

SUBCONTRACTOR WORK IDENTIFICATION FORM							
Project Name: Roof Replacement Consulting Services for DPU Facilities					Dept. of Public Utilities		6/6/2014
Project Number: 650234-100000			Division: Sewerage & Drainage				
City Project Manager: Monica Powell							
PM Phone #: 614-645-3089			Contract Amt or Mod (\$): \$200,000.00				
Prime Contractor: Chester Engineers			Ordinance #: 1610-2014			Contract Duration: 4 Years	
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	Chester Engineers	Prime	Hasan Alkhayri	202401674	MBE	Roof Replacement/ Repair	\$200,000.00
	88 East broad street		(614) 244-4419	Active		Consulting Services	100.0%
	Columbus, Ohio 43215			5/1/2015		Project Management	
2	Andover Associates Ltd.	Sub Cont	Rob Petras	510556580	FBE	Specification Development, Submittal	To be determined by
	1395 West Fifth Ave		(614) 302-2594	Active		review, M&O Documentation as needed.	assigned work order or
	Columbus, OH 43212			6/25/2015			task.
3	Abbot Studios	Sub Cont	Michael Lutsch	311181520	MAJ	Investigation, Inspection, Design and	To be determined by
	130 East Chestnut Street, Suite 302		(614) 461-0101	Active		Permitting as needed.	assigned work order or
	Columbus, OH 43215			6/11/2016			task.
4	Resource International	Sub Cont	Steve Johnson	310669793	FBE	Hazardous Material Investigations	To be determined by
	6350 Presidential Gateway		(614) 823-4949	Active		as needed.	assigned work order or
	Columbus, OH 43231			5/20/2016			task.
5							
6							
Version created 082012			Approved:			TOTAL CONTRACT or Mod AMOUNT	\$200,000.00
			Date:			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