# 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**

1. Name of Labor Compliance Program (LCP):
   Reclamation District 38

2. LCP I.D. Number (assigned by DIR):
   2011.01051

3. Date of Initial Approval:
   09/01/2011

4. Contact person (include name, title, address, telephone, fax, and e-mail, if available):
   Brent Tadman – Manager
   P.O. 408
   Walnut Grove, CA 95690
   Phone: 916-776-1531

   Administered by: Contractor Compliance and Monitoring, Inc.
   P.O. 408
   635 Mariners Island Blvd. #200 San Mateo, CA 94404
   Phone: (650) 522-4403 Fax: (650) 522-4402

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

   Name and Title

   Date

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