

**SCHEDULE 2A-1
SUBCONTRACTOR WORK IDENTIFICATION**

Project Name: Project Name: Professional Services for Facilities Instrumentation & Control Integration and Programming Service project						Dept. of Public Utilities		Date: 12/6/2016	
Project Number: 650348-100003						Division: Sewerage & Drainage			
City Project Manager: Ken Rau						Contract Amt or Mod (\$):			
PM Phone #: (614) 645-3947						\$499,750.00			
Prime Contractor/Consultant: CDM Smith			Ordinance #: 3221-2016			Contract Duration: 2016-2017			
Contractor and Subcontractor CCCN, Scope, and Funding Summary									
	Name / Address	Prime or Sub	Contact Information	C.C.# / Expires	DAX Vendor #	Firm Type	Contract or Mod Scope	Contract or Mod Amount & %	
1	CDM Smith, Inc. 445 Hutchinson Ave, Suite 820 Columbus, OH 43240	Prime	Ed Heyob HeyobES@cdmsmith.com (614) 847-6861	04-2473650 11/15/2018	000180	F1	Engineering	\$ 270,630.00	54.2%
2	Brown and Caldwell 4700 Lakehurst Ct #100 Dublin, OH 43016	Sub	David C. Nitz dnitz@brwnald.com (614) 410-3074	94-1446346 8/26/2017	010815	MAJ	Engineering	\$ 191,080.00	38.2%
3	Emerging Technology Integrators, Ltd. 6342 Dietz Drive Canal Winchester, OH 43110	Sub	Willie Jordon wjordan@eti-ltd.com (614) 437-4582	81-0617093 9/14/2017	010424	MAJ	Engineering Support	\$ 38,040.00	7.6%
4								0.0%	
5								0.0%	
6								0.0%	
7								0.0%	
8								0.0%	
DPU Fiscal Revised 8/9/2016			Approved:				TOTAL CONTRACT or Mod AMOUNT		\$ 499,750.00
			Date:				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