**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 **07/01/2015** to **06/30/2016**

1. **Name of Labor Compliance Program (LCP):**
   City of Porterville

2. **LCP I.D. Number (assigned by DIR):**
   2013.01216

3. **Date of Initial Approval:**
   1/24/2014

4. **Contact person (include name, title, address, telephone, fax, and e-mail, if available):**
   Baldomero Rodriguez- Public Works Director
   291 N. Main Street
   Porterville, CA 93257
   (559) 782-7462

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]

Name and Title

8/30/16

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LCP ANNUAL REPORT   8 CCR § 16431 -- AB limited 2008