

**RGM and ASSOCIATES**  
 3230 Monument Way  
 Concord, CA 04518  
 Phone: 925.671.7717 Fax: 925-671-7788



## LETTER OF TRANSMITTAL

ATTENTION:	DATE: <b>August 30, 2013</b>	JOB NO:
TO: <b>Department of Industrial Relations        Office of the Director        455 Golden Gate Avenue, 10<sup>th</sup> Floor        San Francisco, CA 94102        415-703-5054</b>	RE: <b>2012 – 2013 Labor Compliance Program Annual Reports</b>	

WE ARE SENDING YOU VIA UPS the following items:

COPIES	DATE	NUMBER OF PAGES	DESCRIPTION
1		1	Delta Diablo Sanitation District
1		2	Dublin Unified School District Annual Report
1		3	John Swett Unified School District Annual Report
1		2	Latrobe School District Annual Report
1		4	Menlo Park City School District Annual Report
1		2	Napa Valley Unified School District Annual Report
1		2	North Marin Water District Annual Report
1		2	Novato Sanitary District Annual Report
1		2	Orinda Union School District Annual Report
1		2	Sequoia Union High School District Annual Report
1		2	Sonoma County Office of Education Annual Report
1		3	Tracy Unified School District Annual Report

REMARKS:

Thank you.

COPY: FILE

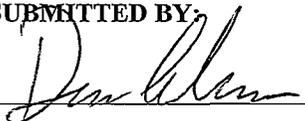
SIGNED: Susan Matsumoto, LCP Manager

If enclosures are not as noted, kindly notify us at once.

**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 07/01/2012 to 06/30/2013  
(mm/dd/yyyy) (mm/dd/yyyy)

1. Name of Labor Compliance Program (LCP) : <b>DELTA DIABLO SANITATION DISTRICT</b>				
2. LCP I.D. Number (assigned by DIR):	3. Date of Initial Approval: <b>LCP MANUAL &amp; APPLICATION IN PROCESS</b>			
4. Contact person (include name, title, address, telephone, fax, and e-mail, if available): <b>DEAN ECKERSON</b> <b>2500 PITTSBURG-ANTIOCH HIGHWAY</b> <b>ANTIOCH, CA 94509</b> <b>PH: 925-756-1972 FAX: 925-756-1961</b>				
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:  Signature			DEAN ECKERSON, PRINCIPAL ENGINEER Name and Title	7/26/13 Date

LCP-AR1

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 07/01/2012 to 06/30/2013  
(mm/dd/yyyy) (mm/dd/yyyy)

RECEIVED

AUG 13 2013

RECEIVED

AUG 20 2013

FACILITIES DEPT

BY:

1. Name of Labor Compliance Program (LCP) : DUBLIN UNIFIED SCHOOL DISTRICT

2. LCP I.D. Number (assigned by DIR): 2011.00998

3. Date of Initial Approval: 9/1/2011

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

KIM McNEELY, DIRECTOR OF FACILITIES

7471 LARKDALE AVE.

DUBLIN, CA 94568

PH: 925-828-2551, x8061 FAX: 925-479-0689

5. Did LCP perform any LC § 1771.5 enforcement activities during the 12 months in the reporting period? FINAL REPORT

Please check one:

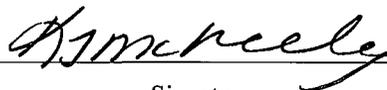
Yes If Yes, proceed to item 6 on the next page

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:



Signature

KIM McNEELY, DIRECTOR OF FACILITIES

Name and Title

8-16-13

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. **FINAL REPORT**

Project Name	Bid Advertisement Date	Prime Contractor	Contract Amount
Kolb Elementary School – Inc. 1	3/4/2010	Roebbelen Contracting	\$10,665,262
<b>Total</b>			<b>\$10,665,262</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
Kolb ES – Inc. 1	Petersen-Dean	\$1,345.68	\$1,345.68	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Misclassification
<b>Total</b>		<b>\$1,345.68</b>	<b>\$1,345.68</b>		

