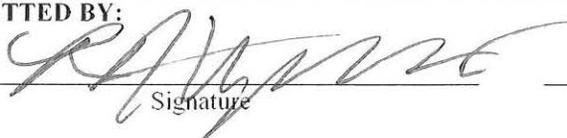


LABOR COMPLIANCE PROGRAM ANNUAL REPORT

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

Report for the reporting period 7/1/2013 to 6/30/2014  
(mm/dd/yyyy) (Mm dd yyyy)

1. Name of Labor Compliance Program (LCP): City of Chula Vista		
2. LCP I.D. Number (assigned by DIR): 2013.01163	3. Date of Initial Approval: May 16, 2013	
4. Contact person (include name, title, address, telephone, fax, and e-mail, if available): Richard A. Hopkins Director of Public Works 276 Fourth Avenue Chula Vista, CA 91910 P (619) 409-5873 <a href="mailto:rahopkins@chulavistaca.gov">rahopkins@chulavistaca.gov</a>		
5. Did LCP perform any LC § 1771.5 enforcement activities during the 12 months in the reporting period? 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)		
SUBMITTED BY:  Signature <u>RICHARD A HOPKINS, DIRECTOR</u> Name and Title <u>8/22/14</u> Date		

RECEIVED  
AUG 28 2014  
DEPT. OF INDUSTRIAL RELATIONS  
OFFICE OF THE DIRECTOR