

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

Project Name: Roof Replacement for Department of Public Utilities Facilities Roof Replacement Design							Dept. of Public Utilities	Date: 02/21/2017						
Project Number: 65023-100000		Ordinance #: 0504-2017								Division: DOSD				
City Project Manager: Monica Powell													Contract Amt or Mod (\$):	
PM Phone #: 614-645-3089													\$400,000.00	
Prime Contractor/Consultant: Chester Engineers													Contract Duration:	
Contractor and Subcontractor CCCN, Scope, and Funding Summary														
	Name / Address	Prime or Sub	Contact Information	C.C.# / Expires	DAX Vendor #	Firm Type	Contract or Mod Scope	Contract or Mod Amount & %						
1	Chester Engineers						Roof Replacement / Repair	\$ 264,290.94						
	88 East Broad Street	Prime	Roger Harris	20-2401674	001157	MBE	Consulting Services	66.1%						
	Suite 1980		614-224-4419	5/1/2017			Project Management							
	Columbus, Ohio 43215													
2	Abbot Studios						Investigation, Inspection, Design and Permitting as needed	\$ 121,815.35						
	130 East Chestnut Street	Sub	Michael Lutsch, AIA	31-1181520	004796	MAJ		30.5%						
	Suite 302		614-461-0101	6/11/2018										
	Columbus, Ohio 43215													
3	Resource International Inc.						Hazardous Material Investigations as needed	\$ 13,893.71						
	6350 Presidential Parkway	Sub	Steve Johnson, P.E.	31-0669793	004197	FBE		3.5%						
	Columbus, Ohio 43213		614-823-4949	5/20/2018										
4								0.0%						
5								0.0%						
6								0.0%						
7								0.0%						
8								0.0%						
DPU Fiscal Revised 8/9/2016		Approved:					TOTAL CONTRACT or Mod AMOUNT	\$ 400,000.00						
		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