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 07/01/2013 to 06/30/2014

1. Name of Labor Compliance Program (LCP) :

The City of Escalon

2. LCP I.D. Number (assigned by DIR):	3. Date of Initial Approval:
2011.01113	9/1/2011

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

Dave Ruby
1854 Main Street
Escalon, CA 95320
Phone: (209) 838-4100

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	Name and Title	Date
[signature]	Kate Kurey Consultant	8/27/14