# 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 [07/1/2015 to 6/30/2016](mm/dd/yyyy)

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1. Name of Labor Compliance Program (LCP): Ecology Action of Santa Cruz

2. LCP I.D. Number (assigned by DIR): 2013.01222

3. Date of Initial Approval: 01/02/2014

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

   Sherry Lee Bryan – Senior Program Specialist
   877 Cedar St. Suite 240
   Santa Cruz, CA 95060
   Phone: 515-1314

5. Did LCP perform any LC § 1771.5 enforcement activities during the 12 months in the reporting period?

   - [ ] Yes
   - [x] No

   If Yes, proceed to item 6 on the next page

   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)

n/a

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**SUBMITTED BY:**

[Signature]

[Name and Title]

[Date]

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