

SCHEDULE 2A-1
SUBCONTRACTOR WORK IDENTIFICATION

Project Name: Ziegler Avenue Area Water Line Improvements						Dept. of Public Utilities		Date: 3/1/18		
Project Number: 690236-100096m CT No. 2120						Division: DOW				
City Project Manager: Chris M. Scannell, P.E.						Contract Amt (\$) w/ CONT.				
PM Phone #: (614) 645-1726						\$272,033.29				
Prime Consultant: PRIME AE Group, Inc.			Ordinance #: 0707-2018			Contract Duration: 18 mos + Record Drawings				
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	PRIME AE Group, Inc.	Prime	Sutha Vallipuram, PE	26-0546656	2102	ASN	Project Management	\$205,765.00		
	8415 Pulsar Place		vsutha@primeeng.com	9/21/19			Civil Engineering	75.6%		
	Columbus, OH 43240		614 839 0250							
2	Korda/Nemeth Engineering, Inc.	Sub	Tony Meacham, PS	31-0922991	4467	MAJ	Survey	\$55,394.24		
	1650 Watermark Drive		Tony.Meacham@korda.com	5/24/19			Easement	20.4%		
	Columbus, OH 43215		614-487-1650							
3	M A N Mapping Services Inc	Sub	Larry Mumford	31-1198710	4827	MAJ	Aerial Mapping for survey	\$10,874.05		
	4090 Weaver Court		614-876-3663	2/22/19				4.0%		
	Hilliard, Ohio 43026		lmumford@manmapping.com							
DPU Fiscal Revised 8/9/2016			Approved:					TOTAL CONTRACT or Mod AMOUNT		\$272,033.29
			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