Mod AMOUNT</b>	<b>\$ 119,500.00</b>
Version created 082012			Date: 12/18/13			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