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
Kolb ES – Inc. 1	\$1,345.68	\$1,345.68	Good faith mistake promptly corrected
<b>Total</b>	<b>\$1,345.68</b>	<b>\$1,345.68</b>	

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
N/A										

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: \_\_\_\_\_

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: \_\_\_\_\_

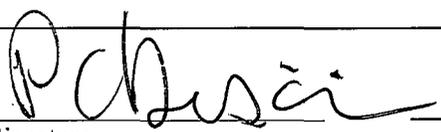


**LCP-AR1**

**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 **07/01/2012** to **6/30/2013**  
(mm/dd/yyyy) (mm/dd/yyyy)

1. Name of Labor Compliance Program (LCP) : <b>JOHN SWETT UNIFIED SCHOOL DISTRICT</b>		
2. LCP I.D. Number (assigned by DIR): <b>2011.00999</b>	3. Date of Initial Approval: <b>September 1, 2011</b>	
4. Contact person (include name, title, address, telephone, fax, and e-mail, if available): <b>Mike McLaughlin – Superintendent</b> <b>400 Parker Ave.</b> <b>Rodeo, CA 94572</b> <b>Phone: (510) 245-4300 Fax: (510) 245-4312</b>		
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:		<b>31 July 2013</b>
Signature	Name and Title	Date
<b>Paul Disario, Interim Superintendent</b>		

**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
John Swett High School Growth 1	8/24/11	C. Overaa & Co.	\$6,349,237
<b>Total</b>			<b>\$6,349,237</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
John Swett HS Growth 1	Crusader Fence	\$12.00	\$12.00	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Wage Underpayment
John Swett HS Growth 1	Dinelli Plumbing	\$129.39	\$129.39	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Wage Underpayment
John Swett HS Growth 1	Ironwood Commercial Door	\$10.56	\$10.56	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Wage Underpayment
John Swett HS Growth 1	Enterprise Roofing	\$108.84	\$108.84	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Wage Underpayment
John Swett HS Growth 1	Detention Equipment Specialties	\$150.90	\$150.90	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Wage Underpayment
John Swett HS Growth 1	All American Tile & Terrazzo	\$14.36	\$14.36	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Wage Underpayment
John Swett HS Growth 1	Denham Contracting	\$1.75	\$1.75	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Wage Underpayment
John Swett HS Growth 1	Alcal Specialty Contracting	\$547.20	\$547.20	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Apprentice Working Alone
John Swett HS Growth 1	Delta Bay Waterproofing	\$7.56	\$7.56	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Wage Underpayment
John Swett HS Growth 1	O'Brien Steel	\$1,012.00	\$1,012.00	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Travel & Subsistence
John Swett HS Growth 1	Valdez Painting	\$31.03	\$31.03	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Apprentice Working Alone
John Swett HS Growth 1	U.S. Glass	\$100.48	\$100.48	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Apprentice Working Alone
<b>Total</b>		<b>\$2,126.07</b>	<b>\$2,126.07</b>		

**LCP-AR1**

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
John Swett High School Growth 1	\$12.00	\$12.00	Good faith mistake promptly corrected
John Swett High School Growth 1	\$129.39	\$129.39	Good faith mistake promptly corrected
John Swett High School Growth 1	\$10.56	\$10.56	Good faith mistake promptly corrected
John Swett High School Growth 1	\$108.84	\$85.92	Good faith mistake promptly corrected
John Swett High School Growth 1	\$150.90	\$150.90	Good faith mistake promptly corrected
John Swett High School Growth 1	\$14.36	\$14.36	Good faith mistake promptly corrected
John Swett High School Growth 1	\$1.75	\$1.75	Good faith mistake promptly corrected
John Swett High School Growth 1	\$547.20	\$547.20	Good faith mistake promptly corrected
John Swett High School Growth 1	\$7.56	\$7.56	Good faith mistake promptly corrected
John Swett High School Growth 1	\$1,012.00	\$1,012.00	Good faith mistake promptly corrected
John Swett High School Growth 1	\$31.03	\$31.03	Good faith mistake promptly corrected
John Swett High School Growth 1	\$100.48	\$100.48	Good faith mistake promptly corrected
<b>Total</b>	<b>\$2,126.07</b>	<b>\$2,126.07</b>	

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
N/A										
<b>Total</b>										

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

Project Name	Contractor	Nature of Violation	ODL Case #	Current Status

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)?

