

SCHEDULE 2A-1								
SUBCONTRACTOR WORK IDENTIFICATION FORM								
Project Name: Blueprint Schreyer Springs Integrated Solutions						Dept. of Public Utilities	Date: 9/23/16	
Project Number: 650800-100036		Division: Sewerage & Drainage						
City Project Manager: Mike Griffith								
PM Phone #: (614) 645-2416		Contract Amt or Mod (\$): \$438,229.20						
Prime Contractor: DLZ Ohio, Inc.		Ordinance #: 2664-2016				Contract Duration: 550 Days		
Contractor and Subcontractor CCCN, Scope, and Funding Summary								
	Name/ Address	Prime Sub	Contact Information	CCCN/ Expires	Vendor #	Firm Type	Contract or Mod Scope	Contract or Mod \$ Amount and %
1	DLZ Ohio, Inc. 6121 Huntley Road Columbus, Ohio 43229	Prime	Gary Bowen <a href="mailto:Gbowen@DLZ.com">Gbowen@DLZ.com</a> (614) 987-0407	31-1268980 2/28/2017	004939	ASN	Construction management, inspection and materials testing	\$ 288,229.20 65.8%
2	Dynotec, Inc. 2931 E. Dublin-Granville Rd., Suite 200 Columbus, Ohio 43231	Sub	Jeanna Hondel <a href="mailto:Jhondel@dynotechinc.com">Jhondel@dynotechinc.com</a> (614) 880-7320	31-1319961 4/30/2017	005033	MBE	inspection services	\$ 150,000.00 34.2%
3								0.0%
4								0.0%
5								0.0%
6								0.0%
7								0.0%
8								0.0%
			Approved: KMS			TOTAL CONTRACT or Mod AMOUNT		\$ 438,229.20
Version created 06/07/2016			Date: 10/17/16			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 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