SACRAMENTO CITY UNIFIED SCHOOL DISTRICT

BOOK 2 OF 2

CONSTRUCTION STANDARD FORMS MANUAL

Camellia Basic ES Security Fence and Shade Structure
David Lubin ES Security Fence and Shade Structure
Leataata Floyd ES Security Fence

5735 47th Avenue
Sacramento, CA 95824
Sacramento County

Bid Package #0035-407

SACRAMENTO CITY UNIFIED SCHOOL DISTRICT, PROCUREMENT SECTION

Submitted to the Sacramento City Unified School District by:

CONSTRUCTION MANAGER:
N/A

ARCHITECT:
Lionakis
2025 19th Street
Sacramento, CA 95818

Construction Standard Forms Manual

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I. INTRODUCTION

The purpose of this Manual is to provide the Owner, District Representative, Architect/Engineers and Entity with detailed information concerning specific requirements and procedures that will be implemented during construction.

This Manual delineates the lines of authority and responsibilities of the project team members associated with this Project, along with highlighting specific requirements of the General Conditions, Exhibit D of the Facilities Lease Agreement. This Manual is not intended to replace any of the requirements of the General Conditions, and in the event of any conflict between this Manual and the General Conditions, the latter controls.

II. ORGANIZATION

A. Sacramento City Unified School District - Owner

The Board of Education of the Sacramento City Unified School District will be represented by the Superintendent. The District is responsible for the following:

1. Development of Program Requirements
2. Formal Liaison with the District Staff
3. Contract Administration
4. Payment and Change Order Approvals
5. Final acceptance of the Project
6. Oversight Committee Regulation Adherence

B. Project/Construction Management
The District has retained a project and construction manager as a consultant to assist the District in overall management of the Project. The Project/Construction Manager. will be responsible for such activities as monitoring time and cost, coordinating inspection and testing, and advising the District of actions required. All contact between the District and Entity is to be made through the Project/Construction Manager – **SCUSD, Morgan Capshaw.**

C. Architect/Engineers/Engineering Consultants (A/E)
The A/E is responsible for the design and clarification of the Contract Documents. The A/E is responsible for review of submittals, shop drawings, requests for information, payment requests, and requests for material substitutions. The A/E may issue requests for proposals and/or review responses to requests for proposals. The A/E will advise the District Representative concerning all technical decisions. The A/E will also make project site visits as required.

D. Testing Laboratories
In special cases, as the District deems necessary, a specialized testing lab will be hired by the District to provide testing and inspection services. This includes the testing, inspection, and safety monitoring of the asbestos abatement. The Project/Construction Manager will be responsible for coordinating and monitoring the testing firm's activities. The Entity is responsible for coordinating the scheduling of all required testing with the District Representative.

E. Lease Leaseback Entity (Entity)
The Entity has contracted with the District to perform work as detailed in the Contract Documents and is responsible for the performance and coordination of all Subcontractors and suppliers providing services under this contract. The Entity will have one full-time superintendent, on the Site at all times during construction of its work.

F. Project Inspector/Quality Assurance Inspector
The District has hired DSA Certified Inspectors to conduct inspections for conformance to the Contract Documents and code compliance. The District has Quality Assurance Inspectors to assist the Project Inspector in specialty areas (i.e., mechanical, electrical).

G. Hazardous Waste Consultants
The District has contracted with a hazardous material firm to provide consulting services as described in Exhibits C, D and E. Entity's will be required to comply with local and state laws.

III. PROJECT DIRECTORY

Owner: Sacramento City Unified School District

District Representative: **Morgan Capshaw, SCUSD**

Architect: **Lionakis**

IV. PROJECT PROCEDURES

A. COMMUNICATIONS

1. In carrying out the terms of the Contract, the Entity will interact with the Project Team only through the District Representative. In turn, the District Representative will communicate with the Entity. The District Representative will refrain from communicating with the Entity's Subcontractors and suppliers. All correspondence, shop drawings, samples, descriptive data, reports, proposals or requests of any nature are to be submitted by and to the Entity through the District Representative, who will distribute further as required.

2. All correspondence and submittals shall reference the specific Project Site and name, bid package number, and DSA application number. The District Representative will return to the Entity any correspondence or submittals from a subcontractor or vendor that have not been directed through the office of the Entity.

3. Within ten (10) days following issuance of the Notice of Intent to Award, the Entity will forward to the District Representative a list outlining the key project personnel. At the same time, the Entity will provide a letter of authority identifying those of the Entity's personnel who are authorized to sign official project documents on behalf of the Entity, and the specific documents they are empowered to sign.

4. According to the Contract Documents, the Entity will provide the name, address, phone and fax number of all proposed Subcontractors (including those who are to furnish material or equipment and those who are Subcontractors to the Subcontractors).

5. The A/E shall make written field reports for each site visit. If the A/E observes any work that does not conform to the Contract Documents he/she shall clearly state this in his/her report.

6. The Inspectors and the Entity shall prepare daily written field reports and forward copies to the District Representative no less than on a weekly basis.

Communication for Construction

Who am I?	To whom do I talk?	Comment
School Principal	District Representative Entity	Primary Communication Urgent Emergency / Imminent Danger
Entity	District Representative Inspector	Primary Communication Technical
Inspector	Architect Entity District Representative	Primary Communication Primary Communication
Quality Assurance Compliance	Project Inspector District Representative	Primary Communication Primary Communication
Architect	District Representative Inspector	Primary Communication Primary Communication
Sub-Contractor	Entity Inspector	Primary Communication Technical

B. NON-CONFORMING WORK

1. If the Entity fails to correct deficient work or has a part of the work improperly completed, the District Representative, the A/E or the Project Inspector through the District Representative, will issue a "Notice of Non-Conforming Work/Construction Deficiency." (See appendix.) This report puts the Entity on formal notice that a deficiency exists and becomes substantiating documentation for any future action. If the corrective action required is not evident, the District Representative will also request the Entity's plan for correction.

2. If the Entity does not correct such rejected or non-conforming work and/or materials within a reasonable time, fixed by the District Representative or A/E in a written notice to the Entity, the District may correct the same and charge the expense to the Entity, per Article 17 of the General Conditions, Exhibit D of the Facilities Lease Agreement.

3. In no case will a Certificate of Completion be issued as long as any Notice of Non-Conforming Work/Construction Deficiency is unresolved.

4. The Owner's acceptance of defective or non-conforming work will be only as described in the Contract Documents.

C. SAFETY/SECURITY/ACCESS

1. The Entity shall have sole and complete responsibility for initiating, maintaining and supervising all safety precautions and programs in connection with the Project. Also, in no case shall the Owner, the District Representative, the A/E, the Project Inspector, and/or their agents, employees or representatives, have either direct or indirect responsibility for the means, methods, techniques, sequences or procedures utilized by the Entity, or for safety precautions and programs in connection with the Work.

2. The Entity will identify their designated Safety Supervisors to the District Representative, and will provide a copy of his safety program along with all program revisions and updates following issuance

3. Keys - The Entity may acquire master key(s) to access Project Site by requesting the appropriate key(s). The Entity will be solely responsible for the full cost of re-keying the entire school if a Master Key is lost or stolen. Additionally, any lost or stolen individual door key (or "Pass Key") will be incur replacement costs equal to time and materials required to re-key the locks that affect the security of the school site.

D. GUIDELINES WHILE ON SCHOOL SITE

WELCOME TO THE SACRAMENTO CITY UNIFIED SCHOOL DISTRICT!

The safety of students is our highest priority. Please follow these guidelines as you visit and work on our campuses. At each site you will see many students, staff, and parents who will be delighted to know that you are there to modernize our schools.

START AND END TIMES

The daily beginning and end of the school day is a busy time. Try to avoid arriving and/or leaving schools during these times. See the office of the school for the daily schedules.

PARKING

Please check with the District Representative for approved parking and staging locations. Certain locations have been designated at each school. In some cases, parking areas have been arranged on school grounds, at the end of parking lots or adjacent properties. In other cases, parking is on the street.

WORKER IDENTIFICATION BADGES

We have spent a great deal of time educating students about "possible danger of strangers." Some teachers, students, and parents will be suspicious of any unknown person on campus, so all non-school personnel will be required to wear an identification badge, provided by the SCUSD, at all times.

