		SCHEDULE 2A-1									
		SUBCONTRACTOR WORK IDENTIFICATION FORM									
	Project Name: SMOC Roof Replacement Project	t, Phase 1					Dept. of Public Utilities		3/28/2017		
	Project Number: 650234-100006						Division: Treatment Engineering				
	City Project Manager: Monica Powell										
	PM Phone #: (614) 645-3089						Contract Amt or Mod (\$): \$1,085,485				
	Prime Contractor: K & W Roofing		Ordinance #0893-2017				Contract Duration: 120 days				
⊢			Contractor and Subcontractor CCC	CN, Scope, and Fi	unding Sumn	<u>nary</u>					
⊢	Name/	Prime	Contact	CCCN/	Vendor #	Firm	Contract or Mod Scope	Contra	ct or Mod \$		
	Address	Sub	Information	Expires	<u>venuor #</u>	Type			nt and %		
1	K & W Roofing, Inc.	Prime	Bill Kilcoyne	31-1606825	005659	MAJ	Construction; project management	\$	978,929.00		
Ľ	8356 National Road	1 11110	bill@kwroofing.net	6/7/2018	000000	111/10		Ť.	90.2%		
	Pataskala, OH 43062		(740) 657-6400	0/1/2010					00.270		
	(740) 927-3122										
2	Capital City Mechanical, Inc.	Sub	Tim Triance	31-1779812	005956	MAJ	Roof Drains	\$	85,000.00		
	PO Box 178			2/18/2018				Ť	7.8%		
	Grove City, OH 43123										
	614-871-8100		614/871-8100								
3	Turner Lightning Protection	Sub	Bob Turner	11-3770353	In Process	MAJ	Lightning Protection	\$	21,556.00		
	5193 Dry Creek Drive			2/13/2019					2.0%		
	Dublin, OH 43016		614-738-6225								
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		Approved:				TOTAL CONTRACT or Mod AMOUNT	\$	1,085,485.00			
	Version created 06/07/2016					Total Percentage	<u> </u>	, ,			
	version created 06/07/2016		Date:				rotal Percentage	<u> </u>	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 peoject. 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						