**LCP-AR1**

**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 **7/1/2017** to **6/30/2018**

<table>
<thead>
<tr>
<th>1. Name of Labor Compliance Program (LCP):</th>
<th>Santa Barbara Community College District</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. LCP I.D. Number (assigned by DIR):</td>
<td>2011.01032</td>
</tr>
<tr>
<td>3. Date of Initial Approval:</td>
<td>9/01/2011</td>
</tr>
</tbody>
</table>
| 4. Contact person (include name, title, address, telephone, fax, and e-mail, if available): | Lyndsay M. Maas 
Vice President, Business Services 
Attn: VPBS A-121 
721 Cliff Drive 
Santa Barbara, CA 93109 |
| 5. Did LCP perform any LC § 1771.5 enforcement activities during the 12 months in the reporting period? | Yes **[ ]** |
| | No **[x]** |
| 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)

**SUBMITTED BY:**

Lyndsay M. Maas, Vice President, Business Services 
Signature 
8/11/2017