

SCHEDULE 2A-1								
SUBCONTRACTOR WORK IDENTIFICATION FORM								
Project Name: Blueprint Clintonville: Downspout Redirection and Lateral Lining Pilot Project						Dept. of Public Utilities	Date: 09/29/2016	
Project Number: 650873-200001		Division: Sewerage & Drainage						
City Project Manager: Fang Cheng								
PM Phone #: (614) 645-1267		Contract Amt or Mod (\$): \$183,497.63						
Prime Contractor: Stantec Consulting Services, Inc.		Ordinance #: 2671-2016				Contract Duration: 240 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	Stantec Consulting Services, Inc. 13980 Collections Center Drive Chicago, IL 60693	Prime	Frank Lopeman frank.lopeman@stantec.com (614) 643-4380	11-2167170 9/10/2017	000462	MAJ	Construction administration and inspection	\$ 149,915.00 81.7%
2	DHDC, Inc. 2390 Advanced Business Center Drive Columbus, Ohio 43228 (614) 527-7489	Sub	Savvas Sophocleous sophocleous@dhdccinc.com (937) 672-8518	32-0376762 7/31/2018	006280	ASN	Geotechnical Lab testing Additional CI (as needed)	\$ 3,000.00 1.6%
3							20% contingency funding	\$ 30,582.63 16.7%
4								0.0%
5								0.0%
6								0.0%
7								0.0%
8								0.0%
			Approved: KMS			TOTAL CONTRACT or Mod AMOUNT		\$ 183,497.63
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