

LCP-AR1

LABOR COMPLIANCE PROGRAM ANNUAL REPORT

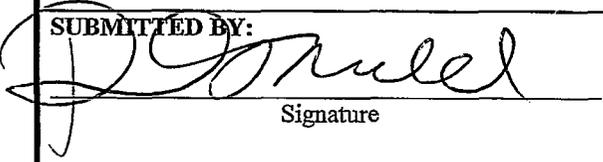
Format for Awarding Body that enforces its own Labor Compliance Program for some but not all projects

RECEIVED

SEP 01 2015

Department of Industrial Relations  
Office of the Director

Report for the reporting period 07/01/2014 to 06/30/2015  
(mm/dd/yyyy) (mm/dd/yyyy)

1. Name of Labor Compliance Program (LCP) : Crescenta Valley Water District		
2. LCP ID. Number (assigned by DIR): 2014.00261	3. Date of Initial Approval: 11/26/14	
4. Contact person (include name, title, address, telephone, fax, and e-mail, if available): David S. Gould- P.E. District Engineer 2700 Foothill Blvd. La Crescenta, CA 91214 Phone: (818) 236-4119		
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 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, 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:		
	David S. Gould, District Engineer	8/27/95
Signature	Name and Title	Date

**LCP-ARI**

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
See attached			
<b>Total</b>			

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
See attached				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Total</b>					

**LCP-ARI**

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
See attached			
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 Name	Amount Assessed				Amount Recovered					
	LC §1776(g)	LC § 1775	LC § 1813	Wages	Total	LC § 1776(g)	LC § 1775	LC § 1813	Wages	Total
See attached										
Total										

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

Project Name	Contractor	Nature of Violation	ODL Case #	Current Status
N/A				

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:  N/A

G. Did you refer any apprenticeship violation to the Division of Apprenticeship Standards (DAS)?

Please check one:  Yes  No

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



**CRESCENTA VALLEY WATER DISTRICT**

2700 Foothill Boulevard  
La Crescenta, CA 91214  
(818) 248-3925 (818) 248-1659 fax

**LETTER OF TRANSMITTAL**

TO: Dept. of Industrial Relations  
455 Golden Gate Ave. 10<sup>th</sup> floor  
San Francisco, CA 94102

DATE: August 27, 2015

JOB NO: \_\_\_\_\_

DESCRIPTION: Annual Labor

ATTN: LCP Special Assistant

Compliance Program Report

WE ARE FORWARDING  BY MAIL  BY MESSENGER  OTHER

NO. OF COPIES

DESCRIPTION

1 original

Labor Compliance Program Annual Report

\_\_\_\_\_

Reporting period July 1, 2014 thru June 30, 2015

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

THESE ARE BEING TRANSMITTED AS CHECKED BELOW:

- FOR APPROVAL/SIGNATURE
- PER YOUR REQUEST
- FOR YOUR REVIEW/COMMENTS
- FOR YOUR USE/REFERENCE
- FOR YOUR INFORMATION/FILES
- MAKE CORRECTIONS AS NOTED

REMARKS: If you have any questions or concerns, please contact David Gould at  
818 248-3925

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

BY: Pam Leddy  
Pam Leddy  
Administrative Assistant

COPIES TO:

\_\_\_\_\_

\_\_\_\_\_