Project Name: Woodward Ave. Sanitary S			Dept. of Public Utilities	Date: 03/	09/16			
Project Number: 650570-100000					Division: Sewerage & Drainage			
City Project Manager: Paul Roseberry								
PM Phone #: (614) 645-3728					Contract Amt or Mod (\$): 160,080.69			
Prime Contractor: Ribway Engineering G	roup	Ordinance #: 0752-2015			Contract Duration: 12 mos.			
, ,		Contractor and Subcontractor C	CCN, Scope and Fund	ing Sumn	nary			
Name/	ame/ Prime		CCCN/	Firm	Contract or Mod Scope	Contract	Contract or Mod \$	
Address	Sub	Contact Information	Expires	Type	Contract or Mod Scope	Amount		
Ribway Engineering Group	Prime	Andrew Eribo	31-1406579	MBE	Project Management	\$	109,847.4	
300 East Broad St		(614) 221-6009	5/12/2016				68.6	
Columbus, Ohio 43215								
(614) 221-6009								
Columbus Engineering Consultants	Sub	Jack Jang	31-0716498	ASN	Survey, easement preparation, and	\$	43,286.3	
870 MICHIGAN AVE		jjang@ceceng.net	4/17/2016		SUE services		27.0	
Columbus, Ohio 43215		(614) 228-3500						
(614) 228-3500								
CTL Engineering	Sub	C.K. Satyapriya	31-0680767	ASN	Geotechnical	\$	6,946.9	
2860 FISHER RD		csatyapriya@ctleng.com	8/31/2016				4.3	
Columbus, Ohio 43204		(614) 276-8123						
(614) 276-8123								
						1		
						1		
						1		
						1		
		Approved: kms			TOTAL CONTRACT or Mod AMOUN	т е	160,080.7	
		Approved. Kills			TOTAL SONTIAGE OF MICH AMOUNT	. ψ	100,000.7	
Version created 082012		Date: 03/09/15			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				