

| SUBCONTRACTOR WORK IDENTIFICATION FORM |  |
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|  | Project name as it appears on either the RFP or Bid Documents. The <br> same name should be used in the legislation |
| Project Name |  |
|  | Should be a twelve digit number represented as a six-six number. <br> Example 650123-100000 |
| Project Number | The DOSD assigned to the project |
|  |  |
| City Project Manager | The assigned City Engineer's telephone number |
| P.M. Phone \# | contract / modification awardee |
|  | Legislation number for the peoject. To be entered by DPU Fiscal |
| Prime Contractor | Date the document is completed |
| Ordinance | The amount of contract or modification cost for this project |
| Date | Company name; address; City \& State; Zip Code; and Phone Number |
| Contract/Mod Amt (\$) | Indicate whether it the Prime contractor or a subcontractor |
| Name and Address | Company Official, or Project Manager, Email address, and Phone <br> number |
| Prime/Sub | City of Columbus Contract Compliance Number (Obtained through <br> Equal Business Opportunity Commission Office - EBOCO) / Expiration <br> Date: Date the CCCN expires |
| Contact Information | The Majority or Minority identification of the company. Typically it be <br> identified as: MAJ; MBE; FBE; ASN; or MBR |
| The | The scope or type of work being performed for this project <br> CocN / Expires |
| The total amount and percentage each participant will receive for this |  |
| contract or modification |  |

