

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 07/01/2014 to 06/30/2015
(mm/dd/yyyy) (mm/dd/yyyy)

RECEIVED

AUG 31 2015

Department of Industrial Relations
Office of the Director

1. Name of Labor Compliance Program (LCP) : Cambria Community Services District		
2. LCP I.D. Number (assigned by DIR): 2015.00274	3. Date of Initial Approval: 03/12/2015	
4. Contact person (include name, title, address, telephone, fax, and e-mail, if available): Robert Gresens – District Engineer P.O. Box 65 Cambria, CA 93465 Phone: 805-927-6119 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: <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		
ROBERT C. GRESENS District Engineer Name and Title		8-24-2015 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
See attached			
Total			

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
See attached				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Total					

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
See attached			
Total			

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
See attached										
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				

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: _____ N/A

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: _____ See attached

Public Agency	Project	Bid Advertisement Date	Prime Contractor	Affected Contractor	Total Construction Cost	Amount Assessed					Amount Recovered				
						Wages	1775	1776	1813	Total	Wages	1775	1776	1813	Total
Cambria Community Services District	Emergency Water Supply	5/24/14 (costs were forwarded to Contractor)	C D M Constructors		\$6,648,000.00	Still Open									
Public Agency Totals:					6,648,000.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Apprenticeship Violations Referred to Division of Apprenticeship Standards

Public Agency	Project	Bid Advertisement Date	Prime Contractor	Affected Contractor	Date Filed	Total Construction Cost	Assessed				Other
							Failure to provide Contract award info	Failure to request apprentice	Failed to make training contribution		
Cambria Community Services District	Emergency Water Supply	5/24/14 (costs were forwarded to Contractor)	C D M Constructors	C D M Constructors	5/15/15	6,648,000.00	X	X			
Cambria Community Services District	Emergency Water Supply	5/24/14 (costs were forwarded to Contractor)	C D M Constructors	Alpha Electrical Service	5/15/15	6,648,000.00	X	X			
Cambria Community Services District	Emergency Water Supply	5/24/14 (costs were forwarded to Contractor)	C D M Constructors	International Lining Technology	5/15/15	6,648,000.00	X	X			
Cambria Community Services District	Emergency Water Supply	5/24/14 (costs were forwarded to Contractor)	C D M Constructors	Sansone Company Inc.	5/15/15	6,648,000.00	X	X			



CAMBRIA COMMUNITY SERVICES DISTRICT

<input checked="" type="checkbox"/>	CAMBRIA COMMUNITY SERVICES DISTRICT P.O. BOX 65 CAMBRIA, CA 93428 (805) 927-6223 fax: (805) 927-5584	LETTER OF TRANSMITTAL
		DATE: 8/25/13
		JOB:
TO:	<div style="font-family: cursive; font-size: 1.1em;"> DIR Office of the Director LCP Special Assistant 455 Golden Gate Av, 10th Floor San Francisco, CA 94102 </div>	
		RE:

WE ARE SENDING YOU:	<input checked="" type="checkbox"/>	Attached	Under separate cover (via _____) the following items:
Shop Drawings	<input type="checkbox"/>	Prints	Plans
Copy of Letter	<input type="checkbox"/>	Change Order	Purchase Order
Project Manuals	<input type="checkbox"/>	Work Order	Permit Application
			Specifications
			Conditions of Approval

ITEM NO.	DATE	COPIES	DESCRIPTION
			Labor Compliance program annual report

THESE ARE TRANSMITTED as checked below:			
<input type="checkbox"/>	For approval	<input type="checkbox"/>	Approved as submitted
<input type="checkbox"/>	For your use	<input type="checkbox"/>	Approved as noted
<input type="checkbox"/>	As requested	<input type="checkbox"/>	Returned for corrections
<input type="checkbox"/>	For review & comment	<input type="checkbox"/>	Prints returned after loan to us
<input type="checkbox"/>	FOR BIDS DUE _____	<input type="checkbox"/>	2001 _____

REMARKS:

COPY TO:		SIGNED:	
			Robert C. Gresens, District Engineer
		FILE:	