

| SUBCONTRACTOR WORK IDENTIFICATION FORM | | | | | | | |
|--|--|-------------------|---|---|--------------|---|------------------------------------|
| Project Name: REGISTRAR SERVICES TO THE ISO 14001:2015 STANDARD FOR THE DEPARTMENT OF PUBLIC UTILITIES | | | | Dept. of Public Utilities | | Date: 1/10/2017 | |
| Project Number: | | Director's Office | | | | | |
| Project Manager: R. E. Ashton | | | | | | | |
| P.M. Phone #: 614-645-6298 desk 614-604-5133 City cell | | | | | | | |
| Prime Contractor: Advanced Waste Management Systems, Inc. | | | Ordinance #: 0101-2017 | Contract Amt or Mod (\$): \$39,000.00 (1st year) | | Contract Duration: 3 years (to be modified annually) | |
| 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 | Advanced Waste Management Systems, Inc. 6430 Hixon Pike Hixson, TN 37343 432-843-2206 | Prime | Jim Mullican, President www.awm.net (423)843-2206 | 621249287 5/10/2018 | MAJ | Project Management, Initial Audit and registration services for ISO certification Annual Surveillance audits to maintain certification | \$39,000.00 100.0% |
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| Version created 082012 | | | Approved: | | | TOTAL CONTRACT or Mod AMOUNT | \$39,000 |
| | | | Date: | | | 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 |