	SUBCONTRACTOR WORK IDENTIFICATION FORM						
	Project Name: Prime AE Group, Inc.					Dept. of Public Utilities	Date: 02/11/15
	Project Number: 650800-100018; 100019; 100020; 100027 & TBD	_				Division: Sewerage & Drainage	
	City Project Manager: Mike Griffith	-				Contract Amt or Mod (\$):	
	PM Phone #: (614) 645-2416					\$1,500,000.00	
	Prime Contractor: CA/CI 2014-2016 Contract		Ordinance #: 0524-2015			Contract Duration: 3 yrs.	
		<u></u>	Contractor and Subcontractor CCCN,	Scope and Fund	ling Summ	<u>ary</u>	
		Prime	Contact	CCCN/	<u>Firm</u>	Contract or Mod Scope	Contract or Mod \$
	Address	<u>Sub</u>	Information	Expires	Type		Amount and %
1		Prime	Kumar Buvanendaran	26-0546656	ASN	Project Management	\$ 1,500,000.00
	8415 Pulsar Place		(614) 839-0250	2/5/2016			100.0%
	Columbus, Ohio 43240						
	(614) 839-0250						
2		Sub	Sandy Doyle-Ahem	31-0685594	MAJ	TBD	\$ -
	5500 New Albany Rd		(614) 775-4500	8/2/2015			
	Columbus, Ohio 43054		-				
_	(614) 775-4500		-				
3		Sub	Robert Kirkley	31-1268980	ASN	TBD	\$-
	6121 Huntley Road		(614) 888-0040	1/29/2017			
	Columbus, Ohio 43229						
	(614) 888-0040		-				
4							
	NOTE: Subs will be used as needed						
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	Approved: kms					TOTAL CONTRACT or Mod AMOUNT	\$ 1,500,000.00
	Version created 082012 Date: 2/12/15					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						