

SUBCONTRACTOR WORK IDENTIFICATION FORM							
Project Name: Janitorial Services for Department of Public Utilities Facilities - Modification #1				Dept. of Public Utilities		5/14/2014	
Project Number: FEM 0102.6				Division: Sewerage & Drainage			
City Project Manager: Monica Powell							
PM Phone #: 614-645-3089				Contract Amt or Mod (\$): \$175,000.00			
Prime Contractor: Master Maintenance		Ordinance #: 1334-2014		Contract Duration: 4 Years			
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	Master Maintenance LLC 6200 Wilcox Road Dublin, Ohio 43016	PRIME	John Hoge 614-734-1400	31-1585601 7/26/2014	MAJ	Janitorial Services for various Department of Public Utilities Facilities	\$175,000.00 100.0%
2	No subcontractors						
3							
4							
5							
6							
Version created 082012			Approved: KMS			TOTAL CONTRACT or Mod AMOUNT	\$ 175,000.00
			Date: 6/5/14			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 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