Subcontractor's Pre-Job Conference Form: McKinley Elevator Corporation

No

Yes

Foreman

Status Published Assigned PSA Specialist Maria Cruz		Version 1 Email mcruz5@sandi.net		Phone Number (619) 879-7870		
Subcontractor's Information						
Contractor McKinley Elevator Corporation NSP Company Address 17611 Armstrong Avenue Irvine, CA S CSLB License Number 861406 Contractor License Classification C11 - ELEVATOR INSTALLATION, C		Phone Number DIR Number PW-LR-1000369784 MPS, C-61 / D24 - METAL PROD	UCTS	Fax Number		
Pre-Award & Contract Inform	mation					
Bid Number CC23-0125-23-A1-G1		Bid Title Euclid Elementary School Whole	Site Modernization (LLB) GMP#1	Prevaling Wage Determination 2024-1		
Contract Number CC23-0125-23-A1-G1	Contract Title Euclid ES WSM (GMP#1	DIR Project Nu 526889	mber	Contract Amount \$29,605,588.81	
Overall Scope of Work for V	Vhich Your Company is Re	esponsible				
	Vhich Your Company is R	esponsible				
Overall Scope of Work for V	Vhich Your Company is R	esponsible				
Overall Scope of Work for V		esponsible				
Overall Scope of Work for V Overall Scope of Work Provide and install wheelchair lift		esponsible	Estimated Duration(Days)			
Overall Scope of Work for V Overall Scope of Work Provide and install wheelchair lift Jobsite Scheduling Informa		esponsible				
Overall Scope of Work for V Overall Scope of Work Provide and install wheelchair lift Jobsite Scheduling Informa Expected Start Date 5/30/2024 Number of Shifts		esponsible	0 Shift Description			
Overall Scope of Work for V Overall Scope of Work Provide and install wheelchair lift Jobsite Scheduling Informat Expected Start Date 5/30/2024 Number of Shifts 1		esponsible	0 Shift Description 7:00AM-3:30PM			
Overall Scope of Work for V Overall Scope of Work Provide and install wheelchair lift Jobsite Scheduling Informa Expected Start Date 5/30/2024 Number of Shifts 1 Pay Day		ESPONSIBLE	0 Shift Description 7:00AM-3:30PM		PHONE	
Overall Scope of Work for V Overall Scope of Work Provide and install wheelchair lift Jobsite Scheduling Information Expected Start Date 5/30/2024 Number of Shifts 1 Pay Day	tion		0 Shift Description 7:00AM-3:30PM Pay Period End Day	rejla@mckinleyelevator.com	PHONE (949) 261-9244	

Add other direct Subcontractors not included on the Division of Work			
TBD?	TIERED SUBCONTRACTOR	TIERED SUBCONTRACTOR'S SCOPE	
No	ACE EQUIPMENT INC	Install wheelchair lift	

Fiore

craig.fiore@mckinleyelevator.com

Craig

(949) 261-9244