

## Citywide Project Labor Agreement Professional Services Pre-Job Conference Form

In accordance with PLA Article 16, each Contractor is required to conduct a Pre-Job Conference with the Unions not later than ten (10) calendar days prior to commencing work.

	Prime Con	suitant information		
Prime Consultant Na	me:			
Address:				
Phone:				
Email:		Fax:		
License Number:				
	PLA Pre Job Confe	erence Meeting Informa	tion	
Date & Time:		Location:		
	Gener	ral Information		
As-Needed Services	: (Yes or No)	f Yes, list Task Order Number:		
Contract No:		Contract (or Task) Award Amount:		
Estimated Start Date	:	Estimated End Date:		
Contract Name:				
	Jobsite Sch	neduling Information		
Number of Shifts:		Start / Stop Times:		
Pay Day:		Ending Day of Pay Period:		
Heavy Equipment to Be Utilized on Job		Craft/Contractor		
	Project Craft	t Workforce Estimate		
Craft		Workforce needed for Project		
Sample: Widget Installer		5		
		ictional Work Assignme		
	s, the assignment of work will be solely the respor se with the Plan for the Settlement of Jurisdictiona			
	All jurisdictional disputes on this proje	ect shall be settled in accordance with	PLA Article 8	
Ju	risdictional Work Assignments	S		
Contractor name	Scope of Work	<u>Union OR Non-Union</u>	<u>DBE or</u> <u>Non DBE</u>	Union Work Assignment (Local #)
SAMPLE: ABC Contractor	Widget Installation	Union	DBE	Widget Union Local 1234

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:			