

LCP-AR3

LABOR COMPLIANCE PROGRAM ANNUAL REPORT

Format for Approved Program that contracts with Awarding Bodies to provide labor compliance enforcement

Report for the reporting period 07/01/2011 to 06/30/2012
(mm/dd/yyyy) (mm/dd/yyyy)

1. Name of Labor Compliance Program (LCP) : Davillier-Sloan Inc. (DSI)		
2. LCP I.D. Number (assigned by DIR): 2003.00096	3. Date of Initial Approval: 3/28/2003	
4. Contact person (include name, title, address, telephone, fax, and e-mail, if available): Jake Sloan - President 1630-12th Street Oakland, CA 94607 Phone: 510 835 7603 Fax: 510 835 7613 E-Mail: jake@davillier-sloan.com		
5. List all Awarding Bodies covered by this report as well as any other Awarding Bodies with whom the LCP currently has a contract to provide compliance enforcement. If <i>none</i> , 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, 10 th Floor, San Francisco, CA 94102. <ul style="list-style-type: none">Alameda County, General Services 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):		
SUBMITTED BY:		
 Signature	Jake Sloan, President Name and Title	7/12/12 Date

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6. LC § 1771.5 enforcement activities (provide all information requested, attaching as many sheets as necessary, and *please complete separate forms for each Awarding Body covered in this report*).

Awarding Body: Alameda County, General Services Agency

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

Project Name	Bid Advertisement Date	Prime Contractor	Contract Amount
Highland Hospital Acute Tower Replacement	September 30, 2008 (RFP)	Clark Design / Build of California	\$435,218,506.00
Ashland Youth Center Project #10020	February 4, 2011 (RFP)	Clark & Sullivan Construction Inc.	\$12,999,923.00
Total			\$448,218,429.00

B. Summary of all wages and penalties assessed and/or recovered.: **None**

Project Name	Affected Contractor (who directly employed the worker)	Amount Assessed	Amount Recovered	Approval of Forfeiture Requested from Labor Commissioner?	Description of Violation
				<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	
Total					

