

SUBCONTRACTOR WORK IDENTIFICATION FORM							
Project Name: Workforce and Economic Development Consulting Svcs				Dept. of Public Utilities		Date: 6/11/2014	
Project Number:		Director's Office					
Project Manager: Keena Smith							
		Contract Amt or Mod (\$): 350,000.00					
			Ordinance #: 1408-2014	Contract Duration: 1 year			
Contractor and Subcontractor CCCN. Scope and Funding Summary							
	Name/ Address	Prime Sub	Contact Information	CCCN/ Expires	Firm Type	Contract or Mod Scope	Contract or Mod \$ Amount and %
1	RAMA Consulting Group, Inc. 897 E. 11th Avenue Columbus, OH 43211	Prime	Mataryun Wright, President & Managing Director <a href="tel:6142450451">614/245-0451</a> 614/453-5095 fax mowright@rama-consulting.net	20-4647970 3/15/2015	M1A	Workforce and economic development consulting services	\$225,000.00
2	RA Consultants 4250 Creek Rd. Cincinnati, OH 45241	Sub	John Allen Principal (513)469-6600 jallen@raconsultantsllc.com	20-0654077 6/5/2015	maj	Workforce and economic development consulting services	\$35,000.00
3	Crabbe, Brown & James 500 S. Front Street Columbus, OH 43215	Sub	Laura Comek Columbus, OH 43215 (614)229-4557	31-0787394 12/11/2014	maj	Workforce and economic development consulting services	\$20,000.00
4	Common Good Works 14216 SE Eastgate Drive Bellvue, WA 98006	Sub	Bill Grace Bill@commongoodworks.com (425)746-8116	20-2955054 11/6/2015	maj	Workforce and economic development consulting services	\$70,000.00
5							
6							
			Approved: kms			TOTAL CONTRACT or Mod AMOUNT	\$350,000.00
Version created 082012			Date: 6/12/14			Total Percentage	0.0%

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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