

SUBCONTRACTOR WORK IDENTIFICATION FORM

Project Name: Security Access Control Equipment, Support, Maintenance and Repair Service						Ordinance Number:	1914-2022		
Contractor and Subcontractor CCCN, Scope and Funding Summary						Date:	06/24/22		
	Name/ Address	Prime SubConsult	Contact Information	C.C. # / Expires	DAX Vendor #	Firm Type	Type of Work	Contract \$ Amount/%	Contract Scope
1	SGI Matrix, LLC 1041 Byers Road Miamisburg, OH 45342	Prime	Angie Griffin angie.griffin@matrixsys.com 937-247-2857	81-3876225 Active 3/9/2023	19553	MAJ	Security Equipment Parts, Maintenance, Support & Repair Services	\$34,989.00 100.00%	Security Equipment Parts, Maintenance, Support & Repair Services Final testing & Programming
2	K.N.S. Services Inc. 8450 Rausch Drive Plain City, OH 43064	Sub Cont	Nathan Bladen nathan@knservices.com P: 614-733-3880	31-1460220 Active 3/8/2023	005543	MAJ	Cable Wiring and connection to security equipment	To be determined by assigned work order or task.	Installation of equipment and cable lines
3									
4									
5									
6									
7									
8									
							TOTAL CONTRACT AMOUNT	\$34,989.00	
							Total Percentage	100.00%	
							Approved:		
							Date:		