

LABOR COMPLIANCE PROGRAM ANNUAL REPORT

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

JH

Report for the reporting period July 1, 2014-June 30, 2015

1. Name of Labor Compliance Program (LCP) : COUNTY OF SONOMA REGIONAL PARKS	
2. LCP I.D. Number (assigned by DIR 2014.00258	3. Date of Initial Approval: 11/7/14
4. Contact person (include name, title, address, telephone, fax, and e-mail, if available): Mr. Mark Cleveland 2300 County Center Drive Ste. 120 A Santa Rosa, CA 95403 707-565-2041, FAX 707-579-8247, Mark.Cleveland@sonoma-county.org	
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).	
SUBMITTED BY:	
 Signature	Elizabeth Tyree, Grants Program Manager Name and Title
	7.30.15 Date

LCP-AR1

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
Taylor Mountain Regional Park	8/31/14	Ghilotti Construction Co. Inc,	\$840,066.00
			\$840,066.00

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: _____

Ethics Training for State Officials Certificate of Completion

Date of Completion: 07/13/2015

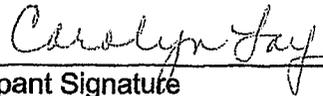
Training Time: 00:32 hours

This course is offered by the Attorney General and the Fair Political Practices Commission to satisfy the ethics training requirement for state officials. (Government Code section 11146 et seq.)

By signing below, I certify that I fully reviewed the content of this online course.

carolyn Lay

Participant Name



Participant Signature

North Valley Labor Compliance Services

Agency Name

NOTE TO PARTICIPANT: Please provide a copy of this proof of participation to the custodian for such records at your agency. In addition, we recommend you make a copy of this proof of participation for your own records to retain for at least five years. If this core course is a part of your agency's ethics orientation as mandated by the law, you need to make sure that you are following your agency's procedures in completing this aspect of the orientation. Your agency may also require you to review its incompatible activities statement or other conflict-of-interest laws specific to your agency.