

**SCHEDULE 2A-1
SUBCONTRACTOR WORK IDENTIFICATION**

Project Name: O'Shaughnessy Hydro Turbine Facility Improvements, Phase II						Dept. of Public Utilities	Date: 7/5/17	
Project Number: 690444						Division: Water / Power / Sewers & Drains		
City Project Manager: Todd Krenelka, P.E.						Contract Mod. Amount (\$):		
PM Phone #: 614-645-5218						\$1,798,100.00		
Prime Consultant: Patrick Engineering Inc.		Ordinance #: 1859-2017				Contract Duration: 3rd Q 2018		
Contractor and Subcontractor CCCN, Scope, and Funding Summary								
	Name / Address	Prime or Sub	Contact Information	C.C.# / Expires	DAX Vendor #	Firm Type	Contract or Mod Scope	Contract or Mod Amount & %
1	Patrick Engineering Inc. 3650 Olentangy River Road, Suite 110 Columbus, OH 43214 614-470-9750	Prime	Howard E. Firestone II, P.E. Hfirestone@patrickco.com 630-795-7404	36-3008281 10/21/2018	7237	MAJ	Provide preliminary design for mechanical & electrical upgrades to the O'Shaughnessy Hydro Turbine Facility.	\$ 1,015,166.87 56.5%
2	Stantec Consulting Services 1801 Watermark Drive, Suite 220 Columbus, OH 43215 614-486-4383	Sub	Ronald E. Israelsen, P.E. ronald.israelsen@stantec.com 312-831-3058	95-1878805 9/10/2017	462	MAJ	Provide technical expertise in the planning, desing and operations of hydropower systems.	\$ 782,933.13 43.5%
DPU Fiscal Revised 8/9/2016		Approved:					TOTAL CONTRACT or Mod AMOUNT	\$ 1,798,100.00
		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 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