

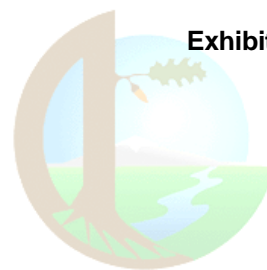
## **VII. APPENDIX OF FORMS**

### **I. CONTRACTOR GENERATED FORMS:**

- A. REQUEST FOR INFORMATION (RFI)
- A.2 WORKERS COMPENSATION AFFIDAVIT
- A.3 CONTRACTOR AFFIDAVIT OF PUBLIC WORKS COMPLIANCE
- B. SUBMITTAL TRANSMITTAL FORM
- C. PROPOSED CHANGE ORDER
- D. DAILY EXTRA WORK REPORT
- E. INSPECTION REQUEST
- F. APPLICATION FOR PAYMENT
- G. SUPERINTENDENT DAILY REPORT (DISTRICTS FORM)
- H. VERIFIED REPORT - DSA6
- 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

### **II. OWNER/OWNER-REPRESENTATIVE GENERATED FORMS:**

- S. REQUEST FOR PROPOSAL
- T. CHANGE ORDER
- U. CONSTRUCTION CHANGE DIRECTIVE
- V. PROJECT MEETING AGENDA
- W. DISTRICT REPRESENTATIVE FIELD REPORT
- X. NOTICE OF NONCONFORMING WORK/CONSTRUCTION DEFICIENCY
- Y. BADGE RECEIPT FORM
- Z. KEY RECEIPT FORM



# REQUEST FOR INFORMATION

San Juan Unified School District  
10700 Fair Oaks Blvd., Suite 8, Fair Oaks, CA 95628  
(916) 979-8666 Office (916) 979-8714 Fax

NAME & ADDRESS OF PROJECT: \_\_\_\_\_ SJUSD PROJECT NUMBER.: \_\_\_\_\_  
DATE OF ISSUANCE.: \_\_\_\_\_  
RFI NUMBER: \_\_\_\_\_  
CONTRACT FOR: \_\_\_\_\_  
NAME & ADDRESS OF CONTRACTOR: \_\_\_\_\_ ARCHITECT: \_\_\_\_\_  
DSA APPLICATION NO.: \_\_\_\_\_

File Reference  
OWNER\_\_  
ARCHITECT\_\_  
CONTRACTOR\_\_  
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**

SAN JUAN UNIFIED SCHOOL DISTRICT

**WORKER'S COMPENSATION AFFIDAVIT**

Pursuant to General Conditions, 00700. 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

SAN JUAN UNIFIED SCHOOL DISTRICT

CONTRACTOR 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:

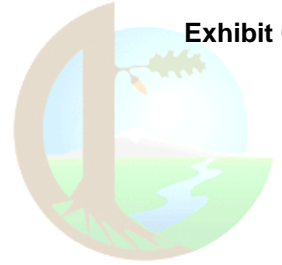
- 1) That I am the Official Representative of the above named company and therefore responsible for compliance with the Public Works laws on this project.
- 2) That as Owner of this company, I was informed of the California Public Works laws and was given the information and forms to complete the project 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: \_\_\_\_\_





# PROPOSED CHANGE ORDER

San Juan Unified School District  
10700 Fair Oaks Blvd., Suite 8, Fair Oaks, CA 95628  
**(916) 979-8666 Office (916) 979-8714 Fax**

**NAME & ADDRESS OF PROJECT:**

**SJUSD PROJECT NUMBER:**

**PCO NUMBER:**

**ARCHITECT:**

**NAME & ADDRESS OF CONTRACTOR:**

Contractor 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 Contractor indicates the Contractor'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 Contractor in connection with performance of the proposed change work.

