## Name of Labor Compliance Program (LCP):

**HEAL THE BAY**

## LCP I.D. Number (assigned by DIR):

**LCP ID: 2013-01187**

## Date of Initial Approval:

7/10/2013

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

**ALIX HOBBS**  
**CHIEF OPERATING OFFICER**  
1444 9th Street, Santa Monica, CA 90401  
PHONE: (310) 451-1500  
EMAIL: ahobbs@healthebay.org

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

Please check one:  
- [ ] Yes  
- [x] No  

*If Yes, proceed to item 6 on the next page. Project identified in "6" is in design phase; no enforcement activities during annual period*

*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:**

_Alix Hobbs, President_  
_Name and Title_  
_Date_  

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**SUBMITTED BY:**

_Alix Hobbs, President_  
_Name and Title_  
_Date_
6. LC § 1771.5 enforcement activities (provide all information requested, attaching as many sheets as necessary).

A. List projects handled by LCP within the past 12 months.

<table>
<thead>
<tr>
<th>Project Name</th>
<th>Bid Advertisement Date</th>
<th>Prime Contractor</th>
<th>Contract Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>WAYS Reading &amp; Fitness Park</td>
<td>3/17/2013</td>
<td>Northeast Trees</td>
<td>$1,155,028.00</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td>$1,555,028.00</td>
</tr>
</tbody>
</table>

B. Summary of all wages and penalties assessed and/or recovered.

<table>
<thead>
<tr>
<th>Project Name</th>
<th>Affected Contractor (who directly employed the worker)</th>
<th>Amount Assessed</th>
<th>Amount Recovered</th>
<th>Approval of Forfeiture Requested from Labor Commissioner?</th>
<th>Description of Violation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td></td>
<td>$0</td>
<td>$0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

C. For any amount identified in item B for which approval of forfeiture not requested from the Labor Commissioner, please explain below.

<table>
<thead>
<tr>
<th>Project Name</th>
<th>Amount Assessed</th>
<th>Amount Recovered</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>$0</td>
<td>$0</td>
<td></td>
</tr>
</tbody>
</table>

D. For any amount identified in item B for which approval of forfeiture was requested from the Labor Commissioner, please provide the following:

<table>
<thead>
<tr>
<th>Project Name</th>
<th>Amount Assessed</th>
<th>Amount Recovered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

E. Identify cases that are or were the subject of LC § 1742 proceedings.

<table>
<thead>
<tr>
<th>Project Name</th>
<th>Contractor</th>
<th>Nature of Violation</th>
<th>ODL Case #</th>
<th>Current Status</th>
</tr>
</thead>
</table>
F. Did you refer any contractor to the Labor Commissioner for debarment per LC § 1777.1?
Please check one:  ___ Yes  ___ No  If yes, identify affected contractor(s) or subcontractor(s) and date(s) of referral: ________________________________

G. Did you refer any apprenticeship violation to the Division of Apprenticeship Standards (DAS)?
Please check one:  ___ Yes  ___ No  If yes, identify affected contractor(s) or subcontractor(s) and date(s) of referral: ________________________________