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 July 1, 2015-June 30, 2016

1. Name of Labor Compliance Program (LCP): COUNTY OF SONOMA REGIONAL PARKS

2. LCP I.D. Number (assigned by DIR): 2014.00258

3. Date of Initial Approval: 11/7/14

4. Contact person (include name, title, address, telephone, fax, and e-mail, if available):
   Mr. Mark Cleveland
   2300 County Center Drive Ste. 120 A
   Santa Rosa, CA 95403
   707-565-2041, FAX 707-579-8247, Mark.Cleveland@sonoma-county.org

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,
   1515 Clay Street 17th Floor, Oakland, CA 95742

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]

Elizabeth Tyree, Grants Program Manager

Name and Title

Date 7/27/16
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>None to Report</td>
<td></td>
<td></td>
<td></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>
</tr>
</thead>
<tbody>
<tr>
<td>None to Report</td>
<td></td>
<td></td>
<td></td>
<td>Yes □ No □</td>
</tr>
</tbody>
</table>

Total □ Yes □ No □

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>None to Report</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total

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</th>
<th>Amount Assessed</th>
<th>Amount Recovered</th>
</tr>
</thead>
<tbody>
<tr>
<td>□</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total
### 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>
<tbody>
<tr>
<td>None to Report</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

### F. Did you refer any contractor to the Labor Commissioner for debarment per LC § 1777.1?

Please check one: 

- [ ] Yes  
- [x] 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)? NO

Please check one: 

- [ ] Yes  
- [x] No

If yes, identify affected contractor(s) or subcontractor(s) and date(s) of referral: