

SCHEDULE 2A-1

SUBCONTRACTOR WORK IDENTIFICATION FORM

Project Name: Blueprint Weisheimer / Indian Springs Roadway Improvement			Dept. of Public Utilities	Date: 12/24/2016
Project Number: 650870-100002			Division:	
City Project Manager: Nick Domenick			Contract Amt or Mod (\$):	\$3,589,110.66
PM Phone #: (614) 645-4693			Contract Duration: 540 days	
Prime Contractor: George J. Igel & Co.	Ordinance #: 0148-2017			

Contractor and Subcontractor CCCN, Scope, and Funding Summary

	Name/ Address	Prime Sub	Contact Information	CCCN/ Expires	Vendor #	Firm Type	Contract or Mod Scope	Contract or Mod \$ Amount and %
1	George J. Igel & Co. 2040 Alum Creek Drive Columbus, Ohio 43207 (614) 445-8421	Prime	Matt Check matt.check@igelco.com (614) 445-8421	31-4214570 2/3/2017	006024	MAJ	construction and project management	\$ 2,411,145.55 67.2%
2	West Fairfield Inc. 8733 Ridge Rd Amanda, Ohio 43102 (740) 969-4335	Sub	Susan Reid sreid@westfairfieldinc.com (740) 969-4335	31-1431173 8/24/2017	005363	EDGE	Erosion control / seeding / mulching landscaping	\$ 65,000.00 1.8%
3	ABKServices 915 Harmon Ave Columbus, Ohio 432223 (614) 947-7736	Sub	Burt Jung burt.jung@abkservices.net (614) 325-6126	27-0768318 4/9/2017	011465	MBE EDGE ASN	trucking	\$ 44,000.00 1.2%
4	Decorative Paving Co. 39 Glendale Milford Rd Loveland, Ohio 45140	Sub	Kevin Piers (513) 576-1222	36-3086458 7/29/2017	007241	MAJ	pervious pavers	\$ 470,780.00 13.1%
5							20% Contingency	\$ 598,185.11 16.7%
6								0.0%
7								0.0%
8								0.0%
			Approved:				TOTAL CONTRACT or Mod AMOUNT	\$ 3,589,110.66
Version created 06/07/2016			Date:				Total Percentage	100.0%

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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