# 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**

<table>
<thead>
<tr>
<th>1. Name of Labor Compliance Program (LCP)</th>
<th>CONTRA COSTA COUNTY FLOOD CONTROL &amp; WATER CONSERVATION DISTRICT</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. LCP I.D. Number (assigned by DIR)</td>
<td>2017.00332</td>
</tr>
<tr>
<td>3. Date of Initial Approval</td>
<td>APRIL 20, 2017</td>
</tr>
</tbody>
</table>

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

KEVIN EMIGH  
255 GLACIER DR.  
MARTINEZ, CA 94553  
PH: 925-313-2000  FAX: 925-313-2333

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:

KEVIN EMIGH, ASST. PUBLIC WORKS DIRECTOR  
Signature:  
Name and Title:  
Date:  
8/8/17