

**SCHEDULE 2A-**

**SUBCONTRACTOR WORK IDENT**

<b>Project Name: 2016 General Construction Contract</b>		
<b>Project Number: 650745-100008</b>		
<b>City Project Manager: Mike Griffith</b>		
<b>PM Phone #: 614-645-1853</b>		
<b>Prime Contractor: Complete General Construction Co.</b>		

**Contractor and Subcontractor CCCN, Scope**

	<u>Name/ Address</u>	<u>Prime Sub</u>	<u>Contact Information</u>	<u>CCCN/ Expires</u>
1	<b>Complete General Construction Company</b> 1221 East Fifth Avenue Columbus, Ohio 43219	Prime	Lee Guzzo <a href="mailto:estimators@cgclist.com">estimators@cgclist.com</a> <a href="tel:6142589515">614/258-9515</a>	31-366382 9/14/2017
2	<b>Decker Construction</b> 3040 McKinley Avenue Columbus, OH 43204	Sub	Jon Ewert 614/488-7958	31-0983557 10/13/2017
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Approved:



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**IFICATION FORM**

	<b>Dept. of Public Utilities</b>	Date: 11/2/2016
	<b>Division: Sewerage &amp; Drainage</b>	
	<b>Contract Amt or Mod (\$):</b> 2,381,203.00	
	<b>Contract Duration: 365 Days</b>	

**and Funding Summary**

<u>Vendor #</u>	<u>Firm Type</u>	<u>Contract or Mod Scope</u>	<u>Contract or Mod \$ Amount and %</u>
006056	MAJ	Prime Contractor	\$ 2,341,203.00 98.3%
004549	MAJ	Asphalt	\$ 40,000.00 1.7%
			0.0%
			0.0%
			0.0%
			0.0%
			0.0%
			0.0%
			0.0%
		<b>TOTAL CONTRACT or Mod AMOUNT</b>	<b>\$ 2,381,203.00</b>

		Total Percentage	100.0%
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## 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 Dymanic 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