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

1. Name of Labor Compliance Program (LCP):
   NORTH COAST COUNTY WATER DISTRICT

2. LCP I.D. Number (assigned by DIR):
   2011.01049

3. Date of Initial Approval:
   09/01/2011

4. Contact person (include name, title, address, telephone, fax, and e-mail, if available):
   Cari Lemke - General Manager (clemke@nccwd.com)
   Administered by: Contractor Compliance and Monitoring, Inc.
   2400 Francisco Blvd. (PO Box 1039)
   Pacifica CA 94044
   Ph: (650) 355-3462 Fax: (650) 355-0735
   635 Mariners Island Blvd., #200, San Mateo CA 94404
   Ph: (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: Cari Lemke, General Manager
Name and Title: July 14, 2017