

SUBCONTRACTOR WORK IDENTIFICATION FORM						
Project Name: Blueprint Miller Kelton: Lining Project				Dept. of Public Utilities		Date: 11/02/15
Project Number: 650875-100001		Division: Sewerage & Drainage				
City Project Manager: Mike Griffith						
PM Phone #: (614) 645-2416		Contract Amt or Mod (\$): 4,929,657.90				
Prime Contractor: Layne Inliner		Ordinance #: 2776-2015		Contract Duration: 365 days		
Contractor and Subcontractor CCCN, Scope and Funding Summary						
Name/ Address	Prime Sub	Contact Information	CCCN/ Expires	Firm Type	Contract or Mod Scope	Contract or Mod \$ Amount and %
1 Layne Inliner 4143 Weaver Court Hilliard, Ohio 43026 (614) 529-6440	Prime	Kathy Jarrell kathy.jarrell@layne.com (614) 529-6440	01-0684682 2/6/2016	MAJ	Project Management	\$ 3,912,855.90 79.4%
2 D's Excavating & Services, LLC 482 Davey Ave. Mansfield, Ohio (419) 775-5505	Sub	Stacia Doege dirk4work@yahoo.com (419) 775-5505	80-0615736 2/26/2017	MAJ	Excavation	\$ 594,096.00 12.0%
3 Municipal Contractor's Sealing Products 7740 Reinhold Drive Cincinnati, Ohio 45237 (513) 482-3300	Sub	Drew O'Connor Mcsp7740@gmail.com (513) 482-3300	31-1692549 Inactive	MAJ	Manhole Rehabilitation	\$ 422,706.00 8.6%
4						0.0%
5						0.0%
6						0.0%
7						0.0%
8					Prevailing Wage Administration	\$ 1,000.00 0.0%
Version created 082012		Approved:			TOTAL CONTRACT or Mod AMOUNT	\$ 4,930,657.90
		Date:			Total Percentage	100.0%

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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