DRIVING ON SCHOOL GROUNDS

When children are present on campus and you must drive a vehicle on the school grounds, especially playground or blacktop areas where physical education classes are held, it is mandatory that a "spotter" WALK alongside the vehicle. Students are sure that they can run faster than a truck and may try to cross in front of a moving vehicle, etc. Please also use a "spotter" when backing up at any time on school grounds.

WORKING WITHIN FENCED AREAS

Construction work is allowed only in areas fenced for each phase of construction as shown on the schedule. Workers, materials, and equipment (including storage) will not be allowed outside fenced areas, except to the extent they are continuously supervised and monitored by the Entity's supervisory personnel who have been fingerprinted and certified as required by the Contract Documents.

CLASSROOM DISRUPTIONS

Before entering an area where instruction is in process, you are required to clear access with the District Representative. Do not engage in conversation with the students.

LUNCH

Lunch time at schools is busy and congested. Try to avoid getting in the student path of travel. We know that this is not always possible. Lunch times vary by site. See the office of the school for the daily schedules.

RECESSES

These are usually 15-20 minutes. In most elementary schools there is a morning and an afternoon recess. See the office of the school for the daily schedules.

CONSTRUCTION BREAKS AND LUNCHES

Coffee breaks and lunch should be taken at a location removed from the playground/blacktop and from the buildings. It is perfectly acceptable to relax in a corner of the grounds or other out-of-the-way area acceptable to the school. There is no food service available for workers on the site. Use of student restrooms is not allowed. Use the Entity provided temporary restroom facilities only.

SMOKING, DRUGS, RADIOS, APPROPRIATE LANGUAGE AND DRESS

- Sacramento City is a "tobacco-free facility" District wide. If you need to smoke, vape, or chew tobacco, you must do so off campus.
- Use or possession of drugs of any kind is strictly forbidden.

- Please do not play radios during school hours and, when possible, keep talking to normal levels.
- Acceptable language is a must. This means the avoidance of swearing, foul language, and racial, ethnic, or sexual slurs or comments which could be considered harassment. Sacramento City tries very hard to MODEL the behavior we wish our youngsters to adopt, so we would very much appreciate any help you can give us in this effort.
- Dress appropriately for the work site. Specifically, tank tops and cut-off shorts are not allowed. Additionally, what is written or pictured on shirts must comply with the requirement of acceptable language above.
- Violation of any of the above will result in immediate automatic removal from the site.

THANK YOU VERY MUCH FOR YOUR COOPERATION.

V. PROJECT COMPLETION

A. NOTICE OF PUNCH LIST INSPECTION

When the Entity believes that a phase of its Work is complete, it shall request in writing a punch list inspection. Within five (5) days of the receipt of such request, the District Representative, the Project Inspector and the A/E shall make a punch list inspection or inform the Entity that the work is not ready for punch list inspection; upon completion of the deficient work, the Entity shall again request a punch list inspection. The Entity or its representatives shall be present at the punch list inspection. The purpose of the punch list inspection is to determine whether the Work has been completed in accordance with the Contract Documents, including all Change Orders, all interpretations and instructions previously issued.

If Entity fails to attend any punch list inspection, the Entity shall be charged for the cost of the District Representative, Project Inspector, A/E and other design professionals who attended the punch list inspection.

B. PUNCH LIST

The District Representative, Project Inspector and A/E shall notify the Entity in writing of any deficiencies to be remedied prior to final acceptance, by preparing a written list, known in the industry as a punch list.

The Entity shall remedy all items shown on the punch list prior to final acceptance by the District Representative, Project Inspector and A/E.

No one is authorized to amend the Contract Documents by use of the punch list; it is provided solely for the benefit of the Entity to enable the Entity to determine what items must be corrected before final acceptance will be recommended by the District Representative, Project Inspector and A/E. The District reserves the right to require compliance with the Contract Documents, notwithstanding the issuance of a punch list or the completion by the Entity of all items on the punch list.

In the event that the Work still does not comply with the Contract Documents, the District reserves the right to issue such further punch lists as may be required, or to deduct from the final payment the cost of correcting any work not completed in accordance with the Contract Documents, but accepted by the District, without the issuance of further punch lists.

If punch list work needs to be performed after the District has taken occupancy of a phase, the work shall be conducted outside of normal school hours at the direction of the District Representative.

Use of Work Prior to Acceptance.
Whenever, in the opinion of the District, the Work or any part thereof, is in a condition suitable for use, and the best interests of the District require such use, the District may take possession of, connect to, and open for public or District use that portion of the Work.

Repairs or Renewal in the Work.
Prior to the Date of Completion, the Entity shall make all repairs or renewals in the portion of the Work occupied pursuant to Article 20 of the General Conditions, Exhibit D of the Facilities Lease Agreement, made necessary due to defective material or workmanship, or the operations of the Entity, ordinary wear and tear excepted.

Effect of Occupancy.
The District's occupancy shall not constitute acceptance by the District of the Work or any part thereof. Such use shall neither relieve the Entity of any of its responsibilities under the Contract Documents, nor act as a waiver by the District of any of the terms or conditions of the Contract Documents. Any damage done by the District is the responsibility of the District.

Coordination with Other Activities.
The Entity shall conduct its operations so as not to interfere unreasonably with the District's use of the occupied portions of the site. The Entity shall submit periodic schedules to the District Representative proposing the times, areas, and types of work to be done within such areas.

If the work produces conditions rendering the occupied portions of building, the Site, or other areas uninhabitable, either because of noise, dust, vibration, smoke, fumes, or for any other cause whatsoever, the District Representative may suspend the Work or direct the Entity to modify the Construction Schedule, and the Entity shall comply.

Except as provided by Change Order or Directive signed by the District, the Entity shall not be entitled to a time extension or increase in the Contract Sum by virtue of conflicts between the Entity's work and the District's occupancy.

VI. CONTRACT CLOSE OUT

A. DOCUMENT REQUIREMENTS

Contract close out involves review and acceptance of the Contract Documents, drawings, specification, schedules, and inspection reports to ensure the Entity has satisfactorily completed the requirements of the Contract Documents for the bid package. The Contract is not considered complete until all close out documentation is submitted and accepted. The following is a typical list for Entity close out documents/services showing the long lead as items a-u below. Documents that are complete before the end of job are to be turned in as soon as available, and these are indicated by an * in front of them; however, these documents shall be included in the electronic bookmarked PDF copy of close-out.

a. *Asbestos Documentation (if applicable)
b. *Letter Stating Impact to Hazardous Materials (if applicable)
c. *Fluorescent Tube/PCB Handling Manifests (if applicable)
d. *Lead Handling Manifests (if applicable)
e. Final Project costs submitted to District Representative
f. *Guarantee Form 00 65 36
g. *Manufacturers Guarantee Form
h. *Entity's Subcontractor/supplier address and contact list
i. *Concrete Weighmaster Certificate (if required)
j. Project Record documents, including one (1) set of reproducible as-built drawings
k. *O & M Manuals electronic book-marked PDF copy on flash drive submitted and accepted by A/E.
l. Completion of all punch list items and sign off by A/E or Project Inspector
m. *Spare parts/materials/extra stock /keys
n. In-Service Training proof (if applicable)
o. *Return of District keys/badges
p. *Warranties/Manufacturer Guarantee and Bonds
q. *Affidavit of Payment
r. *Final Conditional/Unconditional Waivers of Lien for Entity's/subs/suppliers
s. DSA-6C Verified Reports uploaded to DSA "Box"
t. Certificate of Final Completion
u. Other data as required by the District Representative for assurance of satisfaction of the requirements of the Contract Documents

The District Representative will make the distribution to the Project Inspector and A/E for review and acceptance of relevant documents. Upon acceptance the District Representative will distribute closeout submittals to the District.

