**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>Marin County Flood Control and Water Conservation District</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. LCP I.D. Number (assigned by DIR):</td>
<td>2015.00285</td>
</tr>
<tr>
<td>3. Date of Initial Approval:</td>
<td>06/10/2015</td>
</tr>
</tbody>
</table>
| 4. Contact person (include name, title, address, telephone, fax, and e-mail, if available): | Ernest Klock- Principal Civil Engineer  
3501 Civic Center Drive, Suite 404  
San Rafael, CA 94903  
Phone: 415-473-6552 |
| Administered by: Contractor Compliance and Monitoring, Inc. | 635 Mariners Island Blvd. #200 San Mateo, CA 94404  
Phone: (650) 522-4403 Fax: (650) 522-4402 |
| 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 [Signature]  
Name and Title [Name and Title]  
Date 8-8-2016