



## Community Benefits Agreement Pre-Job Conference Form

### General Contractor Information

Prime Contractor:	
Address:	
Phone:	
Email:	Fax: NA
Prime Contractor's License Number:	
DBE/SB/DVBE Status: <input type="checkbox"/> Yes <input type="checkbox"/> No	Certifying Agency:

### CBA Pre Job Conference Meeting Information

Date & Time:
Location:

### General Project Information

Project Name:	
Project Address:	
Contract No:	Contract Award Amount:
Estimated Start Date:	Estimated End Date:
Project Description:	

### Jobsite Information

Site Phone:	Email:
Fax:	Jobsite Labor Rep:
Project Manager:	Jobsite Safety Rep:
Job Superintendent:	Workforce Ordered By:

**Jobsite Scheduling Information**

Number of Shifts:	Start / Stop Times:
Pay Day:	Ending Day of Pay Period:

**Jobsite Facilities**

Location(s) of First Aid Facilities:
Location(s) of Sanitary Facilities:
Location(s) of Drinking Water Facilities:
Description of Jobsite Parking:
Name of Selected Hospital:
Hospital Address:
Hospital Phone Number:

**Heavy Equipment to Be Utilized on Job**

**By Contractor**


**Project Craft Workforce Estimate**

Craft	Workforce needed for Project
Sample: Widget Installer	5

**Contractor Jurisdictional Work Assignments**

As required by CBA 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 CBA Article 8



**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:	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:
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: