

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.

See attached NOC's

Project Name	Bid Advertisement Date	Prime Contractor	Contract Amount
Linda Vista ES HVAC Improvements	Lease-Lease Back (11/3/09)	Blach Construction	\$3,500,000 <i>closed 5/19/11</i>
Lyndale ES HVAC Improvements	Lease-Lease Back (11/3/09)	Blach Construction	\$3,500,000 <i>closed 8/24/10</i>
San Antonio ES New Construction	Lease-Lease Back (11/3/09)	Blach Construction	\$17,500,000 <i>closed 9/14/11</i>
Total - 3			\$24,500,000

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
Total					

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
NA	NA	NA	NA

LCP-AR1

Total	NA	NA	NA
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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
NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Total	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

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

Project Name	Contractor	Nature of Violation	ODL Case #	Current Status
NA	NA	NA	NA	NA

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: _____

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: _____