**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):
   Bryan Union School District

2. LCP I.D. Number (assigned by DIR):
   2011.00985

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

4. Contact person (include name, title, address, telephone, fax, and e-mail, if available):
   Gaby Hellier - Chief Business Official
   14301 Byron Hwy
   Byron, CA 94514
   Phone: 925-809-7500

5. Did LCP perform any LC § 1771.5 enforcement activities during the 12 months in the reporting period?
   Please check one:
   - [ ] Yes
   - [x] No

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

Name and Title: Kate Kures, Consultant

Date: 8/27/14