SUBCONTRACTOR WORK IDENTIFICATION FORM							
Project Name: DPU -Billing & Metering Audit Services - Mod #5					Dept. of Public Utilities	7/30/2020	
Project Number:					Director's Office		
Project Manager: Jonathan S. Lee	-				Contract Amt or Mod (\$): \$500,000.00		
		Ordinance #: 1843-2020			Contract Duration: 5th modification on a four-year contract		
<u> </u>		Contractor and Subcontractor CCC	CN, Scope and Fund	ding Summ	ary		
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	MAJ	Cost of Service Study Mod #5 to continue	\$500,000.00	
99 Detering St., Suite 130		713-956-1006	11/26/2020		evaluating the Department's billing records	100.0%	
Houston, TX 77007					and metering operations to identify billing issues and field conditions		
					issues and field conditions		
2							
3							
4							
5							
6							
						A	
		Approved:			TOTAL CONTRACT or Mod AMOUNT	\$500,000.00	
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				