LABOR COMPLIANCE PROGRAM ANNUAL REPORT

Suggested Format for Awarding Body that enforces its own Labor Compliance Program for all projects (Labor Code §1771.5(a))

Report for the reporting period 07/01/2016 to 06/30/2017

<table>
<thead>
<tr>
<th>1. Name of Labor Compliance Program (LCP):</th>
<th>City of McFarland</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. LCP I.D. Number (assigned by DIR):</td>
<td>2016.00316</td>
</tr>
<tr>
<td>3. Date of Initial Approval:</td>
<td>04/06/2016</td>
</tr>
</tbody>
</table>
| 4. Contact person (include name, title, address, telephone, fax, and e-mail, if available): | City of McFarland  
Mario Gonzales  
Public Works Director  
401 W. Kern Avenue  
McFarland, CA 93250  
(661) 792-3091 (661) 792-3093 Fax mgonzaales@mcfarlandcity.org Email |
| 5. Did LCP perform any LC § 1771.5 enforcement activities during the 12 months in the reporting period? | □ YES  
☑ 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). Please make this form INTERACTIVE like the DAS-140 form so it will be easier to use. Thank you.

SUBMITTED BY:  

Mario Gonzales, Public Works Director  
Signature  
Name and Title  
Date  
8.30.17