

SUBCONTRACTOR WORK IDENTIFICATION FORM							
Project Name: Blueprint Linden: Lining Contract Phase 2					Dept. of Public Utilities		Date: 12/17/2014
Project Number: 650874-100002			Division: Sewerage & Drainage				
City Project Manager: Mike Griffith							
PM Phone #: (614) 645-20146			Contract Amt or Mod (\$): \$3,917,125.85				
Prime Contractor: Insituform Technologies, LLC			Ordinance #: 0053-2015		Contract Duration: 1 year		
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	Insituform Technologies, LLC 17988 Edison Ave Chesterfield, MO 63005 (636) 530-8000	Prime	Debra Jasper (636) 530-8000 djasper@insituform.com	13-3032158 4/22/2015	MAJ	Project Management;	\$ 2,834,660.85 72.4%
2	Advanced Underground Inspection 38657 Webb Drive Westland, MI 48185 (734) 721-0081	Sub	Jeana Garria-Moir (734) 721-0081	38-3618574 11/11/2016	MAJ	Sewer Cleaning / CCTV	\$ 195,830.00 5.0%
3	Brenneman Excavating, Inc 6150 West State Road Elida, OH 45807 (419) 339-3613	Sub	Rodney Brenneman (419) 339-3613 brennemanx@gmail.com	03-0376951 1/22/2015	MAJ	Manhole Castings	\$ 417,875.00 10.7%
4	MCSP (Municipal Contractors Sealing Products) 7740 Reinhold Drive Cincinnati, OH 45237 (800) 572-5800	Sub	Bob O'Conner (800) 572-5800	31-1692549 7/22/2015	MAJ	Manhole Rehabilitation	\$ 468,760.00 12.0%
5							
6							
			Approved:		TOTAL CONTRACT or Mod AMOUNT		\$ 3,917,125.85
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