This is an example of close out check list which identifies items required by multiple parties on a project (2 PAGES)

I. Checklist for Retention/Final Payment

Completed	N/A	Checklist Item
		1. Punchlist Complete - signed off by IOR/A/E
		2. A/E Statement of Final Inspection
		3. Final Lease Payment Application from Entity to District Representative
		4. As-Builts updated by Entity
		5. Project Inspector Sign Off of As-Builts
		6. A/E Approval of As-Builts
		7. Asbestos Documentation
		8. Letter Stating Impact to Hazmat Materials
		9. Fluorescent Tube/PCB Handling Manifests
		10. Lead Handling Manifests
		11. Letter from HazMat Company that Hazmat Docs are complete
		12. All Extra Work Reports fully signed
		13. Directives into Change Orders
		14. DSA approved Contract Change Documents to File
		15. All RFI's answered
		16. Submittals processed and complete
		17. ASIs Logged and Approved if Req'd
		18. Construction Change Directive Log
		18. Entity's Guarantee Form 00 65 36
		19. Manufacturer's Guarantee
		20. Warranty Matrix
		21. Entity's Subcontractor/supplier address/ contact list
		22. Concrete Weighmaster Certificate(s)
		23. O & M Manuals from Entity
		24. Entity O & M's to A/E as a Submittal for Approval
		25. Extra stock provided to SCUSD
		26. Panel keys to SCUSD
		27. Exhaust fan keys to SCUSD
		28. Handicap lift keys to SCUSD
		29. In-Service Training Performed
		30. School Master Keys from Entity
		31. Return of I.D. Badges
		32. DSA-6 Verified Reports-Entity
		33. Affidavit of Payment from Entity
		34. Entity’s Certificate of Final Completion
		35. Final Conditional Lien Waivers Received
		37. NOC Recorded at County within 10 days of Punchlist acceptance (initiates the start of post-construction)

II. Checklist for Final Close-Out

Completed	N/A	Checklist Item
		1. Date of Final Payment
		2. Unconditional Final Waivers - Prime/Subs
		3. 2-yr. Guarantee/Warranty Expiration Date
		4. Close-Out Form to CM
		5. Copy of Recorded NOC
		6. Approved As-Builts to District or Printers for Protection Copy
		7. Electronic and Original As-Builts to Engineering
		8. Approved HazMat Co and O&M Manuals to District

Note: This is a working document and may be updated as deemed necessary during program or Owner's request/needs.

B. ACCEPTANCE AND NOTICE OF COMPLETION

The District's acceptance of the Contract and processing of the Notice of Completion shall be pursuant to Article 21 of the General Conditions, Exhibit D of the Facilities Lease Agreement.

VII. APPENDIX OF FORMS

I. ENTITY GENERATED FORMS:

A. REQUEST FOR INFORMATION (RFI)
A.2 WORKERS COMPENSATION AFFIDAVIT
A.3 ENTITY AFFIDAVIT OF PUBLIC WORKS COMPLIANCE
B. SUBMITTAL TRANSMITTAL FORM
C. PROPOSED CHANGE ORDER
D. DAILY EXTRA WORK REPORT
E. REQUEST FOR INSPECTION
F. ENTITY LEASE PAYMENT
G. SUPERINTENDENT DAILY REPORT (DISTRICTS FORM)
H. VERIFIED REPORT - DSA6C
I. CONDITIONAL WAIVER AND RELEASE UPON PROGRESS PAYMENT
J. UNCONDITIONAL WAIVER AND RELEASE UPON PROGRESS PAYMENT
K. CONDITIONAL WAIVER AND RELEASE UPON FINAL PAYMENT
L. UNCONDITIONAL WAIVER AND RELEASE UPON FINAL PAYMENT
M. AFFIDAVIT OF PAYMENT FORM
N. SUBSTITUTION REQUEST FORM
O. T & M WAGE CHART
P. EXTRA STOCK RECEIPT
Q. IN-SERVICE TRAINING
R. ASBESTOS CONTAINING BUILDING MATERIAL NOTIFICATION STATEMENT
S. ENTITY'S CERTIFICATE OF FINAL COMPLETION
T. PAYMENT BOND FORM
U. PERFORMANCE BOND FORM
V. GUARANTEE FORM
W. NFPA RECORD OF COMPLETION FORM
X. PUBLIC WORKS CONTRACT AWARD INFORMATION (DAS 140)
Y. FRINGE BENEFIT STATEMENT FORM

II. OWNER/OWNER-REPRESENTATIVE GENERATED FORMS:

Z. REQUEST FOR PROPOSAL
AA. LEASE AMENDMENT
BB. CONTINGENCY DRAW AUTHORIZATION
CC. PROJECT MEETING AGENDA
DD. DISTRICT REPRESENTATIVE FIELD REPORT
EE. NOTICE OF NONCONFORMING WORK/CONSTRUCTION DEFICIENCY
FF. PROJECT CLOSEOUT FORM

Exhibit A

REQUEST FOR INFORMATION

Sacramento City Unified School District
425 1st Ave., Sacramento, CA 95818

NAME & ADDRESS OF PROJECT: _____
_____
_____
_____
NAME & ADDRESS OF ENTITY: _____
_____
_____
_____

SCUSD PROJECT NUMBER.:
DATE OF ISSUANCE.:
RFI NUMBER:
CONTRACT FOR:
ARCHITECT:
DSA APPLICATION NO.:

File Reference
OWNER__
ARCHITECT__
ENTITY__
INSPECTOR__
OTHER__

DESCRIPTION OF PROBLEM / CLARIFICATION / INFORMATION REQUIRED:

Subject:

Reference:

Reason for Request:

Action Requested:

Description:

PROPOSED SOLUTION:

Submitted by: _____ _____
Name Company / Position

RESPONSE:

This document is to provide additional information or clarification only, and does not constitute authorization or direction to proceed with any changed or additional work. Changed or additional work must be separately authorized in writing by the District.

Response by: _____ _____
Signature of A/E or other respondent Date

Reviewed by: _____ _____
Signature of A/E or other respondent Date

Appendix A.2

SACRAMENTO CITY UNIFIED SCHOOL DISTRICT

WORKER'S COMPENSATION AFFIDAVIT

Pursuant to General Conditions, Exhibit D of the Facilities Lease Agreement, Article 3, Section 3.13, in accordance with the provisions of Section 3700 of the California Labor Code, every contractor under contract on this project is required to secure workers' compensation insurance for its employees.

Each contractor, to whom a public works contract is awarded, is required to sign and file with the awarding body the following certification prior to performing the work of the contract.

> I am aware of the provisions of Section 3700 of the California Labor Code which requires every employer to carry workers' compensation insurance or to undertake self-insurance in accordance with the provisions of that code, and I will comply with such provisions before commencing the performance of this contract and will carry such provisions through to completion of the contract.

Company: _____ Date: _____

By: _____
(Signature)

Name: _____
(Print)

Title: _____

Appendix A.3

SACRAMENTO CITY UNIFIED SCHOOL DISTRICT

ENTITY AFFIDAVIT OF PUBLIC WORKS COMPLIANCE

Certification of Compliance with Prevailing Wage Laws

I, _____ As owner of _____
(NAME) (COMPANY)

I hereby, certify under penalty of perjury:

1) That I am the Official Representative of the above named company and therefore responsible for compliance with the Public Works laws on this project.

2) That as Owner of this company, I was informed of the California Public Works laws and was given the information and forms to complete the project in compliance with these laws at the beginning of the project.

3) That the determinations and classifications published by the State of California DLSR have been used to bid the wages on this project by my company and my subcontractors' companies.

4) That all workers who perform labor on the project will be paid all prevailing wages as listed in the applicable determinations due to them in the course of the work as listed on their timecards, including fringe benefits.

5) That all training fees, if applicable, to the trade in which they are employed will be paid to the appropriate, approved fund.

6) That I will submit, and verify all subcontractors submit, a Public Works Contract Award Information Form (DAS 140) to the applicable Apprenticeship Programs for each trade and classification needed to complete the work.

7) That I will request, and verify all subcontractors request, the dispatch of required apprentices from one of the applicable Apprenticeship Committees at least 48 hours (excluding Saturdays, Sundays, and holidays) before the date on which one or more apprentices are required.

8) That all workers listed as apprentices will be registered, state apprentices and furnish a certificate of registration.

