# 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 **07/01/2016 to 06/30/2017**

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### 1. Name of Labor Compliance Program (LCP):
CITY OF PASO ROBLES

### 2. LCP I.D. Number (assigned by DIR):
LCP ID: 2013.01168

### 3. Date of Initial Approval:
05/20/2013

### 4. Contact person (include name, title, address, telephone, fax, and e-mail, if available):
RICHARD MCKINLEY, PUBLIC WORKS DIRECTOR
1000 SPRING STREET, PASO ROBLES, CA 93446
PHONE: (805) 227-7245
EMAIL: fbberman@prcity.com

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### 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
- [x] 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

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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)

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**SUBMITTED BY:**

**Signature**

**Name and Title**

**Date**

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LCP ANNUAL REPORT 8 CCR § 16431 -- AB limited

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Paso Robles / 2016 – 2017
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>12th Street Improvements DPW 12-12C</td>
<td>5/28/2015</td>
<td>Souza Construction</td>
<td>$2,038,920.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td><strong>$2,038,920.00</strong></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>12th Street Improvements DPW 12-12C</td>
<td>Gilbert’s Landscape</td>
<td>$268.40</td>
<td>$268.40</td>
<td>__ Yes  ✓ No</td>
<td>1774; Prevailing wage underpayment</td>
</tr>
<tr>
<td>12th Street Improvements DPW 12-12C</td>
<td>Gilbert’s Landscape</td>
<td>$5.12</td>
<td>$5.12</td>
<td>__ Yes  ✓ No</td>
<td>1777.5; Training Fund Underpayment</td>
</tr>
<tr>
<td>12th Street Improvements DPW 12-12C</td>
<td>Lee Wilson Electric</td>
<td>$72.56</td>
<td>$72.56</td>
<td>__ Yes  ✓ No</td>
<td>Apprentice working without Journeyman</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>$346.08</strong></td>
<td><strong>$346.08</strong></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>12th Street Improvements DPW 12-12C</td>
<td>$346.08</td>
<td>$346.08</td>
<td>All violations were below the $1000.00 threshold for Forfeiture Requests.</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$346.08</strong></td>
<td><strong>$346.08</strong></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:
### 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  
- [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)?  
Please check one:  
- [ ] Yes  
- [x] No  
If yes, identify affected contractor(s) or subcontractor(s) and date(s) of referral: ____________________________