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:	Swinerton Builders	
Address:	16798 West Bernardo Drive, San Diego, CA 92127	
Phone:	858-622-4040	
Email:	richardstrong@swinerton.com (interim)	Fax: 858-622-4044
Prime Contractor's License Number:	092	

PLA Pre Job Conference Meeting Information	
Date & Time:	Monday, July 20 at 11:30 am
Location:	MS Teams

	General Contract Information	
Contract Name:	City Heights Library Performance Annex Improvements	
Project Address:	3795 Fairmount Ave, San Diego, CA 92105	
City Contract No:	K-25-2371-DB2-3-A	Contract Award Amount: $ 5,417,724.00
Estimated Start Date:	October 2025	Estimated End Date: Mary 2026
Project Description:	Design-Build project to add approx 995 sq. ft. expansion to the existing City Heights Library Performance Annex. Addition of two dressing/makeup rooms, a green room, a ticket booth and a vestibule. Interior lighting upgrade, and the HVAC equipment will be relocated and upgraded. Renovation of existing bathrooms within library space serving courtyard.	

Jobsite Information	
Site Phone: +1 (415) 686-6103	Email: richardstrong@swinerton.com (interim)
Fax: N/A	Jobsite Labor Rep: Jennifer Correa
Project Manager: Chris Gaitan (Richard Strong interim)	Jobsite Safety Rep: Bryan Gray
Job Superintendent: Richard Strong	Workforce Ordered By:

Jobsite Scheduling Information	
Number of Shifts: 2	Start / Stop Times: 7AM- 5PM
Pay Day:	Ending Day of Pay Period:

Jobsite Facilities	
Location(s) of First Aid Facilities: City Heights Performance Bldg.	
Location(s) of Sanitary Facilities: Adjacent to site/park	
Location(s) of Drinking Water Facilities: City Heights Performance Bldg.	
Description of Jobsite Parking: Street Parking	
Name of Selected Hospital: Scripps Mercy Hospital	
Hospital Address: 4077 Fifth Ave., San Diego, CA 92103	
Hospital Phone Number: 619-294-8111	
Heavy Equipment to Be Utilized on Job	**By Contractor**
N/A	All Modular Systems, Inc.

Project Craft Workforce Estimate	
Craft	**Workforce needed for Project**
Sample: Widget Installer	5
FF&E	4

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

Contractor name & Sub to	*Scope of Work*	*Union OR Non-Union*	*DB Type (DBE/SLBE/ ELBE WBE/MBE or Non-DB)*	*Union Work Assignment (Local #)*
SAMPLE: ABC Contractor/ Prime Contractor	Widget Installation	Union	DBE	Widget Union Local 1234
All Modular Systems as subcontractor to G/M BUSINESS INTERIORS (Prime Contractor)	FF&E	Non-Union	Non-DB	Carpenters Union Local #619

Contractor name & Sub to	*Scope of Work*	*Union OR Non-Union*	*DB Type (DBE/SLBE/ ELBE WBE/MBE or Non-DB)*	*Union Work Assignment (Local #)*

Subcontractor Information – Complete or Attach Subcontractor Listing	
Subcontractor Name: All Modular Systems, Inc.	
Type/Scope of Work: FF&E Install	
Address: 21005 Cabot Blvd, Hayward CA 94544	
Estimated Start Date: 07/27/2026	Estimated End Date: 07/29/2026
Contact Person: Jorge Alcala (AMS)/Diana Nickell (GMBI)	Phone: 510-887-9000
Email: dnickell@gmbi.net	Contractor License Number: 918072
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: