

SUBCONTRACTOR WORK IDENTIFICATION FORM							
Project Name: Roof Replacement Consulting Services for DPU Facilities					Dept. of Public Utilities		9/14/2015
Project Number:650234-100000			Division: Sewerage & Drainage				
City Project Manager: Monica Powell							
PM Phone #: 614-645-3089			Contract Amt or Mod (\$): \$400,000.00				
Prime Contractor: Chester Engineers			Ordinance #: 2621-2015			Contract Duration: 4 Years	
Contractor and Subcontractor CCCN, Scope and Funding Summary							
	<u>Name/ Address</u>	<u>Prime Sub</u>	<u>Contact Information</u>	<u>CCCN/ Expires</u>	<u>Firm Type</u>	<u>Contract or Mod Scope</u>	<u>Contract or Mod \$ Amount and %</u>
1	<b>Chester Engineers</b> 88 East broad street Columbus, Ohio 43215	Prime	Hasan Alkhayri (614) 244-4419	20-2401674 Active 5/18/2017	MBE	Roof Replacement/ Repair Consulting Services Project Management	\$194,819.95 48.7%
2	<b>Andover Associates Ltd.</b> 1395 West Fifth Ave Columbus, OH 43212	Sub Cont	Rob Petras (614) 302-2594	51-0556580 Active 6/26/2017	FBE	Specification Development, Submittal review, M&O Documentation as needed	\$48,704.24 12.2%
3	<b>Abbot Studios</b> 130 East Chestnut Street, Suite 302 Columbus, OH 43215	Sub Cont	Michael Lutsch (614) 461-0101	31-1181520 Active 6/11/2016	MAJ	Investigation, Inspection, Design and Permitting as needed.	\$139,143.91 34.8%
4	<b>Resource International</b> 6350 Presidential Gateway Columbus, OH 43231	Sub Cont	Steve Johnson (614) 823-4949	31-0669793 Active 5/20/2016	FBE	Hazardous Material Investigations as needed.	\$17,331.90 4.3%
5							
6							
			Approved:			TOTAL CONTRACT or Mod AMOUNT	\$400,000.00
Version created 082012			Date:			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 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