Title: _____

Signature: _____

Date: _____ Project: _____

Submittal Package

Project	Date
CM Firm Name Address 1 Suite/Room # City, State Zip Phone	**Submittal Package No.**

General Information

Package No.
Description
CSI Code

Reviewing Contacts Name (Company)
Notes

Package Revision

Required Review Time (days)

Items

CSI Code	Item No.	Description	Revision	Company	BIC	Status	Primary Response

Exhibit C

PROPOSED CHANGE ORDER

Sacramento City Unified School District
425 1st Ave., Sacramento, CA 95818

NAME & ADDRESS OF PROJECT:

SCUSD PROJECT NUMBER:

PCO NUMBER:

ARCHITECT:

NAME & ADDRESS OF ENTITY:

Entity proposes to change the Contract as follows:

(If used in response to a Request For Proposal, identify RFP #_____)

PROPOSED ADJUSTMENTS

1. The proposed basis of adjustment to the Contract Sum is: _____

2. The proposed schedule change is _____ days

Signature by the Entity indicates the Entity's agreement with the proposed adjustments in Contract Sum and Contract Time set forth in this Proposed Change Order as full and complete satisfaction of any direct or indirect additional cost incurred by Entity in connection with performance of the proposed change work.

ACCEPTED

DATE:

ENTITY (Typed Name)

(Signature)

(Print Name)

APPROVED

Date:

ARCHITECT (Typed Name)

(Signature)

(Print Name)

ACCEPTED

Date:

Sacramento City Unified School District

OWNER (Typed Name)

(Signature)

(Print Name)

A/E USE ONLY

DSA file #_____

DSA Application #_____

DSA date approved ____/____/____

Exhibit D

DAILY EXTRA WORK REPORT

Project Number:	**Report No: _____ of _____**
Project:	**CCD No:**
Contractor:	**Date Work Performed:**
Superintendent:	**DSA App. #**

Description of work in progress (include building / area):

Personnel:

Name	Craft / Classification	Hours	Pay Rate	Total

Equipment: By type, number and hours (invoice is mandatory with reconciliation)

Materials: By type and units (invoice is mandatory with reconciliation)

Signature _____ Date _____
(Contractor)

Acknowledgement _____ Date _____
(Inspector, CM, T & M Monitor)

Check box if final T & M ☐

NOTE: IOR, CM or T & M monitor must sign on the day that the work is being performed or Contractor will forfeit payment

Sacramento City Unified School District

Request for Inspection

Project #:		**Today's Date:**	
Project Name:			
DSA Application #:			
Inspection Date:		**Grid Line:**	
Building or Location Identification:			
Inspection Description:			
Subcontractor Signature:			
General Contractor Signature:			
Inspector's Notes:			
Inspector's Signature:			

Sacramento City Unified School District

Exhibit F

NAME & ADDRESS OF PROJECT:

SCUSD PROJECT NUMBER:

PROGRESS PAYMENT NUMBER:

PERIOD ENDING:

NAME & ADDRESS OF CONTRACTOR:

P.O. NUMBER:

File Reference

OWNER ☐
ARCHITECT ☐
CONTRACTOR ☐
FIELD ☐
OTHER ☐

CERTIFICATE OF THE CONTRACTOR:

The undersigned Contractor certifies that to the best of the Contractor's knowledge, information, and belief, the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for which previous certificates for Payment were issued and payments received from the Owner, and that current payment shown herein is now due.

Original Contract Sum

Net change by previously authorized Change Orders

Revised Agreement Amount to Date

Value of Work Completed to Date (per attached break down)

Less Ret% Retention of Completed Work

Escrow Payment (if applicable)

Less Prior Billings

Current Payment Due

Not valid until signed by the Contractor, Project Manager, Owner, Architect and Inspector of Record.

Contractor:		Date:	
Authorized Signature:		Print Name:	

Project Manager:		Date:	
Authorized Signature:		Print Name:	

Owner:	Sacramento City Unified School District	Date:	
Authorized Signature:		Print Name:	

Schedule of Values Breakdown

Payment Application #

Application Date :

Project # :

Period To :

A	B	C	D	E	F	G	
#	Description of Work	Scheduled Value	Previous Work Comp	Work Completed from T	Presently Stored	Total Completed & Stored	%
Heading Description							
1	Item Description	$0.00	$0.00	$0.00	$0.00	$0.00	0%
2	Item Description	$0.00	$0.00	$0.00	$0.00	$0.00	0%
3	Item Description	$0.00	$0.00	$0.00	$0.00	$0.00	0%
4	Item Description	$0.00	$0.00	$0.00	$0.00	$0.00	0%
5	Item Description	$0.00	$0.00	$0.00	$0.00	$0.00	0%
6	Item Description	$0.00	$0.00	$0.00	$0.00	$0.00	0%
7	Item Description	$0.00	$0.00	$0.00	$0.00	$0.00	0%
8	Item Description	$0.00	$0.00	$0.00	$0.00	$0.00	0%
9	Item Description	$0.00	$0.00	$0.00	$0.00	$0.00	0%
10	Item Description	$0.00	$0.00	$0.00	$0.00	$0.00	0%
11	Item Description	$0.00	$0.00	$0.00	$0.00	$0.00	0%
12	Item Description	$0.00	$0.00	$0.00	$0.00	$0.00	0%
13	Item Description	$0.00	$0.00	$0.00	$0.00	$0.00	0%
Heading Description	Subtotal:	$0.00	$0.00	$0.00	$0.00	$0.00	0%
							0%
	GRAND TOTAL	$0.00	$0.00	$0.00	$0.00	$0.00	0%
A	B	C	D	E	F	G	

Daily Report 0/0/20xx

Project Name:

Project Number:

Entity Name
Address
City State, Zip
Phone:

General Information

Report Date:
Non-Work Day:
Notes:

Report By:
Cause:

WEATHER :

Timeframe	Low Temp	High Temp	Visibility	Humidity	Wind Speed	Wind Direction	Conditions	Precip Amt.	Notes

COMPANY:

Company	No.	Work Location	Manhours	Total No. Workers	Activity

EQUIPMENT :

Item	Type	Source	Unit of Measurement	Reading	Location	Status	Notes

MATERIAL :

Description	Category	Units	Qty Received	Time	Location	Notes

VISITOR :

Name	Company	Time	Notes

SAFETY:

Company	Contact	Noticed By	Work Activity	Safety Issue	Requirement	Outcome

QA/AC:

Company	Description	CSI Code	Issued By

DSA 6-C

CONTRACTOR VERIFIED REPORT

This form shall be completed by each contractor having a contract with the owner, in accordance with California Code of Regulations, Title 24, Part 1, Sections 4-343 or 4-220.

School District/Owner:		DSA File #: -
Project Name/School:		DSA App. #: -
Date of Report:	Number of Attached Pages: *(If none, enter zero.)*	DSA 152 Card #(s):
Note that ***DSA approved*** construction documents, referred to below, are those portions of the construction documents, duly approved by the DSA, that contain information related to and affecting the Structural Safety, Fire/Life Safety and Accessibility portions of the project.		*List all inspection card numbers for which this verified report applies.*

COMPLETE SECTIONS 1, 2, 3 & 4 AND PROVIDE ALL REQUIRED DOCUMENTATION

1. CONTRACTOR INFORMATION *(Enter name and check applicable box)*	
	Name of Contractor (Company/Firm) Submitting this Report:
☐	Operating as general contractor responsible for all work shown in the *DSA approved* construction documents.
☐	Operating as contractor responsible for part of the work shown in the *DSA approved* construction documents. *(Describe scope of work in the contract.)*
2. REASON FOR FILING THIS VERIFIED REPORT *(Check applicable box)*	
☐	**Interim Verified Report:** List affected form DSA 152 Inspection Card Section #(s):
☐	**Final Verified Report:** Construction of all work shown in the *DSA approved* construction documents that is part of my contract is complete.
☐	**Termination of Contract** prior to completion of all work in the contract *(Provide last date of work)*:
☐	**DSA Request** Dated:
3. DEFERRED SUBMITTALS *(Check applicable box)*	
☐	This project does not require deferred submittals within the scope of my contract.
☐	All deferred submittals within the scope of my contract are approved by DSA.
☐	The following deferred submittals, within the scope of my contract, are **not approved** by DSA *(Provide list. Attach additional pages if necessary.)*:
4. DEVIATIONS AS OF THE DATE OF THIS REPORT *(Check applicable box)*	
☐	All deviation notices pertinent to my contract related to work shown in the *DSA approved* construction documents are resolved.
☐	There are unresolved deviation notices pertinent to my contract and related to work shown in the *DSA approved* construction documents. *(Attach copies)*
☐	There is work pertinent to my contract that is not completed in compliance with the *DSA approved* construction documents. *(Briefly describe. Attach additional pages if necessary.)*

I attest that based on my own personal knowledge (as defined in California Code of Regulations, Title 24, Part 1, Sections 4-336 and 4-214) that, except as marked in Sections 3 and 4, as of the date of this report, the work has been performed and materials have been used and installed, in every material respect, in compliance with the *DSA approved* construction documents. I declare under penalty of perjury that I prepared this report and that all statements are true.

