SCHEDULE 2A-1 SUBCONTRACTOR WORK IDENTIFICATION

Project Name: Parsons Avenue Underpass Lighting						Dept. of Public Utilities	Date: 10/4/16
Project Number: UIRF # 440007-100012	<u> </u>					Division: Power	Dutc. 10/ 1/10
City Project Manager: Scott A. Wolfe						Contract Amt or Mod (\$):	
PM Phone #: (614) 724-4351		Ordinance #: 2713-2016				\$43,129.42 Contract Duration: 15 Months	
Prime Contractor/Consultant: AEC		Contractor and Subcontractor Co	CN Scope an	d Funding S	lummarv		
		Contractor and Subcontractor Co	CIA, Scope, an	u Fulluling S	Juninai y		
	Prime or		C.C.#/	DAX	Firm	l e	Contract or Mod
Name / Address	Sub	Contact Information	Expires	Vendor #	Type	Contract or Mod Scope	Amount & %
1 AEC	Prime	1310 Dublin Road	31-1612308	005665	FBE	Contract	\$ 31,766.04
Advanced Engineering Consultants		Columbus, Ohio 43215	7/31/2018				73.79
2 GPD GROUP	Sub	1801 Watermark Drive, Suite 210	34-1833912	006560	MAJ	Contract	\$ 11,363.38
Glaus, Pyle, Schomer, Burns & DeHaven, Inc		Columbus, Ohio 43215	5/28/2017	000300	IVIAJ	Contract	26.39
3							
							0.09
4							
							0.09
							0.07
5							
							0.09
6							
							0.09
7							
							0.09
8							
8							0.09
							0.07
		Approved:				TOTAL CONTRACT or Mod AMOUNT	\$ 43,129.42
DPU Fiscal Revised 8/9/2016		Date:				Total Percentage	100.09

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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 peoject. 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				