## INSTRUCTIONS FOR EXTRACT OF PUBLIC WORKS CONTRACT AWARD (PWC 100)

Required fields are indicated by an asterisk. If required fields are not filled in, an error will be displayed. You will be allowed to make changes, and the form can be submitted.

After submission, you can, if necessary, edit the submitted form and resubmit it.

Note: In the table below, the third column on the right contains instructions for CSU projects. If blank, there are no special instructions.

To submit the form, click on the "Submit" button after the General Contractor 1 section.

Instructions by Section and Field Name: Project Information

Field	DIR Instruction	Additional Info for CSU Projects	
Section: Form	Project Award Date	Type: mmddyyyy (ie. 02022015)	
Section: Awarding Body Information	Awarding Body	Use the drop down and choose the Awarding Body, press Select	
Section:	Project Name	No spaces.	
Project	Project #	Must be unique, no spaces.	
Information	Total Project Cost	Enter amount.	
	Brief Description	Enter description here.	
	Contract #	Enter #.	
	Number of Prime Contractors	Enter #.	
	Alternative Model: None Apply; Design/Build; Job Order/Task; Lease/Lease Back	Select the appropriate model.	
	For CM at Risk, select 'None Apply'. For JOC, each project performed under the Master Job Order Contract is to be individually submitted to the DIR.		
	Physical Address	Enter address	
	County	Enter county	
	Billing Address No Spaces Must be unique, no spaces	Press Save or Next	

Section: Project Dates	First Advertised BidUse mmddyyyy formatEstimated or Actual Startthese dates.Estimated or Actual Completion		
Section: Propositions	Will this project receive (or has it received) any funding from Proposition 84 (The Safe Drinking Water, Water Quality and Supply, Flood Control, River and Coastal Protection Bond Act of 2006)?	Enter No	
	Will this project receive (or has it received) any funding from Proposition 39 (California Clean Energy Jobs Act of 2012)?	Enter No	
Section: Compliance and Agreements:	Is language included in the Contract Award to effectuate the requirements of Section 1771, 1774-1776, 1777.5, 1813 and 1815 of the Labor Code?	Enter Yes	
	Will you operate a DIR-Approved Labor Compliance Program (LCP) for this project?	Enter No	
	Is there a Project Labor Agreement (PLA) associated with this project?	Enter No	
Section: Contractor	Press Add Contractor at the bottom Input CSLB/Certificate Number, press Search, Fields will populate, Input Email		
Section: Classifications	Check the appropriate classification(s)Press SaveNote: DIR's Classifications are not like the CSLB license classifications. You may contact cocm@calstate.edu with questions.		
Section: Contractor	Input Project Manager's Email Address First Name, MI, Last Name, Title, Work Phone	Enter requested information.	
Section: General Contractor 1	Check the Primary bullet Add additional contractor if needed	Press Submit to submit the project	

See pages 3-4 for screen shots from DIR's PWC 100 database for reference.

California Department of CA.gov   Contact Us   DLSE					
Industrial Relations Division of Apprenticeship Standard / Division of Labor Standards Enforcement					
GOV Home Labor Law Cal/OSHA - Safety & Health Workers' Comp Self Insurance Apprenticeship Director's Office Boards					
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Project Information					
FORM					
Form Type: PWC-100 Project Award Date:* 02/02/2015 × 🕼 (MM/DD/YYYY)					
AWARDING BODY INFORMATION					
Awarding Body:* Select Awarding Body Select					
Name: Primary Contact:					
Address: Primary Email: Work Phone:					
PROJECT INFORMATION					
Project Name:* Project #:*					
Brief Description:* Contract #.*					
Contract Amount:* Total Project Cost:* Number of Prime Contractors:* 1 🗸					
Alternative Model:*   None Apply  Design/Build  Job Order/Task  Lease/Lease Back					
Physical Address   Address   Location  Billing Address					
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Address Line 2: Address Line 2:					
City:* State:* Zip Code:* Mail Stop: County:* City: State: Zip Code: Mail Stop:					
Save Save Next >>					
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	DIR https://www.dir.ca.gov/pwc100ext/AddContractorPopup.aspx?ProjectID=28762&GCID=1						
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General Contra							
Primary	Classifications						
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Add Contractor	CARPET/LINOLEUM	CEMENT MASONS	DRYWALL FINISHER	DRYWALL/LATHERS			
	ELECTRICIANS	ELEVATOR MECHANIC	GLAZIERS	IRON WORKERS			
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Contractor Information						
Please enter all the inf	ormation for the award					
Project Manager						
Email Address*	First Name* MI	Last Name* Title*	Work Phone*			
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General Contractor 1						
Primary CSLB	Name	Address	Email	Classification		
Delete Edit O 443949	BAY AREA BUILDERS INC	3360 DE LA CRUZ BLVD SANTA CLARA, CA 95054	jcostan@ba-builders.com	ROOFERS		
Add Contractor						
🛓 << Back Cancel 🛓 Save 🕍 Submit Delete Project						