SCHEDULE 2A-1 SUBCONTRACTOR WORK IDENTIFICATION

Subtrunk		Total Books of the Control of the Co				Dept. of Public Utilities	Date: 06/01/2017
Project Number: 650491-100002						Division: Sewerage & Drainage	
City Project Manager: Jeremy Cawley						Contract Amt or Mod (\$):	
PM Phone #: 614-645-6795						\$1,437,337.22	
Prime Contractor/Consultant: URS Corporation		Ordinance #: 1527-2017				Contract Duration: 12 Months	-
		Contractor and Subcontractor	r CCCN, Scope, a	and Funding	Summa	<u> </u>	
	Prime or		C.C.#/	DAX	Firm		Contract or Mod
Name / Address	Sub	Contact Information	Expires	Vendor #	Type	Contract or Mod Scope	Amount & %
URS Corporation	Prime	Steven D. Thompson, P.E.	34-0939859		MAJ	Record plans, construction services	\$ 1,437,337.22
277 W. Nationwide Blvd.		614-600-5987	7/1/2017				100.0%
Columbus, Ohio 43215							
2 NO SUBS		NO SUBS					
. 110 50 55		NO SCES					0.0%
3							
							0.0%
1							0.00
							0.0%
5							
							0.09
5							
							0.09
7							
-							0.0%
l							0.07
3							
							0.0%
		Approved:				TOTAL CONTRACT or Mod AMOUNT	\$ 1,437,337.22
DPU Fiscal Revised 8/9/2016		Date:				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					