

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

Project Name: 2016 Annual Lining Contract						Dept. of Public Utilities		Date: 07/27/17		
Project Number: 650404-100043						Division: Sewers and Drains				
City Project Manager: Mike Griffith						Contract Amt or Mod (\$):				
PM Phone #: (614) 645-2416						\$6,173,811.55				
Prime Contractor/Consultant: Layne Inliner, LLC			Ordinance #: 2382-2017			Contract Duration: 24 months				
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	Layne Inliner LLC	Prime	Kathy Jarrell	01-0684682	000027	MAJ	construction	\$ 5,351,776.55		
	4143 Weaver Court		kathy.jarrell@layner.com	2/3/2018				86.7%		
	Hilliard, Ohio 43026		(614) 529-6440							
	(614) 529-6440									
2	Municipal & Contractors Sealing Products	Sub	Drew O'Connor	31-1692549	005805	MAJ	Lining, SS10, SS-7	\$ 409,455.00		
	7740 Reinhold Drive			6/8/2019			Manhole rehabilitation	6.6%		
	Cincinnati, Ohio 45237		(513) 482-3300							
	(513) 482-3300									
3	Brenneman Excavating, Inc	Sub	Rodney Brenneman	03-0376951	000124	MAJ	Frames and Covers; 604; 614;	\$412,580.00		
	6150 W State Rd		brennemanx@gmail.com	8/1/2019			and SS-10	6.7%		
	Elida, Ohio 45807		(419) 236-8676							
	(419) 236-8676									
4										
5								0.0%		
6								0.0%		
7								0.0%		
8								0.0%		
DPU Fiscal Revised 8/9/2016			Approved:					TOTAL CONTRACT or Mod AMOUNT		\$ 6,173,811.55
			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