

SCHEDULE 2A-1								
SUBCONTRACTOR WORK IDENTIFICATION FORM								
Project Name: Blueprint Winthrop Milton				Dept. of Public Utilities		Date: 12/19/16		
Project Number: 650870-110161		Division: Sewers and Drains						
City Project Manager: Mark Timbrook								
PM Phone #: (614) 645-0298		Contract Amt or Mod (\$): \$1,072,507.46						
Prime Contractor: Dynotec, Inc.		Ordinance #: 3332-2016				Contract Duration: 6.5 yrs		
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	Dynotec, Inc 2931 E. Dublin Granville Road Columbus, Ohio	Prime	Glenn Weist gweist@dynotecinc.com	31-1319961 4/30/2017	005053	MBE	Engineering Consultant	\$ 344,383.66 32.1%
2	ms Consultants 2221 Schrock Road Columbus, Ohio 43229	Sub	Andy Fruehling afuehling@msconsultant	34-6546916 2/18/2018	006998	MAJ	Engineering Consultant	\$ 223,591.63 20.8%
3	Donahue IDEAS, LLC 2780 Airport Drive, Suite 333 Columbus, Ohio 43229	Sub	Michael Navabi Mnavabi@donahue-ideas.com	06-1716807 3/31/2018	000400	FBE	Engineering Consultants	\$ 42,210.17 3.9%
4							If Authorized	\$ 370,794.17 34.6%
5							Contingency	\$ 91,527.82 8.5%
6								0.0%
7								0.0%
8								0.0%
Version created 06/07/2016			Approved:				TOTAL CONTRACT or Mod AMOUNT	\$ 1,072,507.45
			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