

SUBCONTRACTOR WORK IDENTIFICATION FORM						
Project Name: Blueprint Linden Lining Project				Dept. of Public Utilities	Date: 06/17/14	
Project Number: 650874-100001				Division: Sewerage & Drainage		
City Project Manager: Mike Griffith				Contract Amt or Mod (\$): \$3,048,006.50		
PM Phone #: 614 645-25416				Contract Duration: 365 days		
Prime Contractor: United Survey, Inc.		Ordinance #: 1514-2014				
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 United Survey, Inc. 25145 Broadway Avenue Oak Village, Ohio 44146 (440) 439-7250	Prime	Joseph Tartabini Jr. <a href="mailto:usi@unitedsurveyinc.com">usi@unitedsurveyinc.com</a> (440) 439-7250	34-0894532 2/20/2015	MAJ	Project Management	\$ 2,176,006.50 71.4%
2 D's Excavating & Services, LLC 482 Davey Avenue Mansfield, Ohio 44903 (567) 274-1557	Sub	Dirk Doege <a href="mailto:dirk4work@yahoo.com">dirk4work@yahoo.com</a> (567) 274-1557	80-0615736 2/19/2015	MAJ	Excavating	\$ 475,000.00 15.6%
3 Municipal Contractors & Sealing Products 7740 Reinhold Drive Cincinnati, Ohio 45237 (513) 482-3300	Sub	Bob O'Connor <a href="mailto:mensp@fuse.net">mensp@fuse.net</a> (513) 482-3300	31-1692549 7/22/2015	MAJ	Manhole Rehabilitation & Chimney Seals	\$ 397,000.00 13.0%
4						
5						
6						
		Approved:			TOTAL CONTRACT or Mod AMOUNT	\$ 3,048,006.50
Version created 082012		Date:			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