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 **07/01/2010** to **06/30/2011**

1. Name of Labor Compliance Program (LCP): **Lake Berryessa Resort Improvement District**—RGM and Associates—Administering Third Party Labor Compliance Program.

2. LCP I.D. Number (assigned by DIR): **2003.00060**

3. Date of Initial Approval: **March 18, 2003**
(Converted to "approved without expiration date" June 10, 2009)

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

Ralph J. Caputo, President, CEO, RGM and Associates, 3230 Monument Way, Concord, California, 94518

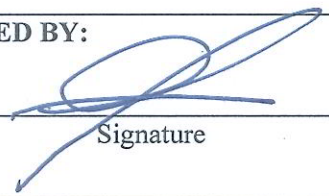
Phone – (925) 671-7717 – Fax – (925) 671-7788 – E-mail – rgm@rgmassociates.com

5. List all Awarding Bodies covered by this report as well as any other Awarding Bodies with whom the LCP Third Party provider currently has a contract to provide compliance enforcement. If *none*, please proceed directly to item 7 and provide all requested information. Then complete the information below, and sign and submit this form to DIR, Office of the Director, Attn: LCP Special Assistant, 455 Golden Gate Avenue, 10th Floor, San Francisco, CA 94102.

Benicia Unified School District
Dublin Unified School District
Fort Ross Elementary School District
John Swett Unified School District
Lake Berryessa Resort Improvement District
Martinez Unified School District
Menlo Park City School District
Napa County Department of Public Works
Napa Valley Unified School District
Orinda Union School District
Pittsburg Unified School District
Sequoia Union High School District
Sonoma County Office of Education
Zone 7 Water Agency

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): **NONE**

SUBMITTED BY:



Signature

Ralph J. Caputo, President, CEO
Name and Title

8-31-2011
Date

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
Water Treatment Plant	9/22/09	Arnold Construction	$ 1,214,000.00
TOTAL			**$ 1,214,000.00**

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
Water Treatment Plant	Arnold Construction	$ 3.99	$ 3.99	☐Yes ☑ No	Underpayment of wages
Water Treatment Plant	Cowan & Thompson Construction	$ 124.40	$ 124.40	☐Yes ☑ No	Underpayment of wages
Water Treatment Plant	Petersen Dean	$ 17.91	$ 17.91	☐Yes ☑ No	Underpayment of wages
TOTAL		**$ 146.30**	**$ 146.30**		

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

Project Name	Amount Assessed	Amount Recovered	Explanation
Water Treatment Plant	$ 3.99	$ 3.99	Unintentional underpayment. Promptly corrected by contractor.
Water Treatment Plant	$ 124.40	$ 124.40	Unintentional underpayment. Promptly corrected by contractor.
Water Treatment Plant	$ 17.91	$ 17.91	Unintentional underpayment. Promptly corrected by contractor.
TOTAL	**$ 146.30**	**$ 146.30**	

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
NONE										
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				

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)?
Please check one: ☐Yes ☑ No

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