	SUBCONTRACTOR WORK IDENTIFICATION FORM						
	Project Name: JPWWTP Biosolids Land Applic	cation Improv	vement Project - Step 2 Modification			Dept. of Public Utilities	Date: 11/03/2015
	Project Number: 650243-100002	_				Division: Sewerage & Drainage	-
	City Project Manager: Troy Branson, P.E.	-					-
	PM Phone #: 614-645-4704					Contract Amt or Mod (\$): \$168,310	-
_	Prime Contractor: Hazen and Sawyer		Ordinance #: 2895-2015	tractor CCCN So	one and Fi	Contract Duration: 1 year	
Contractor and Subcontractor CCCN, Scope and Funding Summary							
	Name/	Prime	Contact	CCCN/	Firm	Contract or Mod Scope	Contract or Mod \$
_	Address	<u>Sub</u>	Information	Expires	Type		Amount and %
1	Hazen and Sawyer 150 East Campus View Blvd, Suite 133	Prime	Scott Phipps 614-781-9655	13-2904652	MAJ	All Tasks listed in the Mod Scope of Services	\$134,310 79.8%
	Columbus OH 43235		014-701-3033	Active			13.0%
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2	Brown & Caldwell	Sub	Bret Farver	94-1446346	MAJ	Instrumentation and Control Design	\$26,000
	4700 Lakehurst Court, Suite 100 Columbus, OH 43016		<u>614-923-5017</u>	Active			15.4%
3	Chester Engineers	Sub	Roger Harris	20-2401674	MBE	Electrical Design	\$8,000
	88 East Broad Street, Suite 1980		<u>614-388-8100</u>	Active			4.8%
	Columbus, OH 43215						
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7							0.0%
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9							
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H	I						
		Approved: KMS			TOTAL CONTRACT or Mod AMOUNT	\$168,310	
	Version created 082012	Date: 11/11/2015			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					