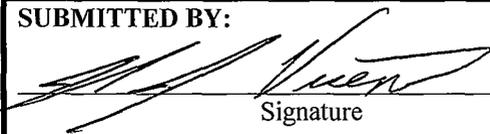


LABOR COMPLIANCE PROGRAM ANNUAL REPORT

Format for Awarding Body that enforces its own Labor Compliance Program for some but not all projects

Report for the reporting period 07/01/2011 to 06/30/2012 (mm/dd/yyyy) (mm/dd/yyyy)

| | | |
|---|--|-----------------|
| 1. Name of Labor Compliance Program (LCP) : County of Napa | | |
| 2. LCP I.D. Number (assigned by DIR): 2011.01048 | 3. Date of Initial Approval: 09/01/2011 | |
| 4. Contact person (include name, title, address, telephone, fax, and e-mail, if available): John Vicencio 1195 Third Street #201 Napa, CA 94559 Phone: (707) 259-8369 | | |
| 5. Did LCP perform any LC § 1771.5 enforcement activities during the 12 months in the reporting period? Please check one: <input checked="" type="checkbox"/> Yes If Yes, proceed to item 6 on the next page <input type="checkbox"/> No If No, complete the information below, sign the form and submit to DIR, Office of the Director, Attn: LCP Special Assistant, 455 Golden Gate Avenue, 10th Floor, San Francisco CA 94102 | | |
| What suggestions do you have for the Department of Industrial Relations to better assist you with your program in the coming year? (attach additional sheets if necessary) | | |
| SUBMITTED BY: | | |
|  Signature | JOHN J. VICENCIO, ENGINEER Name and Title | 8-29-12 Date |

LCP-AR1

6. LC § 1771.5 enforcement activities (provide all information requested, attaching as many sheets as necessary).

A. List projects handled by LCP within the past 12 months.

| Project Name | Bid Advertisement Date | Prime Contractor | Contract Amount |
|--------------|------------------------|------------------|-----------------|
| See attached | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total | | | |

B. Summary of all wages and penalties assessed and/or recovered.

| Project Name | Affected Contractor (who directly employed the worker) | Amount Assessed | Amount Recovered | Approval of Forfeiture Requested from Labor Commissioner? | Description of Violation |
|--------------|---|-----------------|------------------|---|--------------------------|
| See attached | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Total | | | | | |

LCP-AR1

C. For any amount identified in item B for which approval of forfeiture not requested from the Labor Commissioner, please explain below.

| Project Name | Amount Assessed | Amount Recovered | Explanation |
|--------------|-----------------|------------------|-------------|
| See attached | | | |
| | | | |
| | | | |
| Total | | | |

D. For any amount identified in item B for which approval of forfeiture was requested from the Labor Commissioner, please provide the following:

| Project Name | Amount Assessed | | | | | Amount Recovered | | | | |
|--------------|-----------------|-----------|-----------|-------|-------|------------------|-----------|-----------|-------|-------|
| | LC §1776(g) | LC § 1775 | LC § 1813 | Wages | Total | LC § 1776(g) | LC § 1775 | LC § 1813 | Wages | Total |
| See attached | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Total | | | | | | | | | | |

E. Identify cases that are or were the subject of LC § 1742 proceedings.

| Project Name | Contractor | Nature of Violation | ODL Case # | Current Status |
|--------------|------------|---------------------|------------|----------------|
| N/A | | | | |
| | | | | |
| | | | | |

F. Did you refer any contractor to the Labor Commissioner for debarment per LC § 1777.1?

Please check one: Yes No

If yes, identify affected contractor(s) or subcontractor(s) and date(s) of referral: _____ N/A _____

G. Did you refer any apprenticeship violation to the Division of Apprenticeship Standards (DAS)?

Please check one: Yes No

If yes, identify affected contractor(s) or subcontractor(s) and date(s) of referral: _____ N/A _____

