



Community Benefits Agreement Pre-Job Conference Form

General Contractor Information

Prime Contractor:	
Address:	
Phone:	
Email:	Fax:
Prime Contractor's License Number:	
DBE Status: <input type="checkbox"/> Yes <input type="checkbox"/> No	DBE Certifying Agency:

CBA Pre Job Conference Meeting Information

Date & Time:
Location:

General Project Information

Project Name:	
Project Address:	
Contract No:	Contract Award Amount: \$
Estimated Start Date:	Estimated End Date:
Project Description:	

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

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

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

Subcontractor Information – Complete 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:	
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: