| SUBCONTRACTOR WORK IDENTIFICATION FORM | | | | | | | |
|---|--------------|----------------------------------|---------------------------|------------------|---|---------------------------------|--|
| Project Name: DPU - Oracle WAM DB Adn | | | Dept. of Public Utilities | Date: 10/13/2016 | | | |
| Project Number: | | | | | Director's Office | | |
| Project Manager: Rick Schomaker | | | | | Contract Amt or Mod (\$): \$200,000.00 | | |
| | ' | Ordinance #: 2617-2016 | | | Contract Duration: 1st year of a five- year contract | | |
| | | Contractor and Subcontractor Co | CCN, Scope and Fund | ding Sumn | <u>nary</u> | | |
| Name/ Address | Prime Sub | Contact Information | CCCN/ Expires | Firm Type | Contract or Mod Scope | Contract or Mod \$ Amount and % | |
| 1 Resource International, Inc. 6350 Presidential Gateway Columbus, Ohio 43231 | Prime | Farah Majidzadeh 614-823-4990 | 31-0669793 3/24/2018 | FBE | To oversee Oracle Work and Asset Management Database and System Administration and provide changes and additional programming as needed. | \$75,000.00 100.0% | |
| 2 None | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
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| 5 | | | | | | | |
| 6 | | | | | | | |
| | | | | | | | |
| Version created 082012 | | Approved: kms Date: 10/13/16 | | _ | TOTAL CONTRACT or Mod AMOUNT Total Percentage | \$200,000.00 100.0% | |

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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 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 | | | | |