Signature: _____ Date: _____

Print Name: _____ Contractor's License No.: _____

Submit completed form to the DSA Regional Office with construction oversight authority for the project.

☐ DSA OAKLAND 1515 Clay Street, Suite 1201 Oakland, CA 94612	☐ DSA SACRAMENTO 1102 Q Street, Suite 5200 Sacramento, CA 95811	☐ DSA LOS ANGELES 700 N. Alameda Street, Suite 5-500 Los Angeles, CA 90012	☐ DSA SAN DIEGO 10920 Via Frontera Rd., Suite 300 San Diego, CA 92127

CONDITIONAL WAIVER AND RELEASE ON PROGRESS PAYMENT

NOTICE: THIS DOCUMENT WAIVES THE CLAIMANT'S LIEN, STOP PAYMENT NOTICE, AND PAYMENT BOND RIGHTS EFFECTIVE ON RECEIPT OF PAYMENT. A PERSON SHOULD NOT RELY ON THIS DOCUMENT UNLESS SATISFIED THAT THE CLAIMANT HAS RECEIVED PAYMENT.

Identifying Information

Name of Claimant: _____

Name of Customer: _____

Job Location: _____

Owner: Sacramento City Unified School District

Through Date: _____

Conditional Waiver and Release

This document waives and releases lien, stop payment notice, and payment bond rights the claimant has for labor and service provided, and equipment and material delivered, to the customer on this job through the Through Date of this document. Rights based upon labor or service provided, or equipment or material delivered, pursuant to a written change order that has been fully executed by the parties prior to the date that this document is signed by the claimant, are waived and released by this document, unless listed as an Exception below. This document is effective only on the claimant's receipt of payment from the financial institution on which the following check is drawn:

Maker of Check: _____

Amount of Check: $ _____

Check Payable to: _____

Exceptions

This document does not affect any of the following:

(1) Retentions.
(2) Extras for which the claimant has not received payment.
(3) The following progress payments for which the claimant has previously given a conditional waiver and release but has not received payment:

Date(s) of waiver and release: _____

Amount(s) of unpaid progress payment(s): $ _____

(4) Contract rights, including (A) a right based on rescission, abandonment, or breach of contract, and (B) the right to recover compensation for work not compensated by the payment.

Signature

Claimant's Signature: _____

Claimant's Title: _____

Date of Signature: _____

UNCONDITIONAL WAIVER AND RELEASE ON PROGRESS PAYMENT

NOTICE TO CLAIMANT: THIS DOCUMENT WAIVES AND RELEASES LIEN, STOP PAYMENT NOTICE, AND PAYMENT BOND RIGHTS UNCONDITIONALLY AND STATES THAT YOU HAVE BEEN PAID FOR GIVING UP THOSE RIGHTS. THIS DOCUMENT IS ENFORCEABLE AGAINST YOU IF YOU SIGN IT, EVEN IF YOU HAVE NOT BEEN PAID. IF YOU HAVE NOT BEEN PAID, USE A CONDITIONAL WAIVER AND RELEASE FORM.

Identifying Information

Name of Claimant: _____

Name of Customer: _____

Job Location: _____

Owner: Sacramento City Unified School District _____

Through Date: _____

Unconditional Waiver and Release

This document waives and releases lien, stop payment notice, and payment bond rights the claimant has for labor and service provided, and equipment and material delivered, to the customer on this job through the Through Date of this document. Rights based upon labor or service provided, or equipment or material delivered, pursuant to a written change order that has been fully executed by the parties prior to the date that this document is signed by the claimant, are waived and released by this document, unless listed as an Exception below. The claimant has received the following progress payment: $ _____

Exceptions

This document does not affect any of the following:

(1) Retentions.

(2) Extras for which the claimant has not received payment.

(3) Contract rights, including (A) a right based on rescission, abandonment, or breach of contract, and (B) the right to recover compensation for work not compensated by the payment.

Signature

Claimant's Signature: _____

Claimant's Title: _____

Date of Signature: _____

CONDITIONAL WAIVER AND RELEASE ON FINAL PAYMENT

NOTICE: THIS DOCUMENT WAIVES THE CLAIMANT'S LIEN, STOP PAYMENT NOTICE, AND PAYMENT BOND RIGHTS EFFECTIVE ON RECEIPT OF PAYMENT. A PERSON SHOULD NOT RELY ON THIS DOCUMENT UNLESS SATISFIED THAT THE CLAIMANT HAS RECEIVED PAYMENT.

Identifying Information

Name of Claimant: _____

Name of Customer: _____

Job Location: _____

Owner: Sacramento City Unified School District _____

Conditional Waiver and Release

This document waives and releases lien, stop payment notice, and payment bond rights the claimant has for labor and service provided, and equipment and material delivered, to the customer on this job. Rights based upon labor or service provided, or equipment or material delivered, pursuant to a written change order that has been fully executed by the parties prior to the date that this document is signed by the claimant, are waived and released by this document, unless listed as an Exception below. This document is effective only on the claimant's receipt of payment from the financial institution on which the following check is drawn:

Maker of Check: _____

Amount of Check: $ _____

Check Payable to: _____

Exceptions

This document does not affect any of the following:

Disputed claims for extras in the amount of: $ _____

Signature

Claimant's Signature: _____

Claimant's Title: _____

Date of Signature: _____

UNCONDITIONAL WAIVER AND RELEASE ON FINAL PAYMENT

NOTICE TO CLAIMANT: THIS DOCUMENT WAIVES AND RELEASES LIEN, STOP PAYMENT NOTICE, AND PAYMENT BOND RIGHTS UNCONDITIONALLY AND STATES THAT YOU HAVE BEEN PAID FOR GIVING UP THOSE RIGHTS. THIS DOCUMENT IS ENFORCEABLE AGAINST YOU IF YOU SIGN IT, EVEN IF YOU HAVE NOT BEEN PAID. IF YOU HAVE NOT BEEN PAID, USE A CONDITIONAL WAIVER AND RELEASE FORM.

Identifying Information

Name of Claimant: _____

Name of Customer: _____

Job Location: _____

Owner: Sacramento City Unified School District _____

Unconditional Waiver and Release

This document waives and releases lien, stop payment notice, and payment bond rights the claimant has for all labor and service provided, and equipment and material delivered, to the customer on this job. Rights based upon labor or service provided, or equipment or material delivered, pursuant to a written change order that has been fully executed by the parties prior to the date that this document is signed by the claimant, are waived and released by this document, unless listed as an Exception below. The claimant has been paid in full.

Exceptions

This document does not affect the following:

Disputed claims for extras in the amount of: $ _____

Signature

Claimant's Signature: _____

Claimant's Title: _____

Date of Signature: _____

Not Used

Exhibit N

SUBSTITUTION REQUEST FORM - 00430

Failure to complete this form with information required including signature, will nullify any request for substitution.
TO: _____
PROJECT:
_____

We hereby submit for your consideration the following product instead of the specified item for the above Project:

SECTION	**PARAGRAPH**	**SPECIFIED ITEM**
_____	_____	_____

Proposed Substitution:
_____

Reason for Substitution (Refer to General Conditions, Exhibit D of the Facilities Lease Agreement, Section 11.07 for acceptable reasons):

_____
_____
_____

Attach complete technical data, including laboratory test, if applicable.