**ACCEPTED**

DATE:

**CONTRACTOR** (Typed Name)

(Signature)

(Print Name)

**APPROVED**

Date: \_\_\_\_\_

**ARCHITECT** (Typed Name)

(Signature)

(Print Name)

**ACCEPTED**

Date: \_\_\_\_\_

San Juan Unified School District

**OWNER** (Typed Name)

(Signature)

(Print Name)

### A/E USE ONLY

DSA file # \_\_\_\_\_

DSA Application # \_\_\_\_\_

DSA date approved \_\_\_\_/\_\_\_\_/\_\_\_\_

# DAILY EXTRA WORK REPORT

**Bid Package: #** XX-XXX

**Report No:** \_\_\_\_\_ of \_\_\_\_\_

**Project:** Example School

**PCO No:**

**Contractor:** XXX

**Date work performed:**

**Superintendent:** VVV

**DSA App #:00-000000**

Description of Work in Progress: (Include Bldg./Area)

**Personnel:**

Name	Craft/Classification	Hours	Pay Rate	Total
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Equipment: By Type, Number and Hours (Invoice is mandatory with reconciliation)

Materials: By Type, Units (Invoice is mandatory with reconciliation)

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Contractor)

**Check Box if  
Final T & M**

Acknowledgment \_\_\_\_\_ Date \_\_\_\_\_  
(Inspector, CM, T & M Monitor)

**Note: IOR, CM or T&M Monitor must sign on the day that the work is being performed or Contractor will forfeit payment.**

White Copy - Construction Manager

Yellow Copy – Contractor

Pink Copy - Inspector of Record

**INSPECTION REQUEST**

---

Project:

Contact person:

Date of request:

Contractor:

Date of inspection:

Budget Code:

DSA App:

DSA File:

---

DESCRIPTION OF REQUIRED INSPECTION:

LOCATION(S):

Date Required:

Time Required:

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SUBMIT TO ICS, INC. CONSTRUCTION MANAGEMENT (CM) 48 HOURS PRIOR TO REQUESTED INSPECTION.

Date/Time received by CM: \_\_\_\_\_

Date \_\_\_\_\_

---

**CONTRACTOR APPLICATION FOR PAYMENT**

*San Juan Unified School District*  
 10700 Fair Oaks Blvd., Suite 8, Fair Oaks, CA 95628  
(916) 979-8666 Office (916) 979-8714 Fax



NAME & ADDRESS OF PROJECT:

SJUSD 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 breakdown)
- 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:	San Juan Unified School District	Date:	
Authorized Signature:		Print Name:	
Architect:		Date:	
Authorized Signature:		Print Name:	
Inspector:		Date:	
Authorized Signature:		Print Name:	

Schedule of Values Breakdown

PROGRESS PAYMENT NUMBER #:

Application Date :

Project # :

Period To :

A #	B Description of Work	C Scheduled Value	D Previous Work Complete	E Work Completed from This Period	F Presently Stored	G Total Completed & Stored to Date	%	H Balance to Finish	I Total Retainage
Heading Description									
1	Item Description	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0%	\$0.00	\$0.00
2	Item Description	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0%	\$0.00	\$0.00
3	Item Description	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0%	\$0.00	\$0.00
4	Item Description	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0%	\$0.00	\$0.00
5	Item Description	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0%	\$0.00	\$0.00
6	Item Description	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0%	\$0.00	\$0.00
7	Item Description	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0%	\$0.00	\$0.00
8	Item Description	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0%	\$0.00	\$0.00
9	Item Description	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0%	\$0.00	\$0.00
10	Item Description	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0%	\$0.00	\$0.00
11	Item Description	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0%	\$0.00	\$0.00
12	Item Description	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0%	\$0.00	\$0.00
13	Item Description	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0%	\$0.00	\$0.00
Heading Description	Subtotal:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0%	\$0.00	\$0.00
							0%	\$0.00	\$0.00
	GRAND TOTAL	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0%	\$0.00	\$0.00



