SUBCONTRACTOR WORK IDENTIFICATION FORM							
Project Name: Watershed Management Admistrative Office Roof Replacement					Dept. of Public Utilities	Date: 11/19/2014	
Project Number: n/a					Division of Water		
Project Manager: Matt Lovsey					Watershed Management		
					Contract Amt or Mod (\$): 47,850.00		
		Ordinance #: 2814-2014			Contract Duration: 1 year		
Contractor and Subcontractor CCCN, Scope and Funding Summary							
News	In in a		00001/				
Name/ Address	Prime Sub	Contact Information	CCCN/	Firm Type	Contract or Mod Scope	Contract or Mod \$ Amount and %	
			Expires		Desting Organization		
1 PK Builders, LLC 91 Butternut Lane	Prime	Pat Swanson 614-778-3608	04-3817107 10/30/2016	MAJ	Roofing Services	\$47,850.00 100.0%	
Westerville, OH 43081		pkbuilder@att.net	10/30/2010			100.076	
Westervine, OT 45001		<u>produider@att.net</u>					
2							
-							
3							
4							
5							
6							
			+				
			1				
			1				
						¢ 47 050 00	
	Approved:			TOTAL CONTRACT or Mod AMOUNT	\$47,850.00		
Version created 082012		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 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				