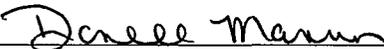


**LABOR COMPLIANCE PROGRAM ANNUAL REPORT**

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

Report for the reporting period 07/01/2013 to 06/30/2014  
(mm/dd/yyyy) (mm/dd/yyyy)

|  |   |                |
|--|---|----------------|
| 1. Name of Labor Compliance Program (LCP) : <b>NAPA SANITATION DISTRICT</b>  |   |                |
| 2. LCP I.D. Number (assigned by DIR): <b>2013.01174</b>  | 3. Date of Initial Approval: <b>AUGUST 20, 2013</b> |                |
| 4. Contact person (include name, title, address, telephone, fax, and e-mail, if available):<br><b>DONELL MANNOR</b><br><b>935 HARTLE COURT</b><br><b>NAPA, CA 94558</b><br><b>PH: 707-258-6000 FAX: 707-258-6048</b>   |   |                |
| 5. Did LCP perform any LC § 1771.5 enforcement activities during the 12 months in the reporting period?<br>Please check one: <input type="checkbox"/> Yes If Yes, proceed to item 6 on the next page<br><input checked="" type="checkbox"/> No If No, complete the information below, sign the form and submit to DIR, Office of the Director<br>Attn: LCP Special Assistant<br>455 Golden Gate Avenue, 10th Floor<br>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>   |   |                |
|    | <b>DONELL MANNOR, ACCOUNTANT</b>                    | <b>8/12/14</b> |
| Signature  | Name and Title                                      | Date           |