Include complete information on changes to Drawings and/or Specifications which, proposed substitution will require for its proper installation.

Submit with request all necessary samples and substantiating data to prove equal quality and performance to that which is specified. Clearly mark manufacturer's literature to indicate equality in performance.

Fill in Blanks Below:

A. Does this substitution affect dimensions shown on Drawings?

Yes_____No_____ If yes, clearly indicate changes.

_____

_____

B. The undersigned acknowledges that they will pay for changes to the building design, including engineering and detailing costs caused by the requested substitution.

C. What affect does substitution have on other trades?

_____

D. What affect does substitution have on applicable code requirements?

_____

E. Differences between proposed substitution and specified item?

_____

F. Manufacturer's guarantees of the proposed and specified items are:

_____Same _____Different (explain on attachment)

G. Factory Mutual, Underwriters Laboratory and/or ICBO Number of proposed substitution:_____.

H. Cost savings/benefit to the District:
_____

CERTIFICATION OF EQUAL PERFORMANCE AND ASSUMPTION OF LIABILITY FOR EQUAL PERFORMANCE

The undersigned states that the function, appearance and quality are equivalent or superior to the specified item.

Submitted By:

_____ By:_____
Signature/Title

_____ Date: _____
Firm

_____ Remarks: _____
Address

_____

_____
Telephone/Date

****

For Use by Design Consultant

_____Accepted _____Accepted as Noted

_____Not Accepted _____Received Too Late

_____Approved as alternate - See Bid Form

SCUSD
T & M WAGE CHART

EXHIBIT O

Date: _____

School/Project: _____

Entity: _____

Prevailing Wage Rate Calculation

Confirm Company Rate

Date:

				Fringes Benefits (does not increase for OT rates)							Burden (Employer Payments)									
No	**Trade / Craft**	**Group**	**Basic Hourly Rate**	**Health & Welfare**	**Pension**	**Vacation / Holiday**	**Other Payments**	**Subtotal (Fringes)**	**Training**	**Subtotal Straight / OT Hourly Rate**	**FICA**	**SDI**	**Workman Comp.**	**UI**	**FUTA**	**Total Burden**	**Total Hourly Rate**	**Profit**	**Total Billable Rate**	**Comments**
											7.65%	**1.00%**	**Varies**	**6.20%**	**0.60%**			**10%**		
A	**B**	**C**	**D**	**E**	**F**	**G**	**H**	**I**	**J**	**K**	**L**	**M**	**N**	**O**	**P**	**Q**	**R**	**S**	**T**	**U**
1			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			
													0.00%							
2			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			
													0.00%							
3			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			
													0.00%							
4			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			
													0.00%							
5			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			
													0.00%							
													0.00%							

Notes:

I Insert Entity's basic hourly rate, health & welfare, pension, vacation/holiday and other payments in columns "D to H", then add training to column "J". Subtotal straight and over time hourly rates will be calculated at column "K" which includes "Fringes Benefits" . Please note that ONLY "basic hourly rates" will change for over time and all other "Fringe Benefits" remain the same as straight hourly rates.

II Insert Entity's workman compensation rate at lower section of columns "N" where shows "0.00%" for each contractor/trade. Total hourly rate including "Fringes Benefits" and all "Burdens" will be calculated at column "R". Since "Burdens" are percentages of the "subtotal straight/OT hourly rates" they will increase for over time rates and will be calculated automatically by the spreadsheet.

Exhibit P

RECEIPT OF ITEMS RECEIVED BY SCHOOL SITE

Date: _____

I, _____ have received the following items for
(School Representative/Custodian)

Sacramento City Unified school site _____ from
(Name of School)

_____.
(Company Name and Representative) **PLEASE PRINT**

Note: List stock paint by color and # of gallons (1 gallon each color required, 5 gallons anti-graffiti)

Quantity	Description

_____

Sacramento City Unified School District
In-Service Training

School: _____

Date: _____

Subject of Training: _____

Attendance:

Name	Company/Department

Exhibit R

Sacramento City Unified School District

Contractors/Short-Term Workers

Asbestos-Containing Building Material (ACBM Notification Statement)

This form must be completed and signed by the contractor/short-term worker prior to beginning any work that may disturb ACBM at any Sacramento City Unified School District school/site. The original must be filed with the Facilities Department **before beginning work**.

Specific information regarding asbestos-containing building materials is available in the Asbestos Hazard Emergency Response Act (AHERA) binder (gold colored) located at each school/site administration office*.

I, _____ of _____
(Please Print Name of Representative) (Please Print Business Name)

am aware of the presence of ACBM located at the following school/site, know where to obtain information regarding ACBM located at this school/site, and understand that I will be held responsible for disturbing ACBM at:

_____

(Print Name of School/Site)

_____ _____
Signature of Representative Date

Exhibit S

CONTRACTOR CERTIFICATE OF FINAL COMPLETION

OWNER Sacramento City Unified School District
DISTRICT REPRESENTATIVE _____
ARCHITECT _____

PROJECT: Sacramento City Unified School District, Project Number: _____

School: _____

ATTENTION: _____

FROM: _____

This is to certify that I, _____am an authorized official of
(**Name of authorized official)**

_____ working in the capacity of _____
(Firm or Corporation) **(Position)**

and have been properly authorized by said firm or corporation to sign the following statements pertaining to the subject contract:

I know of my own personal knowledge, and do hereby certify, that the work of the contract described above has been performed, and materials used and installed to date in accordance with, and in conformity to, the contract drawings and specifications.

The contract work is now complete in all parts and requirements, excepting the attached list of minor deficiencies and the reasons for each being incomplete to date, for which exemption from final payment requirements is requested (if no exemptions requested, write “none”) _____. The work is now ready for your final inspection. The following items required from the Entity prior to application for final payment (such as O&M manuals, record drawings, etc.) are submitted herewith, if any:

_____

_____

_____

I understand that neither the issuance by the Construction Manager of a Notice of Completion, nor the acceptance thereof by the Owner, shall operate as a bar to claim against the Entity under the terms of the guarantee provisions of the contract documents.

Signature :_____

Date: _____

Exhibit V

Not Used

FIRE ALARM SYSTEM
RECORD OF COMPLETION

Name of protected property: _____
Address: _____
Representative of protected property (name/phone): _____
Authority having jurisdiction: _____
Address/telephone number: _____

Organization name/phone *Representative name/phone*

Installer _____
Supplier _____
Service organization _____
Location of record (as-built) drawings: _____
Location of operation and maintenance manuals: _____
Location of test reports: _____
A contract for test and inspection in accordance with NFPA standard(s)
Contract No(s): _____ Effective date: _____ Expiration date: _____

System Software
(a) Operating system (executive) software revision level(s): _____
(b) Site-specific software revision date: _____
(c) Revision completed by: _____
(name) (firm)

1. Type(s) of System or Service

_____ *NFPA 72,* Chapter 6 — Local
If alarm is transmitted to location(s) off premises, list where received: _____
_____

_____ *NFPA 72,* Chapter 8 — Remote Station
Telephone numbers of the organization receiving alarm:
Alarm: _____
Supervisory: _____
Trouble: _____
If alarms are retransmitted to public fire service communications centers or others, indicate location and telephone numbers of the organization receiving alarm: _____
_____
Indicate how alarm is retransmitted: _____

_____ *NFPA 72,* Chapter 8 — Proprietary
Telephone numbers of the organization receiving alarm:
Alarm: _____
Supervisory: _____
Trouble: _____
If alarms are retransmitted to public fire service communications centers or others, indicate location and telephone numbers of the organization receiving alarm: _____
_____
Indicate how alarm is retransmitted: _____

_____ *NFPA 72,* Chapter 8 — Central Station
Prime contractor: _____
Central station location: _____

(*NFPA 72,* 1 of 4)

FIGURE 4.5.2.1 Record of Completion.

