SCHEDULE 2A-1 SUBCONTRACTOR WORK IDENTIFICATION

Project Name: Oak Street Decorative Street Lighting						Dept. of Public Utilities	Date: 10/5/16
Project Number: UIRF # 440007-100020						Division: Power	
City Project Manager: Kenneth Rhynehardt						Contract Amt or Mod (\$):	
PM Phone #: (614) 645-3707						\$13,219.51	
Prime Contractor/Consultant: Korda/Nemeth Engi	neering, Inc.	Ordinance #: 2761-2016				Contract Duration: 12 Months	
Contractor and Subcontractor CCCN, Scope, and Funding Summary							
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Name / Address	Prime or Sub	Contact Information	C.C.# / Expires	DAX Vendor #	Firm Type	Contract or Mod Scope	Contract or Mod Amount & %
1 Korda/Nemeth Engineering, Inc.	Prime	Enrique Kundla	31-0922991	004467	MAJ	Contract	\$13,219.51
1650 Watermark Drive Columbus, Ohio 43215			3/13/2017				100.0%
2							
							0.0%
							3.070
	-						
3							0.00/
							0.0%
4							
							0.0%
5							
							0.0%
6							
							0.0%
							0.07,0
7							0.00/
							0.0%
8							
							0.0%
						TOTAL CONTRACT or Mod	
		Approved:				AMOUNT	\$ 13,219.51
DPU Fiscal Revised 8/9/2016		Date:	SCH 24-1			Total Percentage	100.0%

SCH 2A-1

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 peoject. 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				