		SUBCONTRACTOR	WORK IDENTI	FICATION F	ORM		
Project Name: DPU Training and Safety Program - Mod #4						Dept. of Public Utilities Date: 3/15/2017	
Project Number:						Division: Sewerage & Drainage	_
City Project Manager: Nicole Pannell						Division: Water Division: Power	_
PM Phone #: 614-645-7505						Contract Amt or Mod (\$): \$5,000.00	
Prime Contractor: 360water, Inc.		Ordinance #: 0822-2017				Contract Duration: 5 yrs	
		Contractor and Subcontra	actor CCCN, Scope a	nd Funding Sumn	nary		
Name/	Prime	Contact	CCCN/	DAX	Firm	Contract or Mod Scope	Contract or Mod \$
Address	Sub	Information	Expires	Vendor#	Type	Contract or Mod Scope	Amount and %
360water, Inc.	Prime	Laura Raish (President)	31-1704111	005822	F1	All Tasks listed in Scope of Work	\$5,000.0
965 West Third Avenue	Fillite	614-294-3600	6/3/2017	003622	Г	All Tasks listed in Scope of Work	100.00
Columbus, Ohio 43212		Gordon Baugh (Project Manager)	0/3/2017				100.00
Columbus, Onio 43212		614-294-3600					
No subcontractors		014 254 5000					
		Approved:				TOTAL CONTRACT or Mod AMOUNT	\$5,000.0
Version created 082012		Date:				Total Percentage	100.00

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		