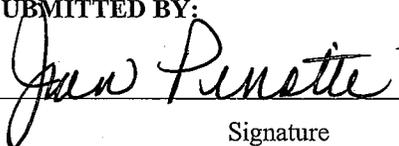
Please check one:  Yes  No

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

**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 07/01/2012 to 06/30/2013  
(mm/dd/yyyy) (mm/dd/yyyy)

1. Name of Labor Compliance Program (LCP) : <b>LATROBE SCHOOL DISTRICT</b>		
2. LCP I.D. Number (assigned by DIR): <b>2011.01000</b> <b>2012.01143</b>		3. Date of Initial Approval: <b>9/1/2011</b> <b>1/31/2013</b>
4. Contact person (include name, title, address, telephone, fax, and e-mail, if available): <b>JEAN PINOTTI, SUPERINTENDENT/PRINCIPAL</b> <b>7900 S. SHINGLE ROAD</b> <b>SHINGLE SPRINGS, CA 95682</b> <b>PH: 530-677-0260 FAX: 530-672-0463</b>		
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:		
 Signature	<u>JEAN PINOTTI, SUPERINTENDENT/PRINCIPAL</u> Name and Title	<u>7.30.2013</u> 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
Latrobe Elementary School Water System Improvement Project	7/17/2011	Mark Fredrick Pump & Supply	\$62,232
<b>Total</b>			<b>\$62,232</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
N/A				<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Total</b>					

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
N/A			
<b>Total</b>			

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
N/A										
<b>Total</b>										

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: \_\_\_\_\_

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: \_\_\_\_\_

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 07/01/2012 to 06/30/2013  
(mm/dd/yyyy) (mm/dd/yyyy)

1. Name of Labor Compliance Program (LCP): <b>MENLO PARK CITY SCHOOL DISTRICT</b>		
2. LCP I.D. Number (assigned by DIR): <b>2011,01001</b>	3. Date of Initial Approval: <b>9/1/2011</b>	
4. Contact person (include name, title, address, telephone, fax, and e-mail, if available): <b>AHMAD SHEIKHOESLAMI – DIRECTOR OF FACILITIES, PLANNING &amp; CONSTRUCTION</b> <b>181 ENCINAL AVE.</b> <b>ATHERTON, CA 94207</b> <b>PH: 650-321-7140, x5614 FAX: 650-329-1506</b>		
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)		
<b>SUBMITTED BY:</b>		
	<b>Ahmad Sheikholeslami, Dir. Facilities, Planning &amp; Construction</b>	<b>7-26-2013</b>
Signature	Name and Title	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
Hillview Middle School Modernization	5/2/2010	C. Overaa	\$1,198,500
<b>Total</b>			<b>\$1,198,500</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
Hillview MS Modernization	Applegate Johnston	\$4,042.95	\$4,042.95	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Wage underpayment
Hillview MS Modernization	Eco Bay Services	\$24.15	\$24.15	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Wage underpayment
Hillview MS Modernization	California Tile Setters	\$12.00	\$12.00	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Wage underpayment
Hillview MS Modernization	Joseph J. Albanese	\$303.72	\$303.72	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Wage underpayment
Hillview MS Modernization	Real Goods Solar	\$379.44	\$379.44	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Misclassification
Hillview MS Modernization	MC Construction	\$1,625.75	\$1,625.75	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Wage underpayment, OT underpayment
Hillview MS Modernization	Restec Contractors	\$137.68	\$137.68	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Misclassification
Hillview MS Modernization	Berkeley Cement	\$76.96	\$76.96	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Apprentice w/o supervision
Hillview MS Modernization	Herzer Landscaping	\$89.05	\$89.05	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Misclassification
Hillview MS Modernization	Performance Caulking & Waterproofing	\$93.12	\$93.12	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Wage underpayment
Hillview MS Modernization	Alert Maintenance	\$164.64	\$164.64	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Worker not reported
Hillview MS Modernization	Field Turf Construction	\$141.90	\$141.90	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Apprentice w/o supervision
Hillview MS Modernization	Marina Mechanical	\$315.56	\$141.90	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Misclassification
Hillview MS Modernization	PCD	\$3,656.31	\$3,656.31	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Wage underpayment, travel
Hillview MS Modernization	Alcal Arcade	\$30.80	\$30.80	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Wage underpayment
Hillview MS Modernization	MJ Gilbert	\$6,425.16	\$6,425.16	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Misclass/Wage underpayment
Hillview MS Modernization	MTB	\$228.56	\$228.56	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Wage underpayment
Hillview MS Modernization	Capitol Glass	\$1,621.90	\$1,621.90	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Wage underpayment
Hillview MS Modernization	Heavenly Construction	\$249.75	\$249.75	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Wage underpayment

