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 7/1/2011 (mm/dd/yyyy) to 6/30/2012 (mm/dd/yyyy)

1. Name of Labor Compliance Program (LCP) : Reclamation District 108

2. LCP I.D. Number (assigned by DIR):	3. Date of Initial Approval:
2011.00904	9/1/2011

4. Contact person (include name, title, address, telephone, fax, and e-mail, if available):

Kathryn Chandler - Assistant Mgr
970 Wilson Bend Rd
Grimes, CA 95950
Phone: 530-437-2221

Email: kchandler@rd108.org

5. Did LCP perform any LC § 1771.5 enforcement activities during the 12 months in the reporting period?

Please check one:

YES — If Yes, proceed to item 6 on the next page

x 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) None.

SUBMITTED BY:

Signature	Name and Title	Date