

SUBCONTRACTOR WORK IDENTIFICATION FORM

Project Name: SMOC Stormwater Facility Improvements					Dept. of Public Utilities	
Project Number: 611021-100000			Division: Sewerage & Drainage			
City Project Manager: Hunter Kelly			Contract Amt or Mod (\$):			
PM Phone #: (614) 645-0239			\$349,829.39			
Prime Contractor: Strand			Ordinance #: 1437-2014		Contract Duration: 3 yrs.	
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>
1	Strand 4433 Professional Parkway, Columbus, Ohio, 43125	Prime	Kris Ruggles 614-835-0460	39-1020418 10/9/2015	MAJ	Project Management Design HH Modeling Planning and Preliminary design
2	Dynotec Inc. 2930 East Dublin-Granville Road, Suite 200 Columbus, OH 43231	Sub	Kwasi Amoah 614-880-7320	31-1319961 4/30/2015	MBE	Surveys Easements
3	DHDC 2390 Advanced Business Center Dr, Columbus, OH 43228	Sub	Savvas Sophocleous 614-527-7489	32-0376762 7/10/2014	AS1	Geotech
4	Human Nature 990 St. Paul Drive Cincinnati, OH 45206	Sub	Gary Wolnitzek 513-281-2211	31-1436860 12/21/2014	MAJ	Design
Version created 082012			Approved:			TOTAL CONTRACT or Mod AMOUNT
			Date:			Total Percentage

Contract or Mod \$
Amount and %
\$248,636.96
71.1%
\$34,793.99
9.9%
\$20,602.74
5.9%
\$45,795.70
13.1%
\$349,829.39
15.8%

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