LCP-AR1

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 July 1, 2012- June 30, 2013

1. Name of Labor Compliance Program (LCP) : Reclamation District 2059 Labor Compliance Program

2. LCP I.D. Number (assigned by DIR): 2011.00726

3. Date of Initial Approval: 9/1/2011

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

Ms. Angelia Tant

P.O. Box 346

Bethel Island, CA 94511

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

☒ 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: Angelia Tant

Name and Title: Angelia Tant Manager

Date: 8/2/13

Ethics Training H

Internet Course Certificate of Completion

ETHICS ORIENTATION FOR STATE OFFICIALS

I am aware of, and have attempted to comply with, the procedures established by my agency for making this Internet training a part of my agency's ethics orientation. I have carefully read all of the instructional materials that were provided in this accessible, non-interactive Internet course.

Name
Laura L. Devany

Agency
North Valley Labor Compliance Services

Position
Labor Compliance Consultant

Date course completed
02/21/13

Signature Caralyn Lay

Date 2/21/13

My signature on this certificate signifies that I have read and completed the foregoing and that all of the statements and information set forth above are true.

Print

LCP-AR1

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

Report for the reporting period July 1, 2012- June 30, 2013

1. Name of Labor Compliance Program (LCP) : Reclamation District 799 Labor Compliance Program

2. LCP I.D. Number (assigned by DIR): 2011.00727

3. Date of Initial Approval: 9/1/2011

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

Ms. Angelia Tant

P.O. Box 353

Bethel Island, CA 94511

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

☒ 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

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SUBMITTED BY:

Angelia Tant — Signature

Angelia Tant Manager — Name and Title

8/2/13 — Date

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Name
Laura L. Devany

Agency
North Valley Labor Compliance Services

Date course completed
02/21/13

Position
Labor Compliance Consultant

Carolyn Lay
Signature

Date
2/21/13

My signature on this certificate signifies that I have read and completed the foregoing and that all of the statements and information set forth above are true.

Print