	SUBCONTRACTOR WORK IDENTIFICATION FORM							
Project Name: Specialty Maintenance Crafts for DPU Faciliti			es - Mod #2			Dept. of Public Utilities	2/24/2017	
	Project Number: FEM 0101.5					Division: Sewerage & Drainage		
	City Project Manager: Monica Powell					and Division of Power		
	PM Phone #: 614-645-3089					Contract Amt or Mod (\$): \$800,000.00		
	Prime Contractor: The Righter Company, Inc.		Ordinance #: 0814-2017			Contract Duration: 4 Years		
Contractor and Subcontractor CCCN, Scope and Funding Summary						<u>ary</u>		
_	Name/	Prime	Contact	CCCN/	Firm	Contract or Mod Scope	Contract or Mod \$	
	Address	Sub	Information	Expires	Type	Contract or Mod Scope	Amount and %	
1	The Righter Company, Inc.	Prime	Nick Miller	31-0889208		General Contractor	\$799,900.00	
Ľ	2424 Harrison Rd.	1 mile	614-272-9700 x106	Active	11/1/10		100.0%	
	Columbus, OH 43204			2/18/2018				
2	Decker Construction	Sub	Carl Scheiderer	31-0983557	MAJ	Asphalt repair	\$100.00	
	3040 Mc Kinley Avenue		614-488-7958	Active			To be determined by	
	Columbus, Ohio 43204			10/13/2017			assigned work order or	
							task.	
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			Approved:			TOTAL CONTRACT or Mod AMOUNT	\$800,000.00	
	Version created 082012	Date:			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					