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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 July 1, 2014-June 30, 2015

1. Name of Labor Compliance Program (LCP) : CITY OF TRINIDAD LABOR COMPLIANCE PROGRAM		
2. LCP I.D. Number (assigned by DIR 2014.00247	3. Date of Initial Approval: 09/22/14	
4. Contact person (include name, title, address, telephone, fax, and e-mail, if available): Ms. Rebecca Price-Hall, <i>grant Coordinator</i> P.O. Box 390 Trinidad, CA 95570 707-677-0223 <i>rpricehall@trinidad.ca.gov</i>		
5. Did LCP perform any LC § 1771.5 enforcement activities during the 12 months in the reporting period? Please check one: <input checked="" type="checkbox"/> Yes If Yes, proceed to item 6 on the next page <input type="checkbox"/> No If No, complete the information below, sign the form and submit to DIR, Office of the Director, Attn: LCP Special Assistant, 1515 Clay Street 17th Floor, Oakland, CA 95742		
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) Create consistency in the field of Labor Compliance by providing seminars and training.		
SUBMITTED BY:		
<i>Rebecca Price-Hall</i> _____ Signature	<i>Rebecca Price-Hall</i> <i>Grant Coordinator</i> _____ Name and Title	<i>7/27/15</i> _____ Date

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6. LC § 1771.5 enforcement activities (provide all information requested, attaching as many sheets as necessary).

A. List projects handled by LCP within the past 12 months.

Project Name	Bid Advertisement Date	Prime Contractor	Contract Amount
Storm water Improvement Project	2/27/14	Wahlund Construction	\$1,085,900.00
			\$1,085,900.00

B. Summary of all wages and penalties assessed and/or recovered.

Project Name	Affected Contractor (who directly employed the worker)	Amount Assessed	Amount Recovered	Approval of Forfeiture Requested from Labor Commissioner?	Description of Violation
None to Report					
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Total					

C. For any amount identified in item B for which approval of forfeiture not requested from the Labor Commissioner, please explain below.

Project Name	Amount Assessed	Amount Recovered	Explanation
None to Report			
Total			

D. For any amount identified in item B for which approval of forfeiture was requested from the Labor Commissioner, please provide the following:

Project	Amount Assessed	Amount Recovered

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Name	LC §1776(g)	LC § 1775	LC § 1813	Wages	Total	LC § 1776(g)	LC § 1775	LC § 1813	Wages	Total
None to Report										
Total										

E. Identify cases that are or were the subject of LC § 1742 proceedings.

Project Name	Contractor	Nature of Violation	ODL Case #	Current Status
None to Report				

F. Did you refer any contractor to the Labor Commissioner for debarment per LC § 1777.1?

Please check one: Yes No

If yes, identify affected contractor(s) or subcontractor(s) and date(s) of referral: _____

G. Did you refer any apprenticeship violation to the Division of Apprenticeship Standards (DAS)? NO

Please check one: Yes No

If yes, identify affected contractor(s) or subcontractor(s) and date(s) of referral: _____



Department of Industrial Relations
Office of the Director
Attn: LCP Special Assistant
1515 Clay Street 17th Floor
Oakland, CA 94612

July 28, 2015

Enclosed is the Annual Labor Compliance Report for July 1, 2014 – June 30, 2015, pursuant to CA Code of Regulations 16431.

The City of Trinidad has contracted with a LCP Administrator (North Valley Labor Compliance Services) for projects funded by Proposition 84.

Please be advised that the FPPC Form 700 disclosure statement has been filed for each employee with decision-making authority. Each employee with decision-making authority has completed the Ethics Orientation.

Thank you,

Rebecca Price-Hall
Grants Coordinator
rpricehall@trinidad.ca.gov