

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

Project Name: Blueprint Fifth by Northwest: Lining Project						Dept. of Public Utilities	Date: 8/25/2017	
Project Number: CIP 650875-100004						Division: Sewerage & Drainage		
City Project Manager: Michael P. Griffith						Contract Amt or Mod (\$):		
PM Phone #: 614-645-2416						\$419,923.30		
Prime Contractor/Consultant: DLZ Ohio, Inc.		Ordinance #: 2862-2017				Contract Duration: 1 year		
<u>Contractor and Subcontractor CCCN, Scope, and Funding Summary</u>								
	Name / Address	Prime or Sub	Contact Information	C.C.# / Expires	DAX Vendor #	Firm Type	Contract or Mod Scope	Contract or Mod Amount & %
1	DLZ Ohio, Inc. 6121 Huntley Road Columbus, Ohio 43229	Prime	Gary Bowen GBowen@DLZ.com 614-987-0407	31-1268980 1/13/2019		MBR	Construction management, inspection and materials testing	\$419,923.30 100.0%
2								0.0%
3								0.0%
4								0.0%
5								0.0%
6								0.0%
7								0.0%
8								0.0%
		Approved:				TOTAL CONTRACT or Mod AMOUNT		\$ 419,923.30
DPU Fiscal Revised 8/9/2016		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