

SCHEDULE 2A-1

SUBCONTRACTOR WORK IDENTIFICATION FORM

Project Name: JPWWTP PS1 Building Roof Replacement			Dept. of Public Utilities	2/21/2017
Project Number: 650234-100004			Division: Treatment Engineering	
City Project Manager: Monica Powell				
PM Phone #: (614) 645-3089			Contract Amt or Mod (\$): \$379028.	
Prime Contractor: Kalkreuth Roofing	Ordinance #:0503-2017		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	Kalkreuth Roofing and Sheet Metal, Inc. 8345 Green Meadows Drive N Lewis Center, OH 43035 (740) 657-6400	Prime	Patrick Hurley phurley@krsm.net (740) 657-6400	55-0647319 7/7/2017	009276	MAJ	Construction; project management	\$ 322,846.00 85.2%
2	Bruner Corporation 3637 Lacon Road Hilliard, OH 43026 614-334-9000	Sub	Mike Hasson 614-334-9000	31-4424925 2/9/2018	006136	MAJ	Plumbing	\$ 34,626.00 9.1%
3	Maxwell Lightning Protection 621 Pond Street Dayton, OH 45402 937-228-7250	Sub	Wayne Maxwell 937-228-7250	34-1307806 11/6/2017	012835	MAJ	Lightning Protection	\$ 21,556.00 5.7%
7								0.0%
8								0.0%
			Approved:				TOTAL CONTRACT or Mod AMOUNT	\$ 379,028.00
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