

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 07/01/2014 to 06/30/2015  
(mm/dd/yyyy) (mm/dd/yyyy)

RECEIVED  
JUL 14 2015  
Department of Industrial Relations  
Office of the Director

1. Name of Labor Compliance Program (LCP) : <p style="text-align: center;">FOOTHILL MWD (AWARDING BODY)</p>		
2. LCP I.D. Number (assigned by DIR): <p style="text-align: center;">2013.01197</p>	3. Date of Initial Approval: <p style="text-align: center;">09/11/2013</p>	
4. Contact person (include name, title, address, telephone, fax, and e-mail, if available): <p style="text-align: center;">DAN DRUGAN, WATER PROGRAM TECHNICIAN, 4536 HAMPTON RD., LACANADA, CA 91011, (818) 770 4036</p>		
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) <p style="text-align: center;">N/A</p>		
SUBMITTED BY:		
<p style="text-align: center;"><u>Dan Drugan</u> Signature</p>	<p style="text-align: center;"><u>DAN DRUGAN, WPT</u> Name and Title</p>	<p style="text-align: center;"><u>07/08/2015</u> Date</p>