SCHEDULE 2A-1

<u>UTILIZATION REPORTING FORM</u>										
Project Detail Summary										
Project Name:	PCM Services #2 - Mod #7	PCM Services #2 - Mod #7		Public Utilities	Ordinance Number:		Invoice Number:			
Project Number: City PM and Phone Number:	Holly Boyer (614) 645-2988		Section:	DOSD Treatment Engineering	Purchase Order Amount: PO# (Suffix/Line #):	\$325,000.00	Comments/Notes:			
City I'll and I none I daniser.	Tiony Boyer (014) 043-2500		Section:	Treatment Engineering			Commence; 1 (decs)			
LOAN FUNDED PROJECTS ARE REQUIRED TO HAVE A SEPARATE SUBCONTRACTOR WORK IDENTIFICATION FORM - UTILIZATION - UTILIZA				N REPORTING FORM FOR EACH LOAN			Purchase Order Amou	unt(s) Grand Total:	\$3:	25,000.00
Prime and Subcontractor Utilization Summary										
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Name / Address	Contact Information	Federl Tax ID# / CCN w/ Expiration	Firm Type / DAX Vendor #	Contract Scope	Original Utilization Amount / Percentage	Revised Utilization Amount / Percentage	Previous Amount Earned To Date	Amount Earned This Invoice	Total Amount Earned	Balance Remaining
H.R. Gray 3770 Ridge Mill Dr. Hilliard, OH 43026	Matthew Holdren (614) 487-1335	31-1050479 / 6/26/2022	MAJ	Professional Construction	\$ 325,000.00				\$ -	\$ 325,000.00
Hilliard, OH 43026			004640	Management Services	100.0%	#DIV/0!	0.00%	0.00%	0.00%	100.00%
SUB 1										
SUB 2										
SUB 3										
Last Updated By:				TOTAL AMOUNT	\$ 325,000.00	\$ -	\$ -	\$ -	\$ -	\$ 325,000.00
Last Updated On:				Total Percentage	100.00%	#DIV/0!	0.00%	0.00%	0.00%	100.00%