**LCP-AR1**

Hillview MS Modernization	Restec Constructors	\$12.64	\$12.64	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Wage underpayment
Hillview MS Modernization	Pat Morgan Elec	\$490.62	\$490.62	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Wage underpayment
<b>Total</b>		<b>\$20,122.66</b>	<b>\$20,122.66</b>		

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
Hillview MS Modernization	\$4,042.95	\$4,042.95	Mostly due to Sat OT rate calculation error (approx 6 wks); all promptly corrected
Hillview MS Modernization	\$24.15	\$24.15	Good faith mistake promptly corrected
Hillview MS Modernization	\$12.00	\$12.00	Good faith mistake promptly corrected
Hillview MS Modernization	\$303.72	\$303.72	Good faith mistake promptly corrected
Hillview MS Modernization	\$379.44	\$379.44	Good faith mistake promptly corrected
Hillview MS Modernization	\$1,625.75	\$1,625.75	Good faith mistake promptly corrected
Hillview MS Modernization	\$137.68	\$137.68	Good faith mistake promptly corrected
Hillview MS Modernization	\$76.96	\$76.96	Good faith mistake promptly corrected
Hillview MS Modernization	\$89.05	\$89.05	Good faith mistake promptly corrected
Hillview MS Modernization	\$93.12	\$93.12	Good faith mistake promptly corrected
Hillview MS Modernization	\$164.64	\$164.64	Good faith mistake promptly corrected
Hillview MS Modernization	\$141.90	\$141.90	Good faith mistake promptly corrected
Hillview MS Modernization	\$315.56	\$141.90	Good faith mistake promptly corrected
Hillview MS Modernization	\$3,656.31	\$3,656.31	Good faith mistake promptly corrected
Hillview MS Modernization	\$30.80	\$30.80	Good faith mistake promptly corrected
Hillview MS Modernization	\$6,425.16	\$6,425.16	Good faith mistake promptly corrected
Hillview MS Modernization	\$228.56	\$228.56	Good faith mistake promptly corrected
Hillview MS Modernization	\$1,621.90	\$1,621.90	Good faith mistake promptly corrected
Hillview MS Modernization	\$249.75	\$249.75	Good faith mistake promptly corrected
Hillview MS Modernization	\$12.64	\$12.64	Good faith mistake promptly corrected
Hillview MS Modernization	\$490.62	\$490.62	Good faith mistake promptly corrected
<b>Total</b>	<b>\$20,122.66</b>	<b>\$20,122.66</b>	

**LCP-AR1**

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
N/A										

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: \_\_\_\_\_

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

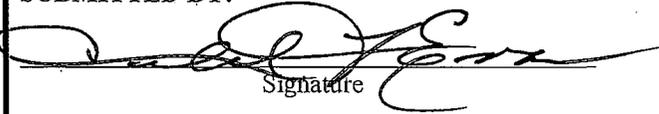
Please check one:  Yes  No

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

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 07/01/12 to 06/30/13  
(mm/dd/yyyy) (mm/dd/yyyy)

