

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) : Las Gallinas Valley Sanitary District		
2. LCP I.D. Number (assigned by DIR): 2011.01099	3. Date of Initial Approval: 04/23/12	
4. Contact person (include name, title, address, telephone, fax, and e-mail, if available): Susan McGuire 300 Smith Ranch Road San Rafael, CA 94903-1929 Phone: 415-472-1734 Administered by: Contractor Compliance and Monitoring, Inc. 635 Mariners Island Blvd. #200 San Mateo, CA 94404 Phone: (650) 522-4403 Fax: (650) 522-4402		
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: <u>Susan McGuire</u> <u>Susan McGuire, Administrative</u> <u>8/6/2014</u> Signature Name and Title Date <u>Services Manager</u>		