SCHEDULE 2A-1							
SUBCONTRACTOR WORK IDENTIFICATION FORM							
Project Name: CSO Reduction Improvements			Dept. of Public Utilities	Date: 10/24/16			
Project Number: 650347-100001			Division: Treatment Engineering				
City Project Manager: Fang Cheng							
PM Phone #: (614) 645-1267			Contract Amt or Mod (\$): \$1,842,000.00				
Prime Contractor: Peterson Construction	Ordinance #: 2511-2016		Contract Duration: 300 Days				
Contractor and Subcontractor CCCN, Scope, and Funding Summary							

Name/	Prime	Contact	CCCN/	Vendor #	Firm	Contract or Mod Scope		ct or Mod \$
Address	Sub	Information	Expires		Type		Amoun	t and %
Peterson Construction	Prime	Rob Knapke	34-1342365	018675	MAJ	Project management	\$	1,333,132.00
18817 State Route 501 North		rknapke@petersonconstructionco.com	8/15/2018			general construction		72.49
Wapakoneta, Ohio 45895		(614) 941-2233						
(419) 941-2233								
Proline Electric Inc.	Sub	Nathan Shafer	31-1487377	005491	MAJ	Electrical	\$	275,315.00
301 Cedar Hill Road			6/11/2017					14.99
Lancaster, Ohio 43130		(740) 687-4571						
(740) 687-4571								
Koehring & Sons	Sub	Dean Beenten	35-1131071	007020	MAJ	Mechanical	\$	175,053.00
1126 Prospect Street			3/25/2017					9.59
Indianapolis, Indiana 46203		(317) 639-6541						
(317) 639-6541								
AT Plus, LLC	Sub	Dan Jock	81-0619544	010425	MBE	Process equipment	\$	25,000.00
2150 W. Michigan, Suite 235		danj@atplus.com	5/7/2017					1.49
Sidney, Ohio 45365		(937) 538-0230						
(937) 538-0230								
Rethman Design, Inc.	Sub	Ann Rethman	32-0018786	019303	FBE	Process equipment	\$	33,500.00
4877 SR 705		rethmandesign@gmail.com	11/5/1952		WBE	·		1.89
Ft. Laromie, Ohio 45845		(937) 295-5283						
(937) 295-5283								
								0.0
								0.0
								0.0
			•				_	
		Approved: KMS			TOTAL CONTRACT or Mod AMOUNT	\$	1,842,000.00	
Version created 06/07/2016		Date: 10/25/16				Total Percentage		100.09

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				