		SCH	EDULE 2A-1				
		SUBCONTRACTOR W		ICATION	FORM		
Project Name: SWWTP Chemically Enhanced Primary Treatment Disinfection Project						Dept. of Public Utilities	Date: 6/28/17
Project Number: 650367-100004						Division: Sewerage & Drainage	
City Project Manager: Stacia Eckenwiler PM Phone #: 614-645-0268	, PE					Contract Aint or Mod (\$): \$17,633,252.00	_
Prime Contractor: Shook Construction		Ordinance #: 1934-2017	1			Contract Duration: Completion 6/15/2020	-
		Contractor and Subcontractor	r CCCN, Scope, an	d Funding Su	mmary		
Name/	Prime	Contact	CCCN/	Vendor #	Firm	Contract or Mod Scope	Contract or Mod \$
Address	Sub	Information	Expires	vendor#	Type	Contract or wood Scope	Amount and %
1 Shook Construction Company	Prime	Eric Reese	31-0443680	004127	MAJ	General Construction	\$14.081.55
4977 Northcutt Place		erees@shookconstruction.com	9/28/2018	1			79.9
Dayton, OH 45414		937-276-6666					
2 SEPI Services, Inc.	Sub	Mike Maxwell	31-1389012	005240	MBR	Trucking	\$15,00
4255 Old Wheeling Rd. Zanesville, OH 43701		740-453-7374	11/30/2018				0.1
3 Holloway, Henderson & Martin LLC	Sub	Matt Burlington	27-338608	003192	F1	Masonry	\$276,00
7700 Eagle Creek Dr.	Sub	614-512-7423	3/21/2020	003192		Iviasoriiy	1.6
Pickerington, OH 43147		0110121120	0/21/2020				
9 Vaughn Industries	Sub	Cindy Hagerty	36-4381623	007367	MAJ	Electrical	\$2,338,00
1201 E. Findlay St.		419-396-3900	3/11/2018				13.3
Carey, OH 43316							
0 Universal Enterprises, Inc.	Sub	Bill Daugherty	34-0964472	006500	MBR	Plumbing & HVAC	\$922,69
545 Beer Rd.		419-529-3500	5/31/2020				5.2
Mansfield, OH 44906							
		Approved:	·			TOTAL CONTRACT or Mod AMOUNT	\$17,633,25
DPU Fiscal Revised 8/9/2016		Date:				Total Percentage	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					