

**SCHEDULE 2A-1**

**SUBCONTRACTOR WORK IDENTIFICATION FORM**

<b>Project Name: SWWTP Switching Stations and Service Bldg. Roof Replacement</b>			<b>Dept. of Public Utilities</b>	2/21/2017
<b>Project Number: 650234-100003</b>			<b>Division: Treatment Engineering</b>	
<b>City Project Manager: Monica Powell</b>				
<b>PM Phone #: (614) 645-3089</b>			<b>Contract Amt or Mod (\$):</b>	
<b>Prime Contractor: Kalkreuth Roofing</b>			<b>Ordinance #:0502-2017</b>	<b>Contract Duration: 120 days</b>

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

	<u>Name/ Address</u>	<u>Prime Sub</u>	<u>Contact Information</u>	<u>CCCN/ Expires</u>	<u>Vendor #</u>	<u>Firm Type</u>	<u>Contract or Mod Scope</u>	<u>Contract or Mod \$ Amount and %</u>
1	<b>Kalkreuth Roofing and Sheet Metal, Inc.</b> 8345 Green Meadows Drive N Lewis Center, OH 43035 (740) 657-6400	Prime	Patrick Hurley <a href="mailto:phurley@krsm.net">phurley@krsm.net</a> (740) 657-6400	55-0647319 7/7/2017	009276	MAJ	Construction; project management	\$ 397,006.80 73.0%
2	<b>Hina Environmental Solutions, LLC,</b> 995A Safin Road Columbus, OH 43204 614-272-8780	Sub	Brian Hina  614-272-8780	26-1342009 4/25/2018	002179	MAJ	Asbestos Abatement	\$ 44,470.00 8.2%
3	<b>Bruner Corporation</b> 3637 Lacon Road Hilliard, OH 43026 614-334-9000	Sub	Mike Hasson  614-334-9000	31-4424925 2/9/2018	006136	MAJ	Plumbing	\$ 36,553.00 6.7%
4	<b>Maxwell Lightning Protection</b> 621 Pond Street Dayton, OH 45402 937-228-7250	Sub	Wayne Maxwell  937-228-7250	34-1307806 11/6/2017	012835	MAJ	Lightning Protection	\$ 65,833.00 12.1%
7								0.0%
8								0.0%
			Approved:				<b>TOTAL CONTRACT or Mod AMOUNT</b>	<b>\$ 543,862.80</b>
Version created 06/07/2016			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