Means of transmission of signals from the protected premises to the central station:

_____ McCulloh _____ Multiplex _____ One-way radio

_____ Digital alarm communicator _____ Two-way radio _____ Others

Means of transmission of alarms to the public fire service communications center:

(a) _____

(b) _____

System location: _____

_____ *NFPA 72,* Chapter 9 — Auxillary

Indicate type of connection: _____ Local energy _____ Shunt _____ Parallel telephone

Location of telephone number for receipt of signals: _____

2. Record of System Installation

(Fill out after installation is complete and wiring is checked for opens, shorts, ground faults, and improper branching, but prior to conducting operational acceptance tests.)

This system has been installed in accordance with the NFPA standards as shown below, was inspected by _____ on _____, includes the devices shown in 5 and 6, and has been in service since _____ .

____ *NFPA 72,* Chapters 1 2 3 4 5 6 7 8 9 10 11 (circle all that apply)

____ NFPA 70, *National Electrical Code*, Article 760

____ Manufacturer's instructions

____ Other (specify): _____

Signed: _____ Date: _____

Organization: _____

3. Record of System Operation

Documentation in accordance with Inspection Testing Form, Figure 10.6.2.3, is attached _____ .

All operational features and functions of this system were tested by _____ date _____ and found to be operating properly in accordance with the requirements of:

____ *NFPA 72,* Chapters 1 2 3 4 5 6 7 8 9 10 11 (circle all that apply)

____ NFPA 70, *National Electrical Code*, Article 760

____ Manufacturer's instructions

____ Other (specify): _____

Signed: _____ Date: _____

Organization: _____

4. Signaling Line Circuits

Quantity and class of signaling line circuits connected to system *(see NFPA 72, Table 6.6.1)*:

Quantity: _____ Style: _____ Class: _____

(*NFPA 72,* 2 of 4)

FIGURE 4.5.2.1 *Continued*

5. Alarm-Initiating Devices and Circuits

Quantity and class of initiating device circuits *(see NFPA 72, Table 6.5)*:
Quantity:_____ Style:_____ Class:_____

MANUAL
(a) Manual stations Noncoded_____ Transmitters_____ Coded_____ Addressable_____
(b) Combination manual fire alarm and guard's tour coded stations _____

AUTOMATIC
Coverage: Complete _____ Partial _____
Selective _____ Nonrequired _____

(a) Smoke detectors_____ Ion _____ Photo _____ Addressable_____
(b) Duct detectors _____ Ion _____ Photo _____ Addressable_____
(c) Heat detectors _____ FT _____ RR _____ FT/RR _____ RC_____ Addressable _____
(d) Sprinkler waterflow indicators: Transmitters_____ Noncoded_____ Coded _____ Addressable_____
(e) The alarm verification feature is disabled _____ or enabled _____, changed from _____ seconds to _____ seconds.
(f) Other (list): _____

6. Supervisory Signal-Initiating Devices and Circuits (use blanks to indicate quantity of devices)

GUARD'S TOUR
(a)_____ Coded stations
(b)_____ Noncoded stations
(c)_____ Compulsory guard's tour system comprised of _____ transmitter stations and intermediate stations
Note: Combination devices are recorded under 5(b), Manual, and 6(a), Guard's Tour.

SPRINKLER SYSTEM
Check if provided
(a)_____ Valve supervisory switches
(b)_____ Building temperature points
(c)_____ Site water temperature points
(d)_____ Site water supply level points

Electric fire pump:
(e)_____ Fire pump power
(f) _____ Fire pump running
(g)_____ Phase reversal

Engine-driven fire pump:
(h)_____ Selector in auto position
(i) _____ Engine or control panel trouble
(j) _____ Fire pump running

ENGINE-DRIVEN GENERATOR:
(a)_____ Selector in auto position
(b)_____ Control panel trouble
(c)_____ Transfer switches
(d)_____ Engine running
Other supervisory function(s) (specify):_____

(*NFPA 72*, 3 of 4)

FIGURE 4.5.2.1 *Continued*

7. Annunciator(s)

Number:_____ Type:_____ Location:_____

8. Alarm Notification Appliances and Circuits

NFPA 72, Chapter 6 — Emergency Voice/Alarm Service

Quantity of voice/alarm channels:_____ Single:_____ Multiple:_____

Quantity of speakers installed:_____ Quantity of speaker zones:_____

Quantity of telephones or telephone jacks included in system:_____

Quantity and the class of notification appliance circuits connected to system *(see NFPA 72, Table 6.7)*:

Quantity:_____ Style:_____ Class:_____

Types and quantities of notification appliances installed:

(a) Bells _____ With Visible _____

(b) Speakers_____ With Visible _____

(c) Horns_____ With Visible _____

(d) Chimes_____ With Visible _____

(e) Other:_____ With Visible _____

(f) Visible appliances without audible:_____

9. System Power Supplies

(a) Fire Alarm Control Panel: Nominal voltage:_____ Current rating:_____

Overcurrent protection: Type:_____ Current rating:_____

Location:_____

(b) Secondary (standby):

Storage battery:_____ Amp-hour rating:_____

Calculated capacity to drive system, in hours:_____

Engine-driven generator dedicated to fire alarm system:_____

Location of fuel storage:_____

(c) Emergency system used as backup to primary power supply:_____

Emergency system described in NFPA 70, Article 700:_____

10. Comments

Frequency of routine tests and inspections, if other than in accordance with the referenced NFPA standard(s):

_____

System deviations from the referenced NFPA standard(s) are:_____

_____

_____

_____

(signed) for installation contractor/supplier (title) (date)

_____

(signed) for alarm service company (title) (date)

_____

(signed) for central station (title) (date)

Upon completion of the system(s) satisfactory test(s) witnessed (if required by the authority having jurisdiction):

_____

(signed) representative of the authority having jurisdiction (title) (date)

(*NFPA 72*, 4 of 4)

FIGURE 4.5.2.1 *Continued*

State of California - Department of Industrial Relations

DIVISION OF APPRENTICESHIP STANDARDS

Exhibit X

PUBLIC WORKS CONTRACT AWARD INFORMATION

Contract award information must be sent to your Apprenticeship Committee if you are approved to train. **If you are not approved to train, you must send the information (which may be this form) to ALL applicable Apprenticeship Committees in your craft or trade in the area of the site of the public work. Go to: http://www.dir.ca.gov/databases/das/pwaddrstart.asp for information about programs in your area and trade.** You may also consult your local Division of Apprenticeship Standards (DAS) office whose telephone number may be found in your local directory under California, State of, Industrial Relations, Division of Apprenticeship Standards.

Do not send this form to the Division of Apprenticeship Standards.

NAME OF YOUR COMPANY	CONTRACTOR'S STATE LICENSE NO
MAILING ADDRESS- NUMBER & STREET, CITY, ZIP CODE	AREA CODE & TELEPHONE NO.
NAME & ADDRESS OF PUBLIC WORKS PROJECT	DATE YOUR CONTRACT EXECUTED
	DATE OF EXPECTED OR ACTUAL START OF PROJECT
NAME & ADDRESS OF PUBLIC AGENCY AWARDING CONTRACT	ESTIMATED NUMBER OF JOURNEYMEN HOURS
	OCCUPATION OF APPRENTICE
THIS FORM IS BEING SENT TO: (NAME & ADDRESS OF APPRENTICESHIP PROGRAM(S))	ESTIMATED NUMBER OF APPRENTICE HOURS
	APPROXIMATE DATES TO BE EMPLOYED

This is not a request for dispatch of apprentices.

Contractors must make a separate request for actual dispatch, in accordance with Section 230.1(a) California Code of Regulations

Check One Of The Boxes Below

1. ☐ We are already approved to train apprentices by the _____ Apprenticeship Committee. We will employ and train under their Standards. Enter name of the Committee
2. ☐ We will comply with the standards of _____ Apprenticeship Committee for the duration of this job only. Enter name of the Committee
3. ☐ We will employ and train apprentices in accordance with the California Apprenticeship Council regulations, including § 230.1 (c) which requires that apprentices employed on public projects can only be assigned to perform work of the craft or trade to which the apprentice is registered and that the apprentices must at all times work with or under the direct supervision of journeyman/men.

Signature _____ *Date* _____

Typed Name _____

Title _____

DAS 140 (REV. 1/04)

Explanation to box 1 - 3 on form DAS 140

- Box 1 is for contractors who are already approved to train by an apprenticeship program (signatory/member).

