



PROJECT LABOR AGREEMENT FORMS & SUBMITTALS

PROJECT LABOR AGREEMENT					Info
Document/Form	Due Date	Frequency	Submitted by		
PLA Pre Job Conference Form (PRIME)	Prior to Pre-Job	Update as needed	Prime Contractor	<ul style="list-style-type: none"> • PLA Article 16, Section 16.1 	
PLA Pre Job Conference Form (SUBCONTRACTOR)	Prior to Pre-Job	Update as needed	Subcontractors	<ul style="list-style-type: none"> • PLA Article 8, Section 8.1 and Article 16, Section 16.1 	
Letter of Assent	Prior to Work Start	One Time	All Contractors (all tiers)	<ul style="list-style-type: none"> • As required by PLA Article 3, Section 3.3(b) • Copy uploaded to LCP Tracker 	
Contractor Core Workforce Form	Prior to Work Start	One Time	Non-Union Contractors	<ul style="list-style-type: none"> • As required by the PLA Article 4, Section 4.6 • Copy uploaded to LCP Tracker 	
Workforce Dispatch Request Form & Transmittal Confirmation	As the need to request workers arises	As Needed	All Contractors (all tiers)	<ul style="list-style-type: none"> • As required by the PLA Article 4, Section 4.5 • Original submitted to applicable Union • Copy uploaded to LCP Tracker 	
Targeted Worker Survey Form for validation of City Resident and Targeted Workers	Prior to Work Start	As Needed	All Contractors (all tiers)	<ul style="list-style-type: none"> • PLA Article 4, Section 4.5 • Completed by all workers performing work on this project • Must provide verification documents • Provide to MOelschlager@sandiego.gov 	
Monthly Proof of Fringe Benefit Payments to Union Trust Fund	Monthly	Monthly	All Contractors (all tiers)	<ul style="list-style-type: none"> • As required by PLA Article 6, Section 6.2, Labor Code Section 1776 and CCR 16000 • Copy uploaded to LCP Tracker on a monthly basis 	
San Diego Zip Code Lists	N/A	N/A	N/A	<ul style="list-style-type: none"> • For informational purposes 	

PLA Compliance Contact Information / Mandy Oelschlager • MOelschlager@sandiego.gov • Cell: 626-720-7285



Project Labor Agreement Pre-Job Conference Form

General Contractor Information	
Prime Contractor: Kiewit Infrastructure West Co.	
Address: 10704 Shoemaker Ave, Santa Fe Springs, CA 90670	
Phone: 562-755-9804	
Email: Gabriel.Der@kiewit.com	Fax: N/A
Prime Contractor's License Number: 433176	
DBE Status: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	DBE Certifying Agency:

PLA Pre Job Conference Meeting Information	
Date & Time: January 13 th , 2026 @ 9am	
Location: Microsoft Teams	

General Project Information	
Project Name: NCWRP Flow Equalization Basin	
Project Address: 4949 Eastgate Mall	
Contract No: K-21-1791-DBB-3-A	Contract Award Amount: \$11,886,000
Estimated Start Date: 12/6/2021	Estimated End Date: Feb 2026
Project Description: This project entails the construction of a new third Flow Equalization Basin at the North City Water Reclamation Plant.	

Jobsite Information	
Site Phone: 562-755-9804	Email: Gabriel.Der@kiewit.com
Fax: N/A	Jobsite Labor Rep: Gabriel Der
Project Manager: Gabriel Der	Jobsite Safety Rep: Terri Romero
Job Superintendent: N/A	Workforce Ordered By: Mark Studer

Jobsite Scheduling Information	
Number of Shifts: 1	Start / Stop Times: 6:30am – 3:00pm
Pay Day: Paper Checks Friday. Direct Deposit, Wednesday.	Ending Day of Pay Period: Saturday

Jobsite Facilities	
Location(s) of First Aid Facilities: 4949 Eastgate Mall San Diego, CA 92121	
Location(s) of Sanitary Facilities: 4949 Eastgate Mall San Diego, CA 92121	
Location(s) of Drinking Water Facilities: 4949 Eastgate Mall San Diego, CA 92121	
Description of Jobsite Parking: Onsite, North end of the site near 4949 Eastgate Mall San Diego, CA 92121	
Name of Selected Hospital: Kaiser Permanente San Diego medical Center	
Hospital Address: 9455 Claremont Mesa Blvd San Diego, CA 92123	
Hospital Phone Number: 858-266-5000	

Heavy Equipment to Be Utilized on Job	By Contractor
Backhoe/Mini Ex.	Southwest V Ditch

Project Craft Workforce Estimate	
Craft	Workforce needed for Project
Sample: Widget Installer	5
Scaffolding	13
Mesh Install, Compound cure and concrete	8
Total	

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</u>	<u>Scope of Work</u>	<u>Union OR Non-Union</u>	<u>DBE or Non-DBE</u>	<u>Union Work Assignment (Local #)</u>
<i>Example: ABC Contractor</i>	<i>Sprocket Installation</i>	<i>Union</i>	<i>DBE</i>	<i>Sprocket Union 123</i>
<u>Safe Scaffolding</u>	<u>Provide, Erect & dismantle of scaffold</u>	<u>Union</u>	<u>Non-DBE</u>	<u>Western States Regional Council of Carpenters</u>
<u>Southwest V Ditch</u>	Mesh Install, Compound cure and concrete/Shotcrete	<u>Union</u>	<u>Non-DBE</u>	<u>Gunite Laborers Local #345</u>
<u>Southwest V Ditch</u>	Equipment Operation, Min Ex.	<u>Union</u>	Non-DBE	<u>Operating Engineers Local #12</u>

Subcontractor Information – Complete or Attach Subcontractor Listing

Subcontractor Name: Safe Scaffolding

Type/Scope of Work: Provide, Erect & dismantle of scaffold

Address: 23392 Via Alondra, Trabuco Canyon, CA 92679

Estimated Start Date: 8/20/2025

Estimated End Date: 11/14/2025

Contact Person: Shawn Bowers

Phone: 949-216-5128

Email: Shawn@safesc scaffolding.net

Contractor License Number: 956718

Subcontractor Information – Complete or Attach Subcontractor Listing

Subcontractor Name: Southwest V Ditch

Type/Scope of Work: Concrete

Address: 3625 Placentia Lane, Riverside, CA 92501

Estimated Start Date: 1/12/2026

Estimated End Date: 1/12/2027

Contact Person: Luis

Phone: 951-781-4303

Email: Luis@swvditch.com

Contractor License Number: 569779

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 Information – Complete or Attach Subcontractor Listing

Subcontractor Name:

Type/Scope of Work:

Address:

Estimated Start Date:

Estimated End Date:

Contact Person: Patrick Turner

Phone:

Email:

Contractor License Number:

