# 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**

<table>
<thead>
<tr>
<th>1. Name of Labor Compliance Program (LCP):</th>
<th>City of San Jose</th>
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<tbody>
<tr>
<td>2. LCP I.D. Number (assigned by DIR):</td>
<td>2013.01218</td>
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<tr>
<td>3. Date of Initial Approval:</td>
<td>January 22, 2015</td>
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</table>
| 4. Contact person (name, title, address, telephone, fax, and e-mail): | Nina Grayson  
Director, Office of Equality Assurance  
City of San Jose  
200 East Santa Clara Street, Fifth Floor  
San Jose CA 95113  
408-535-8455  
nina.grayson@sanjoseca.gov |
| 5. Did LCP perform any LC § 1771.5 enforcement activities during the 12 months in the reporting period? | ☒ 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)