	SUBCONTRACTOR WORK IDENTIFICATION FORM						
Project Name: DPU - Sustainability - Get Green Initiative Me			trics Software Platform			Dept. of Public Utilities	
	Project Number:					Director's Office	-
	Project Manager: David Celebrezze	-					
				-		Contract Amt or Mod (\$): \$19,500.00	4
			Ordinance #: 2666-2017			Contract Duration: 1 year	
		<u>(</u>	Contractor and Subcontractor CCCN	l, Scope and Fund	ling Summ	ary	
		-				-	
	Name/	Prime_	<u>Contact</u>	CCCN/	<u>Firm</u>	Contract or Mod Scope	<u>Contrac</u>
	Address	<u>Sub</u>	Information	<u>Expires</u>	<u>Type</u>		Amount
1	JadeTrack, Inc.	Prime	Ryan Prestel	82-1008308	MAJ	To oversee GreenSpot Metrics Program	
	1275 Kinnear Rd.		240-427-JADE (5233)	10/3/2019		and provide changes and additional	
	Columbus, Ohio 43212					programming as needed.	
2	None						
3	3						
4	1						
5	5						
-							
6	8						
							1
		I					
		Approved:			TOTAL CONTRACT or Mod AMOUNT		
		l_					
	Version created 082012	Date:			Total Percentage		

10/3/2017
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nt and %
\$19,500.00
100.0%
\$19,500.00
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						