

**SCHEDULE 2A-1  
SUBCONTRACTOR WORK IDENTIFICATION**

<b>Project Name: Roof Replacement for Department of Public Utilities Facilities Roof Replacement Design</b>				<b>Dept. of Public Utilities</b>	<b>Date: 03/06/2018</b>
<b>Project Number: 650234-100000</b>				<b>Division: DOSD</b>	
<b>City Project Manager: Monica Powell</b>				<b>Contract Amt or Mod (\$):</b>	
<b>PM Phone #: 614-645-3089</b>				<b>\$233,648.00</b>	
<b>Prime Contractor/Consultant: Hatch Chester (Ohio), Inc</b>				<b>Ordinance #: 0949-2018</b>	

**Contractor and Subcontractor CCCN, Scope, and Funding Summary**

	<b>Name / Address</b>	<b>Prime or Sub</b>	<b>Contact Information</b>	<b>C.C.# / Expires</b>	<b>DAX Vendor #</b>	<b>Firm Type</b>	<b>Contract or Mod Scope</b>	<b>Contract or Mod Amount &amp; %</b>
1	<b>Hatch Chester (Ohio), Inc.</b> 88 East Broad Street Suite 1980 Columbus, Ohio 43215	Prime	Roger Harris 614-224-4419	20-2401674 4/17/2019	001157	MAJ	Prime	\$ 209,819.93 89.8%
2	<b>Abbot Studios</b> 130 East Chestnut Street Suite 302 Columbus, Ohio 43215	Sub	Michael Lutsch, AIA 614-461-0101	31-1181520 6/11/2018	004796	MAJ	Consultant Services during Construction	\$ 16,009.99 6.9%
3	<b>Resource International</b> 6350 Presidential Parkway Columbus, Ohio 43213	Sub	Steve Johnson, P.E. 614-823-4949	31-0669793 5/30/2020	004197	FBE	Environmental Testing	\$ 7,818.08 3.3%
4								0.0%
5								0.0%
6								0.0%
7								0.0%
8								0.0%
			Approved:				<b>TOTAL CONTRACT or Mod AMOUNT</b>	<b>\$ 233,648.00</b>
DPU Fiscal Revised 8/9/2016			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 Department / Division assigned project manager
P.M. Phone #	The assigned City Engineer's telephone number
Prime Contractor	contract / modification awardee
Ordinance	Legislation number for the project. 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
Vendor #	The Dynamic Accounting System (DAX) vendor identification number
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