

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

Project Name: Morse/Dominion Downspout Redirection and Morse/Dominion Lateral Lining						Dept. of Public Utilities	Date: 03/14/18	
Project Number: 650871-110174 and 650872-110174						Division: Sewerage & Drainage		
City Project Manager: Jeremy Cawley						Contract Amt or Mod (\$):		
PM Phone #: 614-645-6795						\$862,977.80		
Prime Contractor/Consultant: PRIME AE Group, Inc.		Ordinance #: 0907-2018				Contract Duration: NA		
<b>Contractor and Subcontractor CCCN, Scope, and Funding Summary</b>								
	Name / Address	Prime or Sub	Contact Information	C.C.# / Expires	DAX Vendor #	Firm Type	Contract or Mod Scope	Contract or Mod Amount & %
1	<b>PRIME AE Group, Inc.</b> 8415 Pulsar Place, Suite 300 Columbus, OH 43240	Prime	Reggie Hood, P.E. 614-839-0250 <a href="mailto:rhood@primeeng.com">rhood@primeeng.com</a>	26-0546656 9/21/2019	002102	ASN	Construction Administration and Inspection Services	\$ 732,477.80 84.9%
2	<b>EMH&amp;T</b> 5500 New Albany Road Columbus, OH 43054	Sub	Jim Nolen 614-402-1199 <a href="mailto:jnolen@emht.com">jnolen@emht.com</a>	31-0685594 1/19/2020	004214	MAJ	Survey Services	\$ 4,000.00 0.5%
3	<b>DLZ Corp.</b> 6121 Huntley Road Columbus, OH 43229	Sub	Gary Bowen 614-332-9183 <a href="mailto:gbowen@dlz.com">gbowen@dlz.com</a>	31-1268980 1/13/2019	004939	ASN	CIPP Liner Testing	\$ 126,500.00 14.7%
4								0.0%
5								0.0%
6								0.0%
7								0.0%
8								0.0%
DPU Fiscal Revised 8/9/2016			Approved:				<b>TOTAL CONTRACT or Mod AMOUNT</b>	<b>\$ 862,977.80</b>
			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