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**MATERIAL :**

Description	Category	Units	Qty Received	Time	Location	Notes

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**VISITOR :**

Name	Company	Time	Notes

---

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**SAFETY:**

Company	Contact	Noticed By	Work Activity	Safety Issue	Requirement	Outcome

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**QA/AC:**

Company	Description	CSI Code	Issued By

CONDITIONAL WAIVER AND RELEASE UPON  
PROGRESS PAYMENT

Upon receipt by the undersigned of a check from \_\_\_\_\_  
(Maker of Check) in the sum of \$\_\_\_\_\_ (Amount of Check) payable to \_\_\_\_\_  
\_\_\_\_\_ (Payee or Payees of Check) and when the check has been properly endorsed and has  
been paid by the bank upon which it is drawn, this document shall become effective to release any  
mechanic's lien, stop notice, or bond right the undersigned has on the job of \_\_\_\_\_  
\_\_\_\_\_ (Owner) located at \_\_\_\_\_ (Job Description) to the following  
extent. This release covers a progress payment for labor, services, equipment or material furnished  
to \_\_\_\_\_ (Your Customer) through \_\_\_\_\_ (Date) only and  
does not cover any retention's retained before or after the release date; extras furnished before the  
release date for which payment has not been received; extras or items furnished after the release  
date. Rights based upon work performed or items furnished under a written change order which has  
been fully executed by the parties prior to the release date are covered by this release unless  
specifically reserved by the claimant in this release. This release of any mechanic's lien, stop notice,  
or bond right shall not otherwise affect the contract rights, including rights between parties to the  
contract based upon a rescission, abandonment, or breach of the contract, or the right of the  
undersigned to recover compensation for furnished labor, services, equipment, or material covered by  
this release if that furnished labor, services, equipment, or material was not compensated by the  
progress payment. Before any recipient of this document relies on it, said party should verify  
evidence of payment to the undersigned.

DATED: \_\_\_\_\_, 20\_\_.

By \_\_\_\_\_

Its \_\_\_\_\_

UNCONDITIONAL WAIVER AND RELEASE UPON  
PROGRESS PAYMENT

The undersigned has been paid and has received a progress payment in the sum of \$\_\_\_\_\_ for labor, services, equipment or material furnished to \_\_\_\_\_ (Your Customer) on the job of \_\_\_\_\_ (Owner) located at \_\_\_\_\_ (Job Description) and does hereby release any mechanic's lien, stop notice, or bond right that the undersigned has on the above referenced job to the following extent. This release covers a progress payment for labor, services, equipment, or materials furnished to \_\_\_\_\_ (Your Customer) through \_\_\_\_\_ (Date) only and does not cover any retention's retained before or after the release date; extras furnished before the release date for which payment has not been received; extras or items furnished after the release date. Rights based upon work performed or items furnished under a written change order which has been fully executed by the parties prior to the release date are covered by this release unless specifically reserved by the claimant in this release. This release of any mechanic's lien, stop notice, or bond right shall not otherwise affect the contract rights, including rights between parties to the contract based upon a rescission, abandonment, or breach of the contract, or the right of the undersigned to recover compensation for furnished labor, services, equipment, or material covered by this release if that furnished labor, services, equipment, or material was not compensated by the progress payment.

DATED: \_\_\_\_\_

By \_\_\_\_\_

Its \_\_\_\_\_

NOTICE: THIS DOCUMENT WAIVES 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 RELEASE FORM.

CONDITIONAL WAIVER AND RELEASE UPON  
FINAL PAYMENT

Upon receipt by the undersigned of a check from \_\_\_\_\_  
in the sum of \$\_\_\_\_\_ payable to \_\_\_\_\_  
and when the check has been properly endorsed and has been paid by the bank upon which it is  
drawn, this document shall become effective to release any mechanic's lien, stop notice, or bond right  
the undersigned has on the job of \_\_\_\_\_(Owner) located at \_  
\_\_\_\_\_  
\_\_\_\_\_(Job Description). This release covers the final payment to the  
undersigned for all labor, services, equipment or material furnished on the job, except for disputed  
claims for additional work in the amount of  
\$\_\_\_\_\_. Before any recipient of this document relies on it, the party should verify  
evidence of payment to the undersigned.

