	Project Name: Barthman / Parsons Blueprint Green Infrastructure Pilot Project Phase I				Dept. of Public Utilities	Date:	05/29/2015
Project Number: 650405-100100					Division: Sewerage & Drainage		
City Project Manager: Tim Fallara PM Phone #: (614) 645-6728	_				Contract Amt or Mod (\$): \$1,180,456.50		
Prime Contractor: Facemyer Landscaping	LLC	Ordinance #: 1492-2015			Contract Duration: 120 Days		
		Contractor and Subcontractor CCCN,	Scope and Fundi	ng Summa			
Name/	Prime	Contact	CCCN/	Firm	Contract or Mod Scope	Contr	act or Mod \$
Address	Sub	Information	Expires	Type	Contract of Wiou Scope		act or woo ş
Facemyer Landscaping LLC	Prime	Ada Facemyer	31-1757841	FBE	Project Manager	\$	861,456.5
P.O. Box 304		(740) 965-4616	12/8/2016	. 52	r rojost manago.	T	73.0
Sunbury, Ohio 43074		afacemyer@facemyer.com	, 0, = 0 . 0				
(740) 965-4616		alabemy of Grademy of Comments					
Decker Construction Company	Sub	Carl W Scheiderer	31-0983557	MAJ	Pavement	\$	162,000.0
3040 McKinley Avenue		(614) 488-27958	12/9/2015		i aromen	T	13.7
Columbus, Ohio 43204		cscheiderer@deckerconstruction.com	, 0, = 0 . 0				
(614) 488-7958							
Newcomer Concrete Services, Inc.	Sub	Linda Newcomer Holmer	34-1302197	MAJ	Concrete	\$	22,000.0
646 Townline RD 151		(419) 668-2789	4/24/2016				1.9
Norwalk, Ohio 44857		lindah@newcomerconcrete.com					
(419) 668-2789							
David Williams	Sub			MAJ	Site Furnishings	\$	135,000.0
					· ·		11.4
		Approved:			TOTAL CONTRACT or Mod AMOUNT	\$	1,180,456.5
				1			, , , ,

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				