

SUBCONTRACTOR WORK IDENTIFICATION FORM							
Project Name: Boiler Services for Dept. of Public Utilities Facilities - Mod #4					Dept. of Public Utilities		5/12/2016
Project Number: FEM 1502.7			Division: Sewerage & Drainage				
City Project Manager: Monica Powell							
PM Phone #: 614-645-3089			Contract Amt or Mod (\$): \$170,500.00				
Prime Contractor: General Temperature Control, Inc.			Ordinance #: 1538-2016			Contract Duration: 4 Years	
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	General Temperature Control, Inc. 970 Walnut Street Canal Winchester, Ohio 43110	PRIME	Ken Newman (614) 837-3888	31-1201236 04/06/18	MAJ	Boiler maintenance services - inspect, test, troubleshoot, repair & replacement of failed components.	\$170,300.00 100.00%
2	Aqua Science, Inc. 1601 Woodland Avenue Columbus, Ohio 43219	SUB	Daniel Smucker 614-252-5000 <a href="mailto:dsmucker@aquascience.com">dsmucker@aquascience.com</a>	31-1098949 04/20/17	MAJ	Contractor - Boiler Chemicals	\$100.00 (est) To be determined by assigned work order or task.
3	Anchor Corporation PO Box 294 Groveport, Ohio 43125	SUB	Michael Brumm 614-836-9590	31-1020884 03/04/18	MAJ	Contractor - Boiler Chemicals	\$100.00 (est) To be determined by assigned work order or task.
4							
5							
6							
			Approved: KMS			TOTAL CONTRACT or Mod AMOUNT	\$ 170,500.00
Version created 082012			Date: 6/8/16			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