DATED: \_\_\_\_\_

By \_\_\_\_\_

Its \_\_\_\_\_

UNCONDITIONAL WAIVER AND RELEASE UPON  
FINAL PAYMENT

The undersigned has been paid in full for all labor, services, equipment or material furnished to: \_\_\_\_\_

\_\_\_\_\_  
(Your Customer) on the job of \_\_\_\_\_  
\_\_\_\_\_ (Owner) located at \_\_\_\_\_

\_\_\_\_\_  
(Job Description) and does hereby waive and release any right to a mechanic's lien, stop notice, or any right against a labor and material bond on the job, except for disputed claims for extra work in the amount of \$\_\_\_\_\_.

DATED: \_\_\_\_\_

By \_\_\_\_\_

Its \_\_\_\_\_

NOTICE: THIS DOCUMENT WAIVES 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 RELEASE FORM.

**AFFIDAVIT OF PAYMENT**

**TO ALL WHOM IT MAY CONCERN:**

**WHEREAS**, the undersigned has been employed by \_\_\_\_\_  
 \_\_\_\_\_ to furnish labor and  
 materials under a contract dated \_\_\_\_\_ for :

Project: \_\_\_\_\_ Bid Package: \_\_\_\_\_

School: \_\_\_\_\_

in the County of Sacramento, State of California, of which the San Juan Unified School District is the Owner.

**NOW, THEREFORE**, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_ , the undersigned, as the Contractor for the above-named Contract pursuant to the Conditions of the Contract, hereby certifies that, except listed below, he has paid in full or has otherwise satisfied all obligations for all materials and equipment furnished, for all work, labor, and services performed, and for all known indebtedness and claims against the Contractor for damages arising in any manner in connection with the performance of the Contract referenced above for which the Owner or his property might in any way be held responsible.

**EXCEPTIONS:** (If none, write "None." If required by the Owner, the Contractor shall furnish bond satisfactory to the Owner for each Exception).

Name and Address	What For	Contract Price	Amount Paid	This Payment	Balance Due

(Affix Corporate Seal below)

\_\_\_\_\_  
 Contractor (Name of sole ownership, corporation or partnership)

\_\_\_\_\_  
 Signature of Authorized Representative

\_\_\_\_\_  
 Title

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:

<u>SECTION</u>	<u>PARAGRAPH</u>	<u>SPECIFIED ITEM</u>
_____	_____	_____

Proposed Substitution: \_\_\_\_\_

Reason for Substitution (Refer to General Conditions, 00700, 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:

\_\_\_\_\_

Signature/Title

By:\_\_\_\_\_

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



**RECEIPT OF ITEMS RECEIVED BY SCHOOL SITE**

Date: \_\_\_\_\_

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

San Juan Unified school site \_\_\_\_\_ from  
(Name of School)

\_\_\_\_\_  
(Company Name and Representative) **PLEASE PRINT**

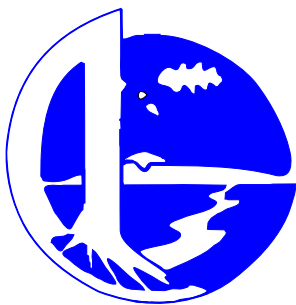
Note: List stock paint by color and # of gallons (1 gallon each color required, 5 gallons anti-graffiti)

**Quantity**

**Description**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

\_\_\_\_\_



# San Juan Unified School District In-Service Training

**School:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Subject of Training:** \_\_\_\_\_

**Attendance:**

**Name**

**Company/Department**

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**San Juan Unified School District**  
*Business Support Services, Purchasing Department*  
5133 Engle Road, Carmichael, California 95608  
Telephone (916) 971-7283; FAX (916) 979-8886  
Internet Web Site: [www.sanjuan.edu](http://www.sanjuan.edu)

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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 San Juan Unified School District school/site. The original must be filed with the purchasing 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\*. Information can also be obtained by contacting the designated person at (916) 971-5740.

