# 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 **07/01/2013** to **06/30/2014**

## 1. Name of Labor Compliance Program (LCP):  
NAPA SANITATION DISTRICT

## 2. LCP I.D. Number (assigned by DIR): **2013.01174**

## 3. Date of Initial Approval: **AUGUST 20, 2013**

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

**DONELL MANNOR**  
935 HARTLE COURT  
NAPA, CA 94558  
PH: 707-258-6000  
FAX: 707-258-6048

## 5. Did LCP perform any LC § 1771.5 enforcement activities during the 12 months in the reporting period?  
Please check one:  
- [x] 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:

**DONELL MANNOR, ACCOUNTANT**  
Signature:  
Name and Title:  
Date: **8/13/14**