1. Name of Labor Compliance Program (LCP) : <b>NAPA UNIFIED SCHOOL DISTRICT</b>		
2. LCP I.D. Number (assigned by DIR): <b>2011.01002</b>	3. Date of Initial Approval: <b>September 1, 2011</b>	
4. Contact person (include name, title, address, telephone, fax, and e-mail, if available): <b>Don Evans- Director, Maintenance &amp; Operations</b> <b>2425 Jefferson Street, Room 203</b> <b>Napa, CA 94558</b> <b>Phone: (707) 253-3511 Fax: (707) 259-5963</b>		
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:		
 Signature	<u>Don Evans, Director, Maintenance &amp; Operations</u> Name and Title	<u>8/5/13</u> Date

**LCP-AR1**

Harvest MS - New Gym	\$153.84	\$153.84	Good faith mistake promptly corrected
Harvest MS - New Gym	\$42.47	\$42.47	Good faith mistake promptly corrected
Harvest MS - New Gym	\$240.96	\$240.96	Good faith mistake promptly corrected
Harvest MS - New Gym	\$996.52	\$996.52	Good faith mistake promptly corrected
<b>Total</b>	<b>\$4,783.04</b>	<b>\$4,583.04</b>	

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
<b>Total</b>										

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

Project Name	Contractor	Nature of Violation	ODL Case #	Current Status
Harvest MS - New Gym	KenRidge Builders (Prime) Delta Survey (Sub)	Failure to provide CPRs	13-0108-PWH	Active

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)?

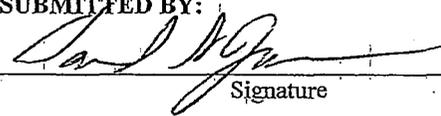
Please check one:  Yes  No

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

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 7/01/2012 to 6/30/2013  
(mm/dd/yyyy) (mm/dd/yyyy)

1. Name of Labor Compliance Program (LCP) : <b>NORTH MARIN WATER DISTRICT</b>	
2. LCP I.D. Number (assigned by DIR): <b>2012.01133</b>	3. Date of Initial Approval: <b>October 5, 2012</b>
4. Contact person (include name, title, address, telephone, fax, and e-mail, if available): <b>David Jackson</b> <b>999 Rush Creek Place</b> <b>Novato, CA 94945</b> <b>Phone: (415) 897-4133 x8490 Fax: (415) 892-8043</b>	
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:  Signature	
David Jackson, Associate Engineer Name and Title	
8/13/13 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
Segment 2 Pipeline Project	9/16/11	Ranger Pipelines	\$1,711,625
<b>Total</b>			<b>\$1,711,625</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 LC?	Description of Violation
Segment 2 Pipeline	Ranger Pipelines	\$291.21	\$291.21	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Misclassification
Segment 2 Pipeline	Toby's Trucking	\$48.79	\$48.79	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Wage Underpayment
Segment 2 Pipeline	Outdoor Environments	\$2,002.62	\$2,002.62	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Wage Underpayment
<b>Total</b>		<b>\$2,342.62</b>	<b>\$2,342.62</b>		

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
Segment 2 Pipeline Project	\$291.21	\$291.21	Good Faith Mistake
Segment 2 Pipeline Project	\$48.79	\$48.79	Good Faith Mistake
Segment 2 Pipeline Project	\$2,002.62	\$2,002.62	Good Faith Mistake
<b>Total</b>	<b>\$2,342.62</b>	<b>\$2,342.62</b>	

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
Total										

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

Project Name	Contractor	Nature of Violation	ODL Case #	Current Status

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: \_\_\_\_\_

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 7/01/2012 to 6/30/2013  
(mm/dd/yyyy) (mm/dd/yyyy)

1. Name of Labor Compliance Program (LCP) : <b>NOVATO SANITARY DISTRICT</b>		
2. LCP I.D. Number (assigned by DIR): <b>2012.01129</b>	3. Date of Initial Approval: <b>October 23, 2012</b>	
4. Contact person (include name, title, address, telephone, fax, and e-mail, if available): <b>Laura Creamer</b> <b>500 Davidson St.</b> <b>Novato, CA 94945</b> <b>Phone: (415) 892-1694 Fax: (415) 892-8043</b>		
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)		
<b>SUBMITTED BY:</b>		
 Signature	<b>Laura Creamer, Finance Officer</b> Name and Title	<b>7/25/13</b> 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
Novato Recycled Water Facility	4/20/11	Gateway Pacific	\$5,414,613
<b>Total</b>			<b>\$5,414,613</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
Novato Recycled Water Facility	Steiny Electric	\$40.00	\$40.00	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Misclassification
Novato Recycled Water Facility	Gateway Pacific	\$1,865.85	\$1,865.85	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Misclassification & Wage Underpmt
<b>Total</b>		<b>\$1,905.85</b>	<b>\$1,905.85</b>		