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:

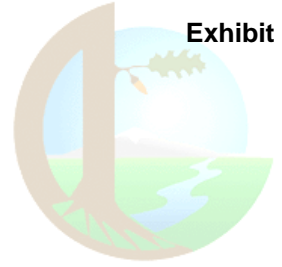
\_\_\_\_\_  
(Print Name of School/Site)

\_\_\_\_\_  
Signature of Representative

\_\_\_\_\_  
Date

Return this form to: Purchasing Department  
San Juan Unified School District  
5133 Engle Road  
Carmichael CA 95608  
(916) 971-7275

\* District office AHERA binders are located in two locations, Business Operations and Business Service



# REQUEST FOR PROPOSAL

*San Juan Unified School District*  
10700 Fair Oaks Blvd., Suite 8, Fair Oaks, CA 95628  
(916) 979-8666 Office (916) 979-8714 Fax

**NAME & ADDRESS OF PROJECT:**

**SJUSD PROJECT NUMBER:**

**PROPOSAL REQUEST NUMBER:**

**DATE OF ISSUANCE:**

**NAME & ADDRESS OF CONTRACTOR:**

**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)*

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REQUESTED BY:

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*(Signature)*

---

*(Printed name and title)*

# CHANGE ORDER

San Juan Unified School District  
10700 Fair Oaks Blvd., Suite 8, Fair Oaks, CA 95628  
**(916) 979-8666 Office (916) 979-8714 Fax**



NAME & ADDRESS OF PROJECT:

SJUSD PROJECT NUMBER:

CHANGE ORDER NUMBER:

P.O. NUMBER:

NAME & ADDRESS OF CONTRACTOR:

BID NUMBER:

DSA FILE NUMBER:

DSA APPLICATION NUMBER:

You are hereby authorized to make the following changes relative to your work on Project: \_\_\_\_\_  
located at: \_\_\_\_\_.

For final settlement between \_\_\_\_\_ (Contractor) and the San Juan Unified School District of all real claims including but not limited to the following:

- Original Contract Sum
- Net change by previously authorized Change Orders
- Contract Sum will be increased by this Change Order in the amount of \_\_\_\_\_
- Contract Sum including this Change Order
- Contract Time increased by \_\_\_\_\_ days.
- Date of Completion as of the date of this Change Order: \_\_\_\_\_

Acceptance of this Change Order constitutes an agreement between the District and Contractor, and the work is to be performed subject to the same terms and conditions as are contained in the original Contract with Contractor and for work on the above-mentioned project.

Acceptance of this Change Order constitutes acceptance of the Change Order as full and complete satisfaction of any direct or indirect additional costs incurred by Contractor in connection with performance of the change work.

It is understood that the work shall be performed in accordance with the revised Plans and Specifications enumerated above or in accordance with the original Plans and Specifications supplemented by the instructions stated herein.

**Not valid until signed by the A/E, Contractor and Owner.**

**APPROVED**

Date: \_\_\_\_\_

\_\_\_\_\_  
**A/E** (Company Name)

\_\_\_\_\_  
(Authorized Signature)

\_\_\_\_\_  
**(Print Name)**

**A/E USE ONLY**

DSA approval:  
 Yes    No

\_\_\_\_/\_\_\_\_/\_\_\_\_

**ACCEPTED**

Date: \_\_\_\_\_

\_\_\_\_\_  
**CONTRACTOR** (Company Name)

\_\_\_\_\_  
(Authorized Signature)

\_\_\_\_\_  
**(Print Name)**

**ACCEPTED**

Date: \_\_\_\_\_

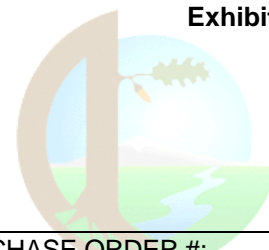
\_\_\_\_\_  
**San Juan Unified School District**  
**OWNER**

