

## Community Benefits Agreement Pre-Job Conference Form

General Contractor Information			
Prime Contractor:			
Address:			
Phone:			
Email:	Fax:		
Prime Contractor's License Number:			
DBE Status: □ Yes □ No	DBI	E Certifying Agency:	
	eren	ce Meeting Information	
Date & Time:			
Location:			
	Proje	ct Information	
Project Name:			
Project Address:			
Contract No: Contract Award Amount: \$			
Estimated Start Date:		Estimated End Date:	
Project Description:			

Jobsite Information		
Site Phone:	Email:	
Fax:	Jobsite Labor Rep:	
Project Manager:	Jobsite Safety Rep:	
Job Superintendent:	Workforce Ordered By:	

Jobsite Scheduling Information		
Number of Shifts:	Start / Stop Times:	
Pay Day:	Ending Day of Pay Period:	

Jobsite Facilities		
Location(s) of First Aid Facilities:		
Location(s) of Sanitary Facilities:		
Location(s) of Drinking Water Facilities:		
Description of Jobsite Parking:		
Name of Selected Hospital:		
Hospital Address:		
Hospital Phone Number:		

Heavy Equipment to Be Utilized on Job	By Contractor

Project Craft Workforce Estimate		
Craft Workforce needed for Project		
Sample: Widget Installer	5	

Contractor Jurisdictional Work Assignments

As required by CBA Article 8, Section 8.1, the assignment of work will be solely the responsibility of the contractor performing the work involved; and such work assignments will be in accordance with the Plan for the Settlement of Jurisdictional Disputes in the Construction Industry (the "Plan") or any successor plan.

All jurisdictional disputes on this project shall be settled in accordance with CBA Article 8

Jurisdictional Work Assignments				
<u>Contractor name</u>	Scope of Work	<u>Union OR</u> <u>Non-</u> <u>Union</u>	<u>DBE or</u> <u>Non</u> <u>DBE</u>	<u>Union Work</u> <u>Assignment (Local</u> <u>#)</u>
Example: XYZ Contractor	Sprocket Installation	Union	DBE	Sprocket Union 123
		<u> </u>		

Subcontractor Information – Cor	mplete or Attach Subcontractor Listing		
Subcontractor Name:			
Type/Scope of Work:			
Address:	,		
Estimated Start Date:	Estimated End Date:		
Contact Person:	Phone:		
Email:	Contractor License Number:		
Subcontractor Name:	Subcontractor Name:		
Type/Scope of Work:			
Address:			
Estimated Start Date:	Estimated End Date:		
Contact Person:	Phone:		
Email:	Contractor License Number:		
Subcontractor Name:			
Type/Scope of Work:			
Address:			
Estimated Start Date:	Estimated End Date:		
Contact Person:	Phone:		
Email:	Contractor License Number:		
Subcontractor Name:			
Type/Scope of Work:			
Address:			
Estimated Start Date:	Estimated End Date:		
Contact Person:	Phone:		
Email:	Contractor License Number:		
Subcontractor Name:			
Type/Scope of Work:			
Address:			
Estimated Start Date:	Estimated End Date:		
Contact Person:	Phone:		
Email:	Contractor License Number:		
Subcontractor Name:			
Type/Scope of Work:			
Address:			
Estimated Start Date:	Estimated End Date:		
Contact Person:	Phone:		
Email:	Contractor License Number:		