SCHEDULE 2A-1 SUBCONTRACTOR WORK IDENTIFICATION

Project Name: Blueprint West Franklinton: Lining Project				Dept. of Public Utilities			Date: 10/16/2017	
Project Number: 650875-100005						Division: Seweres & Drains		
City Project Manager: Mike Griffith					Contract Amt or Mod (\$):			
PM Phone #: (614) 645-2416					\$6,163,893.36			
Prime Contractor/Consultant: Insituform 7	Ordinance #: 2893-2017	2893-2017			Contract Duration: 365 days			
		Contractor and Subcontractor	CCCN, Scope, an	d Funding S	ummary			
Name / Address	Prime or Sub	Contact Information	C.C.# / Expires	DAX Vendor #	Firm Type	Contract or Mod Scope	Contract or Mod Amount & %	
Insituform Technologies, LLC	Prime	Diane Partridge	13-3032158	000636	MAJ	Project and construction	\$	4,364,013.61
17988 Edison Ave		(636) 530-8000	7/7/2019			Management		70.8%
Chesterfield, MO 63005		dpartridge@aegion.com						
(636) 530-8000								
2 Dreier & Maller	Sub	Steve Maller	34-1681027	006792	MAJ	Sanitary Sewer Clean / CCTV	\$	394,964.75
6508 Taylor Road SW		(614) 575-0068	9/26/2018			SS-4, SS-5, SS-11		6.4%
Reynoldsburg, Ohio 43608 (614) 575-0068								
Municipal Contractor & Sealing Products	Sub	Drew O'Connor	31-1692549	005805	MAJ	Manhole rehabilitation	\$	677,815.00
7740 Reinhold Drive		(513) 383-6338	6/8/2019			SS-6, SS-7, SS-10		11.0%
Cincinnati, Ohio 45237								
(513) 383-6338								
D's Excavationg & Services, LLC	Sub	Dirk Doege	80-0615736	010360	MAJ	Manhole installation, frame & cov	¢\$	727,100.00
482 Davey Ave		(419) 775-5505	6/13/2019			SS-10		11.89
Mansfield, Ohio 44903								
(419) 775-5505								
								0.00
								0.0%
								0.00
								0.07
1								
								0.09
								0.09
						TOTAL CONTRACT or Mod		
	Approved:				AMOUNT	\$	6,163,893.30	
DPU Fiscal Revised 8/9/2016		Date:				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					