

SCHEDULE 2A-1								
SUBCONTRACTOR WORK IDENTIFICATION FORM								
Project Name: Blueprint Clintonville Sump Pump				Dept. of Public Utilities		Date: 09/23/2016		
Project Number: 650800-100033		Division: Sewerage & Drainage						
City Project Manager: Mike Griffith								
PM Phone #: (614) 645-2416		Contract Amt or Mod (\$): 338,445.99						
Prime Contractor: Prime AE Group, Inc		Ordinance #: 2668-2016		Contract Duration: 365 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	Prime AE Group, Inc. 8415 Pulsar Place, Suite 300 Columbus, Ohio 43240	Prime	Reggie Hood <a href="mailto:rhood@primeeng.com">rhood@primeeng.com</a> (614) 374-9374	26-0546656 10/30/2017	002102	ASN	CA/CI Services	\$ 338,445.99 100.0%
2	EMH&T 5500 New Albany Road Columbus, Ohio 43054	Sub	Jim Nolan <a href="mailto:jnolen@emht.com">jnolen@emht.com</a> (614) 775-4556	31-685594 9/23/2017	004214	MAJ	Survey	\$ - 0.0%
3								0.0%
4								0.0%
5								0.0%
6								0.0%
7								0.0%
8								0.0%
Version created 06/07/2016			Approved: KMS				TOTAL CONTRACT or Mod AMOUNT	\$ 338,445.99
			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