**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**

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1. Name of Labor Compliance Program (LCP):
   Santa Cruz Port District

2. LCP ID. Number (assigned by DIR):
   2013.01191

3. Date of Initial Approval:
   06/18/2013

4. Contact person (include name, title, address, telephone, fax, and e-mail, if available):
   Lisa Ekers- PE
   135 5th Avenue
   Santa Cruz, CA 95062
   Phone: (831) 475-6161
   **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
     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)

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**SUBMITTED BY:**

Signature: [Signature]

LISA A. EKERS, PORT DIRECTOR

Name and Title

Date: 8/1/15

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LCP ANNUAL REPORT 8 CCR § 16431 -- AB limited