SUBCONTRACTOR WORK IDENTIFICATION FORM							
Project Name: JPWWTP Primary Clarifies Elec	des			Dept. of Public Utilities	Date: 06/23/2015		
Project Number: 650230-100001	_				Division: Sewerage & Drainage		
City Project Manager: Rob Van Evra	_				Contract Amt or Mod (\$):	_	
PM Phone #: 645-7961					\$168,414.60	_	
Prime Contractor: Ribway Engineering Group		Ordinance #: 1805-2015			Contract Duration: 5 mos.		
		Contractor and Subcontractor CC	CN, Scope and Fund	ding Summ			
Name/	<u>Prime</u>	<u>Contact</u>	CCCN/	<u>Firm</u>	Contract or Mod Scope	Contract or Mod \$	
Address	Sub	<u>Information</u>	Expires	Type		Amount and %	
1 Ribway Engineering Group	Prime	Andrew Eribo	31-1406579	MBE	Professional Engineerng Services	\$ 125,132.60	
300 East Broad St., Suite 500		(614) 221-6009	5/12/2016		Step 1 Preliminary Electric Design	74.3%	
Columbus, Ohio 43215		aeribo!@ribwaygroup.com					
(614) 221-6009							
2 Burgess & Niple, Inc.	Sub	Robbie Cameruca	31-0885550	MAJ	Step 1 Preliminary Electric Design	\$ 43,282.00	
5085 Reed Road		(614) 459-2050	9/12/2016		Assist with Preliminary Electrical	25.7%	
Columbus, Ohio 43220		rcameruca@burnip.com			Design		
(614) 459-2050							
3							
						0.0%	
4							
						0.0%	
5							
						0.0%	
6							
						0.0%	
7							
						0.0%	
8	1					1	
						0.0%	
		Approved: KMS / mep			TOTAL CONTRACT or Mod AMOUN	\$ 168,414.60	

Total Percentage

100.0%

Date: 06/29/2015

Version created 082012

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				