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 (mm/dd/yyyy)

1. Name of Labor Compliance Program (LCP):
   Santa Barbara Museum of Natural History

2. LCP I.D. Number (assigned by DIR):
   2013.01170

3. Date of Initial Approval:
   04/22/2013

4. Contact person (include name, title, address, telephone, fax, and e-mail, if available):
   Amanda Allen
   211 Stearns Wharf
   Santa Barbara, CA 93101
   Phone: (805) 962-3483

   Administered by: Contractor Compliance and Monitoring, Inc.
   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
   [☑] 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]

Amanda Allen, Sea Center Director

[Name and Title]

[Date]

August 26, 2014