



Project Labor Agreement

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.

General Contractor Information		
Prime Contractor: FEC Future Contractors and Engineers Inc		
Address: 184 Technology Dr Suite 205		
Phone: 949-328-9758		
Email: nick.k@fecgc.com	Fax: 949-328-9768	
Prime Contractor's License Number: 959988		
DBE Status: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	DBE Certifying Agency:	
PLA Pre Job Conference Meeting Information		
Date & Time: Tuesday, November 25th @ 1:00 PM		
Location: MS Teams (Online)		
General Contract Information		
Contract Name:	Hidden Trails Neighborhood Park	
Project Address:	1010 Parsons Landing, San Diego CA 92154	
City Contract No:	K-25-2389-DBB-3	Contract Award Amount: \$ 8,685,000
Estimated Start Date:	10/21/2025	Estimated End Date: 11/21/2026
Project Description:	Construction of Hidden Trails Neighborhood Park	

Jobsite Information	
Site Phone: 949-217-9050	Email: hamid.h@fecgc.com
Fax: 949-328-9768	Jobsite Labor Rep: hamid.h@fecgc.com
Project Manager: Hamid Hekmat	Jobsite Safety Rep: hamid.h@fecgc.com
Job Superintendent: Carlos Mendoza	Workforce Ordered By: Hamid Hekmat
Jobsite Scheduling Information	
Number of Shifts: 5	Start / Stop Times: 7:30 AM - 4:30 PM
Pay Day: Friday	Ending Day of Pay Period: Wednesday
Jobsite Facilities	
Location(s) of First Aid Facilities: Jobsite, Office Trailer	
Location(s) of Sanitary Facilities: Jobsite, Temporary Toilet	
Location(s) of Drinking Water Facilities: Jobsite, Office Trailer, Cooler	
Description of Jobsite Parking: Onsite	
Name of Selected Hospital: Sharp Chula Vista Medical Center	
Hospital Address: 751 Medical Center Drive, Chula Vista CA 91911	
Hospital Phone Number: 519-502-5800	
Heavy Equipment to Be Utilized on Job	By Contractor
Project Craft Workforce Estimate	
Craft	Workforce needed for Project
Sample: Widget Installer	5
Carpenter	1
Laborer	1

Contractor Jurisdictional Work Assignments

As required by PLA 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 PLA Article 8

Jurisdictional Work Assignments

<u>Contractor name & Sub to</u>	<u>Scope of Work</u>	<u>Union OR Non- Union</u>	<u>DBE or Non DBE</u>	<u>Union Work Assignment (Local #)</u>
SAMPLE: ABC Contractor/ Prime Contractor	Widget Installation	Union	DBE	Widget Union Local 1234
395 Structures/FEC Future Contractor and Engineers	Formwork	Union	Non-DBE	Carpenters Union Local 619
395 Structures/FEC Future Contractor and Engineers	Use of chute for concrete pouring and vibrator. Stripping and cleaning.	Union	Non-DB E	Laborers Union Local 89
395 Structures/FEC Future Contractors and Engineers	Concrete finishing and patching	Union	Non-DBE	Cement Masons Local 500

<u>Contractor name & Sub to</u>	<u>Scope of Work</u>	<u>Union OR Non- Union</u>	<u>DBE or Non DBE</u>	<u>Union Work Assignment (Local #)</u>

Subcontractor Information – Complete or Attach Subcontractor Listing

Subcontractor Name: 395 Structures LLC	
Type/Scope of Work: Catch Basins	
Address: 3273 Chardony Way, Jurupa Valley CA 91752	
Estimated Start Date: 12/1/2025	Estimated End Date: 12/15/2025
Contact Person: Eric Magana	Phone: 909-333-6223
Email: 395structures@gmail.com	Contractor License Number: 1135682
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: