		SUBCONTRACTOR W	ORK IDENTI	FICATION F	FORM		
Project Name: Janitorial Maintenance Services for Department of Public Utilities Facilities - Mod #4						Dept. of Public Utilities	5/5/2017
Project Number: FEM 0102.6						Division: Sewerage & Drainage	
City Project Manager: Monica Powell							-
PM Phone #: 614-645-3089						Contract Amt or Mod (\$): \$0.00	_
Prime Contractor: Master Maintenance L	LC	Ordinance #: 1357-2017				Contract Duration: 4 Years	
		Contractor and Subcontract	or CCCN, Scope a	nd Funding Sum	nmary		
Name/	Prime	Contact_	CCCN/	DAX	Firm	Contract or Mod Scope	Contract or Mod \$
Address	Sub	Information	Expires	Vendor #	Type		Amount and %
Master Maintenance LLC	PRIME	Mari Guernica	31-1585601			Janitorial Maintenance Services for	\$0.00
6200 Wilcox Road		614-734-1400	9/28/2018	005607	MAJ	various Department of Public Utilities	100.0%
Dublin, Ohio 43016						Facilities	
		Approved:				TOTAL CONTRACT or Mod	\$0.00
							ψ0.00
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					