

SUBCONTRACTOR WORK IDENTIFICATION FORM							
Project Name: Blueprint Hilltop Lining Project				Dept. of Public Utilities		Date: 05/23/2016	
Project Number: 650875-100002		Division: Sewerage & Drainage					
City Project Manager: Mike Griffith							
PM Phone #: (614) 645-2416							
Prime Contractor: Inland Water Pollution Control (IWPC)		Ordinance #: 1313-2016			Contract Amt or Mod (\$): \$6,719,744.52 Contract Duration: 365 days from NTP		
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	Inland Water Pollution Control (IWPC)	Prime	Walter Rozyski	38-2024780	MAJ	construction / rehabilitation / lining	\$ 5,519,744.52
	4086 Michigan Ave.		(313) 899-3014 X-223	2/25/2018			82.1%
	Detroit, Michigan 48210			007535			
	(313) 899-3014 X-223						
2	Advanced Underground Inspection, LLC	Sub	Jeana Garcia Moir	38-3618574	MBR	Manhole rehabilitation	\$ 1,200,000.00
	3857 Webb Drive		(734) 721-0081	10/5/2017	HIS		17.9%
	Westland, MI 48185			007677			
	(734) 721-0081						
3							0.0%
4							0.0%
5							0.0%
6							0.0%
7							0.0%
8						Note: a \$1000.00 has been set aside	
						for Prevailing Wage Administration	0.0%
Version created 082012			Approved: kms			TOTAL CONTRACT or Mod AMOUNT	\$ 6,719,744.52
			Date: 05/24/16			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