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
Novato Recycled Water Facility	\$40.00	\$40.00	Good Faith Mistake
Novato Recycled Water Facility	\$1,865.85	\$1,865.85	Good Faith Mistake
<b>Total</b>	<b>\$1,905.85</b>	<b>\$1,905.85</b>	

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
<b>Total</b>										

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

Project Name	Contractor	Nature of Violation	ODL Case #	Current Status

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)?

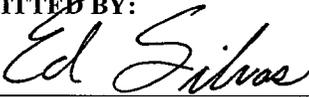
Please check one:  Yes  No

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

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 07/01/2012 to 06/30/2013  
(mm/dd/yyyy) (mm/dd/yyyy)

1. Name of Labor Compliance Program (LCP) : <b>ORINDA UNION SCHOOL DISTRICT</b>						
2. LCP I.D. Number (assigned by DIR): <b>2011.01003</b>	3. Date of Initial Approval: <b>9/1/2011</b>					
4. Contact person (include name, title, address, telephone, fax, and e-mail, if available): <b>ED SILVAS, DIRECTOR OF FACILITIES / M&amp;O</b> <b>25 ORINDA WAY, SUITE 200</b> <b>ORINDA, CA 94563</b> <b>PH: 925-258-6203 FAX: 925-254-5261</b>						
5. Did LCP perform any LC § 1771.5 enforcement activities during the 12 months in the reporting period? <b>FINAL REPORT</b> 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)						
<b>SUBMITTED BY:</b>  _____ Signature			<b>ED SILVAS, DIRECTOR OF FACILITIES / M&amp;O</b> _____ Name and Title		<b>8/29/13</b> _____ 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. **FINAL REPORT**

Project Name	Bid Advertisement Date	Prime Contractor	Contract Amount
N/A			
<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
N/A				<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Total</b>					

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
N/A			
<b>Total</b>			

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
N/A										
<b>Total</b>										

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: \_\_\_\_\_

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

Please check one:  Yes  No

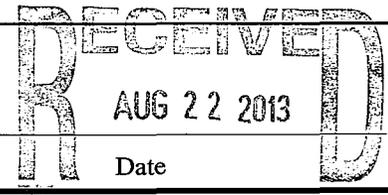
If yes, identify affected contractor(s) or subcontractor(s) and date(s) of referral: \_\_\_\_\_

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 07/01/12 to 06/30/13  
(mm/dd/yyyy) (mm/dd/yyyy)

1. Name of Labor Compliance Program (LCP) : <b>SEQUOIA UNION HIGH SCHOOL DISTRICT</b>	
2. LCP I.D. Number (assigned by DIR): <b>2011.01005</b>	3. Date of Initial Approval: <b>September 1, 2011</b>
4. Contact person (include name, title, address, telephone, fax, and e-mail, if available): <b>Louise Pacheco - Asst Project Manager- Construction</b> <b>480 James Ave</b> <b>Redwood City, CA 94062</b> <b>Phone: (650) 369-1411, x2358 Fax: (650) 306-1791</b>	
5. Did LCP perform any LC § 1771.5 enforcement activities during the 12 months in the reporting period? <b>FINAL REPORT</b> 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)	
SUBMITTED BY:	
_____ Signature	<b>Louise Pacheco, Asst Project Manager – Construction</b> Name and Title



**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
Myrtle Street Alternative School	8/11/10	Blach Construction	\$ 13,336,950
5 <sup>th</sup> Avenue Alternative School	8/11/10	Roebbelen Contracting	\$ 11,909,280
<b>Total</b>			<b>\$25,246,230</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
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Total</b>					

