	SUBCONTRACTOR WORK IDENTIFICATION FORM						
	Project Name: Wastewater Treatment Facili	ties Ash Lago	ons Improvements			Dept. of Public Utilities	Date: 5/19/14
	Project Number: 650333-100000					Division: Sewerage & Drainage	_
	City Project Manager: Rob VanEvra	_					_
	PM Phone #: 645-7961			_		Contract Amt or Mod (\$): \$18,100.00	<u>ı</u>
	Prime Contractor: ARCADIS U.S., Inc.		Ordinance #:			Contract Duration: 6 months	
			Contractor and Subcontractor CCC	CN, Scope and Fund	ding Sumr	nary	
	Name/	Prime	Contact	CCCN/	Firm	Contract or Mod Scope	Contract or Mod \$
	Address	Sub	Information	Expires	Type		Amount and %
1	ARCADIS U.S., Inc.	Prime	Jim Hays, P.E.	57-0373224	MAJ	Additional Engineering Services	\$ 18,100.00
	100 E. Campus View Blvd., Suite 200		Jim.Hays@arcadis-us.com	7/10/2015		Detailed Design	100.0%
	Columbus, OH 43235		(614) 985-9204			Services During Construction	
	(614) 985-9100						
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				I	<u> </u>	TOTAL CONTRACT or Mod	
			Approved: KMS/ per mep			AMOUNT	\$ 18,100.00
	Varian areated 000010				Total Deveorate an	100.000	
	Version created 082012	Date: 06/03/2014			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						