

Project Name: SWWTP Center Aeration Control Building Roof Replacement		
Project Number: 650234-100007		
City Project Manager: Monica Powell		
PM Phone #: 614 645-3089		
Prime Contractor/Consultant: General Maintenance & Engineering Co.	Ordinance #: 1249-2018	
<u>Contractor and Subcontractor C</u>		

	Name / Address	Prime or Sub	Contact Information
1	General Maintenance & Engineering Co. 1231 McKinley Ave. Columbus, Ohio 43222 (614) 279-8611	Prime	Gregory Hilling ghilling@gmec (614) 279-8611
2	Ohio Technical Services 1949 Camaro Drive Columbus, Ohio 43207 (614) 372-0829	Sub	Brian Hatfield (614) 372-0829
3	Sauer Group, Inc. 1801 Lone Eagle Street Columbus, Ohio 43228 (614) 853-2500	Sub	Charles Bowden (614) 853-2500
4	Maxwell Lightning Protection 621 Pond Street Dayton, Ohio 45402 (937) 228-7250	Sub	Wayne Maxwell (937) 228-7250
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7			
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DPU Fiscal Revised 8/9/2016

Approved:

Date:

	Dept. of Public Utilities	Date: 05/02/18
	Division: DOSD	
	Contract Amt or Mod (\$):	
	\$596,991.60	
	Contract Duration: 150 Days	

CCN, Scope, and Funding Summary

C.C.# / Expires	DAX Vendor #	Firm Type	Contract or Mod Scope	Contract or Mod Amount & %
31-4188545 3/21/2019	006022	MAJ	construction Total =	\$ 492,191.60 \$ 492,191.60 82.4%
31-1640431 12/12/2018	005717	MAJ	Task # 02105 Abatement	\$ 32,200.00 5.4%
26-2081388 1/26/2020	002263	MAJ	Task # 15062, 15122, 15140 Plumbing Task # 15260, 15400, 15401 & 15414	\$ 50,500.00 8.5%
34-1307806 6/22/2019	012835	MAJ	Task # 16670 Lightning Protection	\$ 22,100.00 3.7%
			Task #	\$ - 0.0%
			If Authorized	0.0%
			If Authorized	0.0%
				0.0%

			TOTAL CONTRACT or Mod AMOUNT	\$ 596,991.60
			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 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