SUBCONTRACTOR WORK IDENTIFICATION FORM							
Project Name: Schreyer / Springs Integ			Dept. of Public Utilities	11/10/2014			
Project Number: 650870-100006					Division: Sewerage & Drainage		
City Project Manager: Fang Cheng PM Phone #: (614) 645-1267					Contract Amt or Mod (\$): \$194,923.15	-	
Prime Contractor: Stantec Consulting S	Services	Ordinance #: 2686-2014			Contract Duration: 1 yr		
		Contractor and Subcontractor CCC	N, Scope and Fundin	g Summai	<u>ry</u>		
Name/ Address	Prime Sub	Contact Information	CCCN/ Expires	Firm Type	Contract or Mod Scope	Contract or Mod \$ Amount and %	
Burgess & Niple	Prime	Mr. R. Russell Neff, PE	31-0885550	MAJ	Project management, field	\$126,354.7	
5085 Reed Road		(614) 459-2050	9/12/2016		coordination,	64.89	
Columbus, OH 43220		Russell.Neff@burgessniple.com			hydraulics/hydrology, alternatives analysis, cost estimating, BCE		
AECOM	Sub	Mr. Shannon Markham, PE	95-2661922	MAJ	SWMM modeling	\$51,880.50	
300 E. Broad St. Suite 300		(614) 429-5083	10/22/2016			26.69	
Columbus, OH 43215		Shannon.Markham@aecom.com					
GPD Group	Sub	Mr. Steve Mullaney, PS	34-1134715	MAJ	Surveying, easements	\$16,687.87	
1801 Watermark Drive, Suite 150		(614) 210-0751	2/13/2015			8.69	
Columbus, OH 43215		smullaney@gpdgroup.com					
1						\$ -	
						\$ -	
3							
		Approved:			TOTAL CONTRACT or Mod AMOUNT	\$ 194,923.15	
Version created 082012		Date:			Total Percentage	100.09	

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 peoject. 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				