| | S | UBCONTRACTOR WORK | IDENTIFICAT | ΓΙΟΝ FC | ORM | |
|---|---------------|-----------------------------------|------------------|-------------|---------------------------------|------------------------|
| Project Name: HVAC & Air Purification Maintenance Services for DPU Facilities - Mod. #3 | | | | | Dept. of Public Utilities | 6/9/2016 |
| Project Number: FEM 1505.2 | | | | | Division: Sewerage & Drainage | |
| City Project Manager: Monica Powell | | | | | Contract Amt or Mod (\$): | 4 |
| PM Phone #: 614-645-3089 | | | | | \$385,000.00 | _ |
| Prime Contractor: Cornerstone Maintenance | | | . = | | Contract Duration: 4 Years | |
| | | Contractor and Subcontractor CCCN | , Scope and Fund | ling Sumn | nary | |
| | | | | | | |
| Name/ | <u>Prime</u> | <u>Contact</u> | CCCN/ | <u>Firm</u> | Contract or Mod Scope | Contract or Mod \$ |
| Address | <u>Sub</u> | <u>Information</u> | <u>Expires</u> | Type | | Amount and % |
| 1 Cornerstone Maintenance Services LTD | Prime | Jim Skaggs | 01-0852059 | MAJ | HVAC Maintenance | \$384,700.00 |
| 10779 US Hwy 42 South | | (614) 325-3755 | Active | | Air Purification Maintenance | 100.0% |
| Plain City, OH 43064 | | | 2/1/2018 | | Media sampling and changeout. | |
| | | | | | Repair | |
| 2 Total Filtration Services | Sub Cont | Tim Palmer | 31-1459761 | MAJ | Supply filters as needed. | \$100.00 (est) |
| 2805 Charter St | | (614) 885-9100 | Active | | | To be determined by |
| Columbus, OH 43228 | | | 10/6/2016 | | | assigned work order or |
| | | | | | | task. |
| 3 United Refrigeration Services, Inc. | Sub Cont | Don Campbell | 31-4329940 | MAJ | Repair of refrigerated units or | \$100.00 (est) |
| 581 W. Town St. | | (614) 228-5311 | Active | | assemblies | To be determined by |
| Columbus, OH 43215 | | | 12/17/2016 | | | assigned work order or |
| | | | | | | task. |
| 4 Ketchum & Walton Company | Sub Cont | Aaron Powell | 31-0997616 | MAJ | Supply media as needed. | \$100.00 (est) |
| 1783 Kenny Road | | (614) 486-5961 | Active | | | To be determined by |
| Columbus, Ohio 43212-2907 | | | 10/27/2016 | | | assigned work order or |
| | | | | | | task. |
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| | | | | | TOTAL CONTRACT or Mod | |
| | Approved: kms | | | AMOUNT | \$385,000.00 | |
| | | Approved. Kills | | - | Amount | Ψ303,000.00 |
| Version created 082012 | | Date: 6/10/16 | | | 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 | | | | |