

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

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|--|--------------------------------------|---------------------|--|------------------------|----------------------------------|-----------------------------------|---|---------------------------------------|
| Project Name: Ozone - BAF Optimization Study | | | | | Dept. of Public Utilities | | Date: | |
| Project Number: 690563-100000 | | | | | Division: Water | | | |
| City Project Manager: Matt Steele | | | | | Contract Amt (\$): | | | |
| PM Phone #: (614) 645-3736 | | | | | \$150,000.00 | | | |
| Prime Consultant: The Water Research Foundation | | | | | Ordinance #: 2970-2016 | Contract Duration: 2 years | | |
| 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 | The Water Research Foundation | Prime | Kim Linton; Regional Liaison | 13-6211384 | 000727 | non-profit | effectively and efficiently integrate the new ozone system into the overall treatment process while improving operation and reducing operating costs. | \$ 150,000.00 |
| | 6666 W. Quincy Ave. | | (303) 347-6113 | | | | | 100.0% |
| | Denver, CO 80235 | | klinton@waterrf.org | | | | | |
| 2 | No subs. | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | Approved: KMS | | | | | TOTAL CONTRACT or Mod AMOUNT | \$ 150,000.00 |
| DPU Fiscal Revised 8/9/2016 | | Date: 11/11/16 | | | | | Total Percentage | 100.0% |

SUBCONTRACTOR WORK IDENTIFICATION FORM

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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 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 |