		5	SUBCONTRACTOR WOR	RK IDENTIFICAT	ΓΙΟΝ FC	ORM	
	Project Name: DPU - Cost of Service Study - Mod #1					Dept. of Public Utilities	Date: 9/28/2017
	Project Number:					Director's Office	_
	Project Manager: Jonathan S. Lee	-				Contract Amt or Mod (\$): \$800,000.00	
			Ordinance # : 2629-2017			Contract Duration: 1st modification on a four-year contract	
			Contractor and Subcontractor CO	CCN, Scope and Fund	ding Sumn	nary	
	Name/	<u>Prime</u>	<u>Contact</u>	CCCN/	<u>Firm</u>	Contract or Mod Scope	Contract or Mod \$
	<u>Address</u>	<u>Sub</u>	<u>Information</u>	<u>Expires</u>	<u>Type</u>		Amount and %
1	Utility Revenue Management Company, Inc.	Prime	A. Mitch Robertson	76-0380051	FBE	Cost of Service Study Mod #1 to continue	\$800,000.00
	99 Detering St., Suite 130		713-956-1006	10/17/2018		evaluating the Department's billing records	100.0%
	Houston, TX 77007					and metering operations to identify billing	
						issues and field conditions	
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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					