LABOR COMPLIANCE PROGRAM ANNUAL REPORT – CLOSE OUT

Format for Awarding Body that enforces its own Labor Compliance Program for some but not all projects

Report for the reporting period ___07/01/2017___ to ___06/30/2018___

1. Name of Labor Compliance Program (LCP):
City of Santa Cruz

2. LCP I.D. Number (assigned by DIR):
2012.01128

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

4. Contact person (include name, title, address, telephone, fax, and e-mail, if available):
Heidi Luckenbach
Heidi Luckenbach
212 Locust Street, Suite C
212 Locust Street, Suite C
Santa Cruz, CA 95060
Santa Cruz, CA 95060

Administered by: Contractor Compliance and Monitoring, Inc.
635 Mariners Island Blvd. #200
635 Mariners Island Blvd. #200
San Mateo, CA 94404
San Mateo, CA 94404
Phone: (650) 522-4403
Phone: (650) 522-4403
Fax: (650) 522-4402
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:

Heidi Luckenbach
Signature

Deputy Director / Engineering Manager
Name and Title

Aug 15 2018
Date