

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

JHS

1. Name of Labor Compliance Program (LCP) : **Reclamation District 2028 Labor Compliance Program**

2. LCP I.D. Number (assigned by DIR): 2011.00731

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

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

Mr. Al Hoslett
343 E. Main Street Ste. 815
Stockton, CA 95202

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:

Pamela A. Jones
Signature

Assistant Secretary
Name and Title

7/30/2015
Date

LCP-AR1

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
Levee Rehabilitation	7/7/14	Teichert	\$1,340,965.00
Total			\$1,340,965.00

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
N/a	N/a	N/a	N/a	<input type="checkbox"/> Yes <input type="checkbox"/> No	N/a
				<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
N/a	N/a	N/a	N/a
Total			

LCP-AR1

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
Total										

E. Identify cases that are or were the subject of LC § 1742 proceedings.

Project Name	Contractor	Nature of Violation	ODL Case #	Current Status

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: _____

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: _____

Ethics Training for State Officials

Certificate of Completion

Date of Completion: 07/13/2015

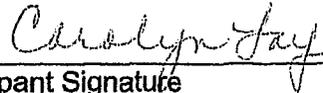
Training Time: 00:32 hours

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.

DELTA FARMS RECLAMATION DISTRICT NO. 2028

343 East Main Street, Suite 815
Stockton, California 95202
(209) 943-5551

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Secretary/Attorney

July 30, 2015

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

Re: 2015 Annual Report for Delta Farms Reclamation District No. 2028

To whom it may concern:

Enclosed is the Annual Labor Compliance Report for July 1, 2014 through June 30, 2015, for Delta Farms Reclamation District No. 2028, pursuant to CA Code of Regulations 16431.

Contact Person from District:
Pamela A. Forbus
343 E. Main Street, Suite 815
Stockton, CA 95202
(209) 943-5551

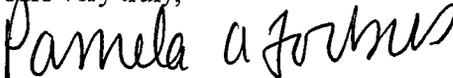
Delta Farms Reclamation District No. 2028 has contracted with a LCP (North Valley Labor Compliance Services) for projects funded by Proposition 84.

Delta Farms Reclamation District No. 2028 had construction projects as outlined in the attached Annual Report.

Please be advised that the FPPC Form 700 disclosure statement has been filed for each person with decision-making authority.

If you have any questions, please feel free to contact the District.

Yours very truly,


Pamela A. Forbus

PAF/ph