

SCHEDULE 2A-1

SUBCONTRACTOR WORK IDENTIFICATION FORM

Project Name: Green/Glenwood Integrated Solutions Project			Dept. of Public Utilities	Date: 8/18/16
Project Number: 650870-116155	Division: Sewerage and Drainage			
City Project Manager: Mark Timbrook				
PM Phone #: 614-645-0298	Contract Amt or Mod (\$): \$1,559,705.20			
Prime Contractor: EMH&T	Ordinance #: 2125-2016		Contract Duration: 12 months	

Contractor and Subcontractor CCCN, Scope, and Funding Summary

	Name/ Address	Prime Sub	Contact Information	CCCN/ Expires	Vendor #	Firm Type	Contract or Mod Scope	Contract or Mod \$ Amount and %
1	EMH&T 5500 New Albany Road Columbus, Ohio 43054	Prime	Marcia Bland mbland@emht.com 614-775-4237	31-0685594 3/23/2017	004214	MAJ	Lead Consultant and Project Management	\$ 1,024,711.42 65.7%
2	AECOM 277 West Nationwide Blvd Columbus, Ohio 43231	Sub	Eric Onderak eric.onderak@aecom.com 614-600-5939	34-1709349 3/31/2017	006806	MAJ	Hydraulic Modeling and Engineering	\$ 393,433.74 25.2%
3	Resource International, Inc 6350 Presidential Getaway Columbus, Ohio 43231	Sub	Steve Johnson stevej@resourceinternational.com 614-823-4949	31-0669793 3/27/2017	004197	FBE	Initial Survey and Geotechnical Additional Survey in Future Modification	\$ 141,560.04 9.1%
4	DHDC 2390 Advanced Business Center Drive Columbus, Ohio 43228	Sub	Savvas Sophocleous sophocleous@dhdinc.com 614-527-7656	32-0376762 8/3/2018	006280	MBE	SUE in future Modification	0.0%
5								0.0%
6								0.0%
7								0.0%
8								0.0%

Version created 06/07/2016		Approved: KMS			TOTAL CONTRACT or Mod AMOUNT	\$ 1,559,705.20
		Date: 08/19/2016			Total Percentage	100.0%

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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 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