\_\_\_\_\_  
(Authorized Signature)

\_\_\_\_\_  
**(Print Name)**

**Purchasing Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



# CONSTRUCTION CHANGE DIRECTIVE

San Juan Unified School District  
 10700 Fair Oaks Blvd., Suite 8, Fair Oaks, CA 95628  
 (916) 979-8666 Office (916) 979-8714 Fax

NAME & ADDRESS OF PROJECT: \_\_\_\_\_ SJUSD PROJECT NUMBER: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ DATE OF ISSUANCE: \_\_\_\_\_ PURCHASE ORDER #: \_\_\_\_\_  
 \_\_\_\_\_  
 NAME & ADDRESS OF CONTRACTOR: \_\_\_\_\_ DIRECTIVE NUMBER: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ DSA FILE #: \_\_\_\_\_  
 \_\_\_\_\_ DSA APPLICATION #: \_\_\_\_\_

You are hereby directed to make the following change(s) in this contract:

Documentation supporting proper completion of work by this C.C.D. **must** be attached to pay application.

### PROPOSED ADJUSTMENTS

3. The proposed basis of adjustment to the Contract Sum:
  - Lump Sum (increase) (decrease) of \_\_\_\_\_
  - Unit Price of \$ \_\_\_\_\_ per \_\_\_\_\_
  - Time & Materials, Not to Exceed \$ \_\_\_\_\_
4. The Contract Time is proposed to:  Be adjusted  Remain unchanged.
3. The proposed adjustment, if any:  An increase of \_\_\_\_\_ days  A decrease of \_\_\_\_\_ days

### 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: \_\_\_\_\_  
 \_\_\_\_\_

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

**ACCEPTED**

DATE : \_\_\_\_\_

---

CONTRACTOR (Company Name)

---

(Authorized Signature)

---

(Print Name)

When signed by the Owner and Architect and received by Contractor, this document becomes effective IMMEDIATELY, and the Contractor shall proceed with the change(s) described above.

<p><b>APPROVED</b></p> <p>DATE: _____</p> <hr/> <p>ARCHITECT (Company Name)</p> <hr/> <p>(Authorized Signature)</p> <hr/> <p>(Print Name)</p>	<p><b>ACCEPTED</b></p> <p>DATE: _____</p> <hr/> <p>San Juan Unified School District</p> <p>OWNER</p> <hr/> <p>(Authorized Signature)</p> <hr/> <p>(Print Name)</p>
---	--



**Meeting Agenda**

**Project:**  
**Meeting No.**

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<b>Meeting Type</b>	<b>Date</b>
<b>Subject</b>	<b>Time</b>
<b>Prepared By</b>	<b>Location</b>

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<b>Meeting Attendance</b>			
<b>Company – Attendee</b>	<b>Required</b>	<b>Company – Attendee</b>	<b>Required</b>

**Ordered By Item Type, Item No., Item Category**

**Item Type**

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

**Item Type**

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



**NOTICE OF NON-CONFORMING WORK**

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Bid Package:	Report No.:
From:	Date:
Contractor:	DSA Issue No.:
School:	DSA App:
Budget Code:	OPSC No:

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Description of Non-Conforming Work:

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

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Receipt Acknowledged by Contractor:	Date
_____	_____

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Resolution of Non-Conforming Work:

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Reviewed By CM: _____	Date: _____
Accepted By Inspector _____	Date: _____

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**SAN JUAN UNIFIED SCHOOL DISTRICT  
GROUP 5 BADGE RECEIPT GUIDELINES**

The General Contractor will prepay \$2.00 non-refundable handling fee per identification badge which will be payable to San Juan Unified School District at the time of order. The undersigned acknowledges receipt of identification badges for location indicated below. By accepting these badges, the contractor accepts all responsibility in the event that badges are lost or stolen, along with the following conditions:

- a) Should any badge(s) be lost or stolen, Contractor is to notify District Representative immediately.
- b) Badge(s) must be returned to SJUSD Facilities when finished with project, or **\$100.00** each missing badge) as restitution. You will NOT be charged for damaged badges that are returned, **only for badges not returned** to SJUSD.
- c) Contractor is responsible for ensuring that each employee and each subcontractor has possession of, and is wearing, a badge at all times on any school property (weekends and evenings included). Contractor may be held responsible for any missing District property while in possession of badge(s).
- d) Any contractor, contractor's employee, subcontractor or company representative NOT wearing a badge may be removed from any school property at any time.

