

SCHEDULE 2A-1

SUBCONTRACTOR WORK IDENTIFICATION FORM

Project Name: Compost Admin. Bldg. Roof Renovation				Dept. of Public Utilities	3/28/2017
Project Number: 650234-100005				Division: Treatment Engineering	
City Project Manager: Monica Powell					
PM Phone #: (614) 645-3089					
Prime Contractor: General Maintenance & Engineering Co.				Ordinance #0894-2017	
			Contract Amt or Mod (\$): \$159,348.00		
		Contract Duration: 120 days			

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	General Maintenance & Engineering Co 1231 McKinley Avenue Columbus, OH 43222	Prime	Gregory Hilling ghilling@gmec.com 614/279-8611	31-4188545 3/21/2019	006022	MAJ	Construction; project management	\$ 138,848.00 87.1%
2	Ohio Technical Services 1949 Camaro Drive Columbus, OH 43207 800-686-9959	Sub	Brian Hatfield 614/871-8100	31-1640431 12/12/2018	005717	MAJ	Asbestos Abatement	\$ 3,500.00 2.2%
3	Maxwell Lightning Protection Company 621 Pond St. Dayton, Ohio 45402	Sub	Wayne Maxwell 937/228-7250	34-1307806 11/6/2017	012385	MAJ	Lightning Protection	\$ 17,000.00 10.7%
7								0.0%
8								0.0%
			Approved:				TOTAL CONTRACT or Mod AMOUNT	\$ 159,348.00
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