## SCHEDULE 2A-1 SUBCONTRACTOR WORK IDENTIFICATION

Project Name: Naer North & East Large	Diameter Con	dition Assessment				Dept. of Public Utilities	Date: 2/27/18
Project Number: 650725-100014						Division: Sewerage & Drainage	
City Project Manager: Jehan Alkhayri						Contract Amt or Mod (\$):	
PM Phone #: (614) 645-3728						\$796,824.77	
Prime Contractor/Consultant: Stantec		<b>Ordinance</b> #: 0739-2018				Contract Duration: June 2020	
		Contractor and Subcontractor	CCCN, Scope, an	d Funding S	ummary		
Name / Address	Prime or Sub	Contact Information	C.C.# / Expires	DAX Vendor #	Firm Type	Contract or Mod Scope	Contract or Mod Amount & %
Stantec Consulting Services, Inc.	Prime	Mark Hudak	11-2167170	000462	MAJ	Field Survey/Easements	\$ 728,494.86
1500 Lake Shore Drive suite 100		mark.hudak@stantec.com	9/7/2019			Preliminary & Detailed Design	91.4%
Columbus, Ohio 43204		(614) 485-5043				Engineering During Construction	
Prime AE Group, Inc.	Sub	Sutha Vallipuram	26-0546656	002102	ASN	Maintenance of Traffic Design	\$ 68,329.91
8415 Pulsar Place, Suite 300		vsutha@primeeng.com	9/21/2019			Waterline Relocation Design	8.6%
Columbus, Ohio 43240		(614) 839-0250					
							0.0%
							0.0%
							0.0%
							0.07
							0.09
							0.09
							0.09
		Approved:				TOTAL CONTRACT or Mod AMOUNT	\$ 796,824.77
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 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					