

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

Project Name: WILLIAMS RD. / CAST.LE RD. SANITARY PUMP STATION CONTROL VALVE UPGRADE							Dept. of Public Utilities	Date: 11/28/2017
Project Number: C.I.P. 650751 - 100000							Division: Division of Sewerage & Drainage	
City Project Manager: Paul Roseberry							Contract Amt or Mod (\$):	
PM Phone #: (614) 645-3728							\$277,445.17	
Prime Contractor/Consultant: Stantec Consulting Services		Ordinance #: 3341-2017					Contract Duration: 365 Days	
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	Stantec Consulting Services, Inc. 13980 Collections Center Drive Chicago, IL 60693	Prime	Frank Lopeman frank.lopeman@stantec.com (614) 643-4380	11-2167170 9/7/2019	000462	MAJ	CA/CI	\$ 167,299.56 60.3%
2	DHDC, Inc. 2390 Advanced Business Center Drive Columbus, Ohio 43228 (614) 527-7489	Sub	Savvas Sophocleous sophocleous@dhdcinc.com (937) 672-8518	32-0376762 7/31/2018	006280	ASN	Geotechnical Lab Testing Additional CI (as needed)	\$ 1,780.00 0.6%
3	Hatch Chester (Ohio), Inc. 88 East Broad Street, # 1980 Columbus, Ohio 43215 (614) 224-4419	Sub	Roger R. Harris roger.harris@hatch.com (614) 388-8100	20-2401674 4/17/2019	001157	MAJ	Electrical Engineer	\$ 72,177.11 26.0%
4							Contingency	\$ 36,188.50 13.0%
5								0.0%
6								0.0%
7								0.0%
8								0.0%
DPU Fiscal Revised 8/9/2016			Approved:				TOTAL CONTRACT or Mod AMOUNT	\$ 277,445.17
			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