SUBCONTRACTOR WORK IDENTIFICATION FORM								
	Project Name: SMOC Roof Replacement, Pha	se 2				Dept. of Public Utilities	3/20/2018	
				_				
	Project Number: SCP 03FW	-				Division: Sewerage & Drainage	-	
	City Project Manager: Monica Powell	_					_	
	PM Phone #: 614-645-3089					Contract Amt or Mod (\$): \$1,421,429.00		
	Prime Contractor: K & W Roofing, Inc.		Ordinance #: 0882-2018			Contract Duration: 120 days		
_			Contractor and Subcontractor CC	CN, Scope and Fund	ling Sumn			
						<u> </u>		
	Name/	Prime	<u>Contact</u>	CCCN/	Firm	Contract or Mod Scope	Contract or Mod \$	
	Address	<u>Sub</u>	Information	Expires	<u>Type</u>		Amount and %	
1	K & W Roofing, Inc.	Prime	Bill Kilcoyne	31-1606825	MAJ	Roofing Contractor	\$1,369,979.00	
	8356 National Road		740-927-3122	Active			96.4%	
	Pataskala, OH 43062			6/7/2018				L
				04 4400050			A = (=0.00	
2	Lepi Enterprises, Inc.	Sub	Jeff Lepi	31-1190056	MAJ	Asbestos Abatement	\$5,450.00	
	630 G. W. Morse Street		740-453-2980				0.4%	
	Zanesville, Ohio 43701							
3	Turner Lightning Protection	Sub	Bob Turner	11-3770353	MAJ	Lightning Protection	\$46,000.00	
Ŭ	5193 Dry Creek Drive		614-738-6225	Active	11/1/10		3.2%	
	Dublin, Ohio 43016			2/13/2019			0.270	
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						TOTAL CONTRACT or Mod		1
		Approved:			AMOUNT	\$1,421,429.00		
Version created 082012			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 DOSD assigned to the project						
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						
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						