		SUBCONTRACTOR	WORK IDENTI	FICATION F	FORM			
Project Name: Boiler Maintenance Services for Department of Public Utilities Facilities - Renewal #3						Dept. of Public Utilities	1/27/2021	
Project Number: FEM 1502.8						Division: Sewerage & Drainage		
City Project Manager: Monica Powel	11					& Division of Water Contract Amt or Mod (\$):	_	
PM Phone #: 614-645-3089						\$300,000.00	_	
Prime Contractor: General Temperature Control, Inc.		Ordinance #: 0247-2021				Contract Duration: 4 Years		
		Contractor and Subcontra	actor CCCN, Scope a	nd Funding Sun	<u>nmary</u>			
Name/	Prime	Contact	CCCN/	DAX	Firm	Contract or Mod Scope	Contract or Mod \$	
Address	Sub	<u>Information</u>	Expires	Vendor #	Type		Amount and %	
1 General Temperature Control, Inc.	PRIME	Bob Billings	31-1201236	004830	MAJ	Boiler maintenance services -	\$300,000.00	
970 Walnut Street		(614) 837-3888	11/30/22			inspect, test, troubleshoot, repair &	100.00%	
Canal Winchester, Ohio 43110		bobbillings@gtc.cc				replacement of failed components.		
2 No Subcontractors								
_								
3								
4								
5								
6								
Approved:						TOTAL CONTRACT or Mod AMOUNT	\$ 300,000.00	
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						