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 Drive Suite 205	
Phone: 949-328-9758	
Email: nick.k@fecgc.com	Fax: 949-328-9768
Prime Contractor's License Number: 959988	
DBE Status: ☐ Yes ▣ No	DBE Certifying Agency:

PLA Pre Job Conference Meeting Information
Date & Time: Friday October 9, 2026 @ 10:00 AM
Location: MS Teams (Online)

	General Contract Information	
Contract Name:	Hidden Trails Neighborhood Park	
Project Address:	1037 Parsons Landing, San Diego CA 92154	
City Contract No:	K-25-2389-DBB-3	Contract Award Amount: $ 8,685,000.00
Estimated Start Date:	10/6/2025	Estimated End Date: 11/6/2026
Project Description:	Construction of Hidden Trails Neighborhood Park shall include, and not limited to, a new playground with play equipment and surfacing, fitness equipment, sports courts, prefabricated comfort station, shade structures, seating areas, perimeter and site fencing, sidewalks, curb ramps, ADA ramps and stairs, planting and irrigation, signage, light poles and fixtures and electrical improvements, stormwater and sewer improvements, and coordination and the installation of artworks	

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: 619-502-5800

Heavy Equipment to Be Utilized on Job	By Contractor

Project Craft Workforce Estimate	
Craft	**Workforce needed for Project**
Sample: Widget Installer	5
Ironworker	2

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*	*DBE or Non DBE*	*Union Work Assignment (Local #)*
SAMPLE: ABC Contractor/ Prime Contractor	Widget Installation	Union	DBE	Widget Union Local 1234
FEC Future Contractors and Engineers Inc / Prime Contractor	Rebar	Union	Non DBE	Iron Workers Local 229

Contractor name & Sub to	*Scope of Work*	*Union OR Non-Union*	*DBE or Non DBE*	*Union Work Assignment (Local #)*

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: Ja	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: