			SUBCONTRACTOR WOR	RK IDENTIFICA	TION F	ORM	
	Project Name: DPU Printing Services Mod #4					Dept. of Public Utilities	Date: June 16, 2020
	Project Number: N/A					Director's Office	
	Project Manager: Susan Oehler						
	P.M. Phone #: 614-645-6196					Contract Amt or Mod (\$): \$15,000.00	_
	Prime Contractor: The Herald, Inc.		Ordinance #: 1463-2020			(to be modifed 4 times annually)	
			Contractor and Subcontractor C	CCN, Scope and Fun	ding Sum	<u>mary</u>	
	Massari	In.:	I Constant	0001/	l =	I Contract on Maria	I O and the state of the state
	Name/	Prime_	Contact	CCCN/	Firm Turns	Contract or Mod Scope	Contract or Mod \$
_	Address	Sub Drives	Information	Expires	Type	Drinting Comitoes	Amount and %
1	The Herald, inc. 625 South Kibler St.	Prime	Carol Aurand	27-3190748	MAJ	Printing Services	\$15,000.00 100.0%
				1/18/2021			100.0%
	New Washington, OH 44854						
2		Sub					\$0.00
							0.0%
3		Sub					\$0.00
							0.0%
4							
4							
5							
Ŭ							
6							
			Approved:			TOTAL CONTRACT or Mod AMOUNT	\$15,000.00
							,,
Version created 082012			Date:			Total Percentage	100.0%

SUBCONTRACTOR WORK IDENTIFICATION FORM						
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					