



The Ohio School Facilities Commission  
10 West Broad Street  
14th Floor  
Columbus, Ohio 43215  
Phone : 614-466-6290 Fax: 614-466-7749

**INPUT FORM NO 27-C: MANUFACTURER'S DECLARATION**

Contractor's Contract No. SFC-  
Contractor's Fed Tax ID No. \_\_\_\_\_  
Project Name and Location: \_\_\_\_\_  
School District Name/County: Columbus Public Schools, Franklin County  
Prime Contractor's Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Prime Contractor's Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Prime Contractor is EDGE Certified:  Yes  No

Complete for all Suppliers, but DO NOT include Subcontractors:

Name: \_\_\_\_\_ Fed Tax ID No. \_\_\_\_\_  
Address: \_\_\_\_\_ Type of Supply: \_\_\_\_\_  
City: \_\_\_\_\_ Brand Name: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Supplier is EDGE:  Yes  No  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_ If EDGE, Estimated Value (\$): \_\_\_\_\_

Name: \_\_\_\_\_ Fed Tax ID No. \_\_\_\_\_  
Address: \_\_\_\_\_ Type of Supply: \_\_\_\_\_  
City: \_\_\_\_\_ Brand Name: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Supplier is EDGE:  Yes  No  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_ If EDGE, Estimated Value (\$): \_\_\_\_\_

Name: \_\_\_\_\_ Fed Tax ID No. \_\_\_\_\_  
Address: \_\_\_\_\_ Type of Supply: \_\_\_\_\_  
City: \_\_\_\_\_ Brand Name: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Supplier is EDGE:  Yes  No  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_ If EDGE, Estimated Value (\$): \_\_\_\_\_

Name: \_\_\_\_\_ Fed Tax ID No. \_\_\_\_\_  
Address: \_\_\_\_\_ Type of Supply: \_\_\_\_\_  
City: \_\_\_\_\_ Brand Name: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Supplier is EDGE:  Yes  No  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_ If EDGE, Estimated Value (\$): \_\_\_\_\_

Reviewed By: \_\_\_\_\_

\_\_\_\_\_  
Date  
Prime Contractor Signature

\_\_\_\_\_  
Date  
Construction Manager Signature

\_\_\_\_\_  
Prime Contractor Name (Please type or print)

\_\_\_\_\_  
Smoot Elford Resource  
Construction Manager Name (Please type or print)