



Citywide Project Labor Agreement (PLA) 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: De La Fuente Construction | | |
| Address: 3025 Beyer Blvd. Suite E-101, San Diego, CA 92154 | | |
| Phone: (619) 512-5505 | | |
| Email: hjimenez@dlfci.com | Fax: (619)878-2980 | |
| Prime Contractor's License Number: 919666 | | |
| PLA Pre Job Conference Meeting Information | | |
| Date & Time: 03/12/2026 @ 9:00 AM | | |
| Location: MS Teams (Online) | | |
| General Contract Information | | |
| Contract Name: | South De Anza Park Improvements | |
| Project Address: | 2688 E Mission Bay Dr. San Diego, CA 92109 | |
| City Contract No: | K-25-2349-DBB-3 | Contract Award Amount: \$9,738,938.00 |
| Estimated Start Date: | September 2nd, 2025 | Estimated End Date: March 2027 |
| Project Description: | Accessible cast-in-place concrete paving, accessible playground and playground surfacing, comfort station, lighting, basketball courts, planting, irrigation, stormwater, trash enclosure, site furnishings, and other items. | |

| Jobsite Information | |
|---|------------------------------------|
| Site Phone: (619) 679-3491 | Email: rservin@dlfci.com |
| Fax: (619)878-2980 | Jobsite Labor Rep: Ruben Servin |
| Project Manager: Carolina Bernal | Jobsite Safety Rep: Ruben Servin |
| Job Superintendent: Ruben Servin | Workforce Ordered By: Jorge Juarez |
| Jobsite Scheduling Information | |
| Number of Shifts: 1 | Start / Stop Times: 6:30am-3:00pm |
| Pay Day: Friday | Ending Day of Pay Period: Sunday |
| Jobsite Facilities | |
| Location(s) of First Aid Facilities: On-Site | |
| Location(s) of Sanitary Facilities: On-Site | |
| Location(s) of Drinking Water Facilities: On-Site | |
| Description of Jobsite Parking: Street Parking | |
| Name of Selected Hospital: South Coast Medical Clinic | |
| Hospital Address: 408 W 8th St, National City, CA 91950 | |
| Hospital Phone Number: (619)474-8666 | |
| Heavy Equipment to Be Utilized on Job | By Contractor |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| Project Craft Workforce Estimate | |
| Craft | Workforce needed for Project |
| Sample: Widget Installer | 5 |
| Teamsters | 1 |
| Special Inspections | 5 |
| | |
| | |
| | |
| | |

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>DB Type (DBE/SLBE/ELBE/WBE/MBE or Non-DB)</u> | <u>Union Work Assignment (Local #)</u> |
|---|--|---------------------------|--|--|
| SAMPLE: ABC Contractor/ Prime Contractor | Widget Installation | Union | DBE | Widget Union Local 1234 |
| De La Fuente Construction, Inc. / Prime | On/Off Hauling and material delivery (Class II Base) | Non Union | Non DBE | Local 166 |
| Ghostrider Inspection, Inc./De La Fuente Construction, Inc. | 3rd Party Special Inspections | Non-Union | Non DBE | Local 12 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Subcontractor Information – Complete or Attach Subcontractor Listing

| | |
|--|--------------------------------|
| Subcontractor Name: Ghost rider Inspection Inc. | |
| Type/Scope of Work: 3rd Party Special Inspection | |
| Address: 13223 Black Mountain Rd #154 San Diego CA 92129 | |
| Estimated Start Date: 02/24/2026 | Estimated End Date: 04/24/2026 |
| Contact Person: Kiomi Yamada | Phone: 619-380-6663 |
| Email: kiomiyamada@yahoo.com | Contractor License Number: N/A |
| 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: |