	SUBCONTRACTOR WORK IDENTIFICATION FORM							
	Project Name: South Westgate/Sylvan Str	eet Light In	provements				Dept. of Public Utilities	Date: 08/16/16
	Project Number: 670781-100000	-					Division: Power	
	City Project Manager: Chris Vogel	-						
	PM Phone #: 614-645-6963						Contract Amt: \$367,911.61	
	Prime Contractor: U.S. Utility contractor		Ordinance #: xxxx-2016				Contract Duration: 180 days	
		Contractor and Subcontractor CCCN, Scope, and Funding Summary						
	<u>Name/</u>	Prime	<u>Contact</u>	<u>CCCN/</u>	Vendor #	<u>Firm</u>	Contract or Mod Scope	Contract or Mod \$
	Address	Sub	<b>Information</b>	<b>Expires</b>		<b>Type</b>		Amount and %
1	U.S. Utility Contractor Co., Inc.	Prime	Don Taylor, (614) 471-7559	34-1606689	006739	FBE		\$367,911.61
	3115 E. 17th Ave.		dtaylor@usutilitycontractors.com	2/19/18			The second	100.0%
			diayioi@usutintycontractors.com	2/19/18			Installation of overhead wiring with	100.0%
	Columbus, OH 43219		dayor @ usutintycond actors.com	2/19/10			LED street lights on wood poles.	100.0%
				2/19/10				100.0%
2				2/19/10				100.0%
2				2/17/10				100.0%
2								100.0%
2							LED street lights on wood poles.	100.0%
2			Approved: kms					\$367,911.61

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 Department / Division assigned project manager					
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					
Vendor #	The Dymanic Accounting System (DAX) vendor identification number					
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					