

**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 7/01/2013 to 6/30/2014  
(mm/dd/yyyy) (mm/dd/yyyy)

1. Name of Labor Compliance Program (LCP) : <b>TRACY UNIFIED SCHOOL DISTRICT</b>		
2. LCP I.D. Number (assigned by DIR): <b>2003.00371</b>	3. Date of Initial Approval: <b>January 23, 2004</b>	
4. Contact person (include name, title, address, telephone, fax, and e-mail, if available): <b>Bonny Carter – Director of Facilities &amp; Planning</b> <b>1875 W. Lowell Ave.</b> <b>Tracy, CA 95376-4095</b> <b>Phone: (209) 830-3246 Fax: (209) 830-3249</b>		
5. Did LCP perform any LC § 1771.5 enforcement activities during the 12 months in the reporting period? <b>FINAL REPORT</b> Please check one: <input type="checkbox"/> Yes If Yes, proceed to item 6 on the next page <input checked="" 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)		
<b>SUBMITTED BY:</b>		
 _____ Signature	<u><b>Bonny Carter, Director of Facilities &amp; Planning</b></u> Name and Title	<u>8/7/2014</u> Date