- Box 2 indicates that a contractor is willing to comply with a program's Standards for the current project only. This generally means that the fringe benefits and the training funds will be paid to that Committee's Trust Fund. It also allows a contractor to take advantage of a more generous maximum ratio than the CAC Standards, but does not affect the minimum ratio of 1 apprentice hour for every 5 journeyman hours.

- Box 3 means that a contractor will be governed by the regulations of the California Apprenticeship Council. Generally this means that the minimum and maximum ratio for apprentices is the same – 1 apprentice hour for every 5 journeyman hours per each craft, totaled at the end of the project. It also means the Training Fund Contribution is usually paid to the California Apprenticeship Council.

Fringe Benefit Statement

Exhibit Y

COMPANY INFORMATION			
Company Name			Date
Street Address		Suite/Unit #	
City	State	Zip	
License Number	Issuing State(s)	Classification	Expiration

CONTRACT INFORMATION	
Project Name/Number	Contract Number

In order that the proper Fringe Benefit rates can be verified for checking payrolls or applied to force account work on the above contract, the hourly rates for Fringe Benefits, subsistence and/or travel on the allowance payment made for employees on the various classes of work are tabulated below. THIS FORM MUST BE COMPLETED AND SUBMITTED WITH THE FIRST CERTIFIED PAYROLL, OR WHEN THERE HAVE BEEN ANY CHANGES.

CLASSIFICATION	FRINGE BENEFIT HOURLY AMOUNT	NAME AND ADDRESS OF PLAN, FUND OR PROGRAM
Effective Date _____ _____ Subsistence and/or Travel Pay $ _____	Vacation $ _____ Health & Welfare $ _____ Pension $ _____ Apprentice/ Training $ _____ Other $ _____	_____ _____

CLASSIFICATION	FRINGE BENEFIT HOURLY AMOUNT	NAME AND ADDRESS OF PLAN, FUND OR PROGRAM
Effective Date _____ Subsistence and/or Travel Pay $ _____	Vacation $ _____ Health & Welfare $ _____ Pension $ _____ Apprentice/ Training $ _____ Other $ _____	_____ _____

SIGNATURE	
I hereby certify that fringe benefits are paid to the approved Plans, Funds, or Programs as listed above.	
Print Name	Title/Position
Authorized Signature	Date

Exhibit Z

REQUEST FOR PROPOSAL

Sacramento City Unified School District
425 1st Ave., Sacramento, CA 95818

NAME & ADDRESS OF PROJECT:

NAME & ADDRESS OF ENTITY:

SCUSD PROJECT NUMBER:

PROPOSAL REQUEST NUMBER:

DATE OF ISSUANCE:

CONTRACT FOR:

ARCHITECT:

Please submit an itemized proposal for changes in Contract Sum and Contract Time for proposed modifications to the Contract Documents described herein. Submit proposal by _____.

THIS IS NOT A CHANGE ORDER, A CONSTRUCTION CHANGE DIRECTIVE OR A DIRECTION TO PROCEED WITH THE WORK DESCRIBED IN THE PROPOSED MODIFICATIONS.

Insert a written description of the proposed modification:

Attachments:
(List attached documents that support description)

REQUESTED BY:

_____ *(Signature)*

_____ *(Printed name and title)*

Sacramento City Unified School District

425 1st Ave., Sacramento, CA 95818

Lease Amendment #__
[School Name - Project Name]
DSA App. #__-_____/Facilities Lease Agreement# _____
SCUSD Project #_____

Effective **[Board Date],** the Facilities Lease Agreement dated **[Agreement Date]** between the Sacramento City Unified School District and [**Entity]** for the [**School Name - Project Name]** is amended as follows:

[AMENDMENT CHANGE SPECIFICS]

Original Total Base Rent Sum	$ -
Net Change by Amendment #__	$ -
Total Base Rent including this Amendment	$ -

In all other respects, the terms and conditions of said Facilities Lease, including the exhibits thereto, remain in full force and effect.

Sacramento City Unified School District,
A school district organized and existing under the laws of the State of California

By:_____
Chris Ralston
Title: Assistant Superintendent – Faciltieis support Services

By:_____
Anthony Lea
Title: Facilities Project Manager

Entity Name
A California Corporation

By:_____
[Name]
Title: [_____]

Federal Tax Identification Number :
[_____]

CONTINGENCY DRAW AUTHORIZATION

Sacramento City Unified School District
425 1st Ave., Sacramento, CA 95818

NAME & ADDRESS OF PROJECT:
[School Name]
Address
Address

NAME & ADDRESS OF ENTITY:
[Entity Name]
Address
Address

PURCHASE ORDER #:

DATE OF ISSUANCE:
DRAW NUMBER: 00_

DSA FILE #: _____

DSA APPLICATION #: 02-_____

You are hereby authorized to draw against the following contingencies in the amount stated and for the described purposes only:

Owner Contingency: $0.00
Description:
Requested by:
Reason:
Ref:
Documentation supporting proper completion of work under this allowable use of contingency funds **must** be submitted to the District prior to release of the funds.

PROPOSED ADJUSTMENTS

Owner Contingency ☐		**Construction Contingency** ☐	
Original Contingency	$ 0.00	Original Contingency	$ 0.00
Previous Authorized Draws:	$ 0.00	Previous Authorized Draws:	$ 0.00
Current Draw:	$ 0.00	Current Draw:	$_____
Contingency Remaining:	**$ 0.00**	Contingency Remaining:	**$ 0.00**

The Contract Time is proposed to be: No Change
The proposed adjustment (in days), if any: 0.0000

FIELD AUTHORIZATION

Owner's representative:_____ _____
(Authorized Signature) (Print Name) (Date)

DSA approval required: ☐ Yes ☐ No Form of approval: ☐ Written ☐ Oral
Given by: ☐ DSA ☐ A/E Name:_____ Date:_____
Notes:_____
_____

ACCEPTED	APPROVED	ACCEPTED
DATE :	DATE:	DATE:
		Sacramento City Unified School District
ENTITY (Company Name)	ARCHITECT (Company Name)	OWNER
(Authorized Signature)	(Authorized Signature)	(Authorized Signature)
(Print Name)	(Print Name)	(Print Name)

Exhibit CC

Meeting Agenda

Project:
Meeting No.

Meeting Type **Subject** **Prepared By**	**Date** **Time** **Location**

Meeting Attendance			
Company – Attendee	**Required**	**Company – Attendee**	**Required**

Ordered By Item Type, Item No., Item Category

Item Type

Item No.	XXX	
Time Allotment		Category
Summary		
Agenda Details		
Responsible Parties		
Desired Outcome		

Item Type

Item No.	XXX	
Time Allotment		Category
Summary		
Agenda Details		
Responsible Parties		
Desired Outcome		

DISTRICT REPRESENTATIVE FIELD REPORT

Exhibit DD

PROJECT: FIELD REPORT NUMBER:

CONTRACTORS: BID PACKAGE:

DATE: TIME: WEATHER:

WORK IN PROGRESS: PRESENT AT SITE:

:

OBSERVATIONS & ITEMS OF DISCUSSION

Description	Action

Attachments Photos Taken

NOTICE OF NON-CONFORMING WORK

Project:

Report No.:

From:

Date:

Contractor:

DSA Issue No.:

DSA App:

Description of Non-Conforming Work:

The above indicated work is rejected. It may be accepted only pursuant to General Conditions 12.3.

Receipt Acknowledged by Contractor: Date

_____ _____

Resolution of Non-Conforming Work:

Reviewed By CM: _____ Date: _____

Accepted By Inspector_____ Date: _____

Sacramento City Unified School District

Project Close-Out Form

Project #_____ Project Name_____

General Contractor_____

Project Completion Date_____

District Boundary Local Participation:
Actual Final Dollar Amount: $ _____ Final Percentage: _____%

DVBE 3% Goal:
Actual Final Dollar Amount: $ _____ Final Percentage: _____%

Small Business:
Actual Final Dollar Amount: $ _____ Final Percentage: _____%

If Contractor did not meet the percentages/amounts stated in its bid, explain why: _____

_____

_____

_____

Contractor Signature _____

Printed Name_____

Date _____