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School checked out	# of Badge(s)
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Name of Company Checked Out	Date Badge(s)
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<b>X</b> Contractor's Representative (printed name) Representative (signature)	<b>X</b> Contractor's Representative
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<b>BADGE RETURN CONFIRMATION</b>		<b>(FOR OFFICE USE ONLY)</b>	
Date Badge(s) Returned To ICS, Inc.		Badge(s) Received By	
# of Badge(s) Returned =		# of Badge(s) NOT Returned =	
		<b>X \$100.00 EACH = \$</b>	<b>.00</b>
		<b>TOTAL</b>	

**SAN JUAN UNIFIED SCHOOL DISTRICT  
KEY RECEIPT GUIDELINES**

The Undersigned acknowledges receipt of a high security key or keys for the location indicated below. By accepting this key or keys, the **Contractor** accepts all responsibility in the event that the key is lost or stolen, along with the following conditions:

- a) Should key(s) be lost or stolen, Contractor is to notify Construction Manager immediately.
- b) Any key(s) distributed to the Contractor are to be returned to construction manager on demand. The Contractor will be solely responsible for the full cost of re-keying the entire school should a Master Key be lost or stolen. Additionally, any lost or stolen individual door key (or "Pass Key") will incur replacement costs equal to time and materials required to re-key the locks that affect the security of the school site.
- c) Contractor is responsible for locking & securing all facilities for which a key is held. Contractor may be held responsible for any missing District property while in possession of key(s).
- d) School locations are alarmed. Contractor is responsible for notifying appropriate Construction Manager at least 48 hours in advance of any intention to enter the site during typical off-work hours. (Monday - Friday 3:30 p.m. to 7:00 a.m. and all day Saturday and Sunday). Also, the construction manager is responsible to request off-work hours access to any site directly with District security office. These requests are only processed Monday - Friday 8:00 a.m. to 4:00 p.m. The San Juan Unified School District Security can be reached 24 hours a day at (916) 971-7000.

**NOTE:** During normal work hours, access to all site facilities must be coordinated on site with the administrator and custodial staff.

- e) Duplication of key(s) violates California Penal Code. Per Section 469 of California Penal Code: "Any person who knowingly makes, duplicates, causes to be duplicated, or uses, or attempts to make, duplicate, cause to be duplicated, or use, or has in his possession any key to a building or other area owned, operated, or controlled by the State of California, any state agency, commission, a county, city, or any public school or community college district without authorization from the person in charge of such building or area or his designated representative and with knowledge of the lack of such authorization is guilty of a misdemeanor." (Added by Stats.1970, c.1090, p.1934)

<b>Checkout</b>			
School Name/Project		Estimated Construction	
		Start	Finish
<b>Key Checkout – CM</b>			
Company			<b>Returned</b>
Auth Rep (Print)			<b>Date</b>
Qty of Keys	Key Stamp(s)		<b>Qty.</b>
Signature			<b>Initial</b>
<b>Key Checkout – GC</b>			
Company			<b>Returned</b>
Auth. Rep (Print)			<b>Date</b>
Qty. of Keys	Key Stamp(s)		<b>Qty.</b>
Signature			<b>Initial</b>
<b>Key Checkout – Project Inspector</b>			
Company			<b>Returned</b>
Auth. Rep. (Print)			<b>Date</b>
Qty. of Keys	Key Stamp(s)		<b>Qty.</b>

White: CM  
Yellow: GC/PI  
Pink: GC/PI  
Gold: SJUSD