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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 July 1, 2014- June 30, 2015

1. Name of Labor Compliance Program (LCP) : **Midway Heights Community Services District**

2. LCP I.D. Number (assigned by DIR): 2011.00679

3. Date of Initial Approval: 9/1/11

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

Mr. Jason Tiffany

P.O. Box 596

Meadow Vista, CA 95722

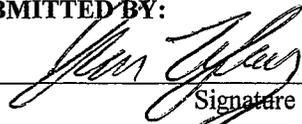
5. Did LCP perform any LC § 1771.5 enforcement activities during the 12 months in the reporting period?

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, 1515 Clay Street 17th Floor, Oakland, CA 94612

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

JASON TIFFANY GM  
Name and Title

7-28-15  
Date

# Ethics Training for State Officials

## Certificate of Completion

**Date of Completion:** 07/13/2015

**Training Time:** 00:32 hours

This course is offered by the Attorney General and the Fair Political Practices Commission to satisfy the ethics training requirement for state officials. (Government Code section 11146 et seq.)

By signing below, I certify that I fully reviewed the content of this online course.

**carolyn Lay**

Participant Name



Participant Signature

**North Valley Labor Compliance Services**

Agency Name

*NOTE TO PARTICIPANT: Please provide a copy of this proof of participation to the custodian for such records at your agency. In addition, we recommend you make a copy of this proof of participation for your own records to retain for at least five years. If this core course is a part of your agency's ethics orientation as mandated by the law, you need to make sure that you are following your agency's procedures in completing this aspect of the orientation. Your agency may also require you to review its incompatible activities statement or other conflict-of-interest laws specific to your agency.*

# MIDWAY HEIGHTS COUNTY WATER DISTRICT

P.O. Box 596

Meadow Vista, CA 95722

(530) 878-8096

July 28, 2015

Department of Industrial Relations  
Office of the Director  
Attn: LCP Special Assistant  
1515 Clay Street, 17<sup>th</sup> Floor  
Oakland, CA 94612

Re: 2015 Annual Report for Midway Heights County Water District

Enclosed is the Annual Labor Compliance Report for July 1, 2014 through June 30, 2015, pursuant to CA Code of Regulations 16431.

Contact Person from District

Jason Tiffany, General Manager  
Midway Heights CWD  
P.O. Box 596  
Meadow Vista, CA 95722  
530-878-8096  
[admin@mhcwd.org](mailto:admin@mhcwd.org)

Midway Heights County Water District has contracted with signed with a LCP Administrator (North Valley Labor Compliance Services) contract prior to January 1, 2012 for projects funded by Proposition 84.

Midway Heights County Water District had constructions projects as outlined in our attached Annual Report.

Please be advised that the FPPC Form 700 disclosure statement has been filed for each employee with decision-making authority. Each employee with decision-making authority has completed the Ethics Orientation. Contact our office at the number or address above if you have any questions or need additional information.

Thank you,



Jason Tiffany  
General Manager