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
<b>Total</b>			

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
<b>Total</b>										

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

Project Name	Contractor	Nature of Violation	ODL Case #	Current Status
<b>Total</b>				

F. Did you refer any contractor to the Labor Commissioner for debarment per LC § 1777.1?

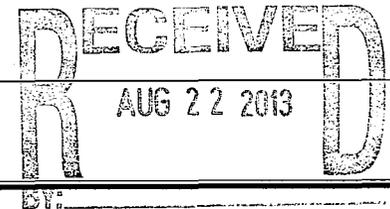
Please check one:  Yes  No

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: \_\_\_\_\_



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 07/01/12 to 06/30/13  
(mm/dd/yyyy) (mm/dd/yyyy)

1. Name of Labor Compliance Program (LCP) : <b>SONOMA COUNTY OFFICE OF EDUCATION</b>		
2. LCP I.D. Number (assigned by DIR): <b>2011.01006</b>	3. Date of Initial Approval: <b>September 1, 2011</b>	
4. Contact person (include name, title, address, telephone, fax, and e-mail, if available): <b>Denise Calvert – Deputy Superintendent</b> <b>5340 Skylane Blvd.</b> <b>Santa Rosa, CA 95403</b> <b>Phone: (707) 524-2641 Fax: (707) 524-2950</b>		
5. Did LCP perform any LC § 1771.5 enforcement activities during the 12 months in the reporting period? <b>FINAL REPORT</b> 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)		
<b>SUBMITTED BY:</b>		
 Signature	<u><b>Denise Calvert, Deputy Superintendent</b></u> Name and Title	<u>8/14/13</u> 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
<b>Total</b>			<b>\$00.00</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
<b>Total</b>					

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
<b>Total</b>			

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
<b>Total</b>										

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

Project Name	Contractor	Nature of Violation	ODL Case #	Current Status
<b>Total</b>				

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: \_\_\_\_\_

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 7/01/2012 to 6/30/2013  
(mm/dd/yyyy) (mm/dd/yyyy)

1. Name of Labor Compliance Program (LCP) : <b>TRACY UNIFIED SCHOOL DISTRICT</b>		
2. LCP I.D. Number (assigned by DIR): <b>2003.00371</b>	3. Date of Initial Approval: <b>January 23, 2004</b>	
4. Contact person (include name, title, address, telephone, fax, and e-mail, if available): <b>Bonny Carter – Director of Facilities &amp; Planning</b> <b>1875 W. Lowell Ave.</b> <b>Tracy, CA 95376-4095</b> <b>Phone: (209) 830-3245 Fax: (209) 830-3249</b>		
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:		
 Signature	<u>Bonny Carter, Director of Facilities &amp; Planning</u> Name and Title	<u>7/25/13</u> 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
West High School Performing Arts Classrooms	6/15/10	F&H Construction	\$3,746,494
<b>Total</b>			<b>\$3,746,494</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
West High School Performing Arts Classrooms	Muzak	\$882.77	\$882.77	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Wage Underpayment
West High School Performing Arts Classrooms	Murrillo Floor Covering	\$4,789.43	\$4,789.43	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Travel & Subsistence
West High School Performing Arts Classrooms	WL Fregien Engineering	\$369.00	\$369.00	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Wage Underpayment
West High School Performing Arts Classrooms	SecureCom	\$273.30	\$273.30	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Travel & Subsistence
<b>Total</b>		<b>\$6,314.50</b>	<b>\$6,314.50</b>		

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
West HS Perf Arts Classrooms	\$882.77	\$882.77	Good faith mistake
West HS Perf Arts Classrooms	\$4,789.43	\$4,789.43	Good faith mistake
West HS Perf Arts Classrooms	\$369.00	\$369.00	Good faith mistake
West HS Perf Arts Classrooms	\$273.30	\$273.30	Good faith mistake
<b>Total</b>	<b>\$6,314.50</b>	<b>\$6,314.50</b>	

**LCP-AR1**

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
N/A										
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				
Total				

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: \_\_\_\_\_