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, 2015** to **June 30, 2016**

<table>
<thead>
<tr>
<th>1. Name of Labor Compliance Program (LCP):</th>
<th>City of Brawley</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. LCP I.D. Number (assigned by DIR):</td>
<td>LCP ID# 2014-00226</td>
</tr>
<tr>
<td>3. Date of Initial Approval:</td>
<td>November 13, 2014</td>
</tr>
</tbody>
</table>
| 4. Contact person (include name, title, address, telephone, fax, and e-mail, if available): | Ana Gutierrez, Labor Compliance Officer  
180 South Western Avenue  
Brawley, CA 92227  
(760) 344-5800 x 21  
email: agutierrez@brawley-ca.gov |
| 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)

SUBMITTED BY:

[Signature]  
Ana Gutierrez, Labor Compliance/Contracts Officer  
July 20, 2016