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 __07/01/2017__ to __06/30/2018__

<table>
<thead>
<tr>
<th>1. Name of Labor Compliance Program (LCP):</th>
<th>Gratton School District</th>
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</thead>
<tbody>
<tr>
<td>2. LCP I.D. Number (assigned by DIR):</td>
<td>2013.01180</td>
</tr>
<tr>
<td>3. Date of Initial Approval:</td>
<td>08/01/2013</td>
</tr>
</tbody>
</table>
| 4. Contact person (include name, title, address, telephone, fax, and e-mail, if available): | Shannon Sanford- Superintendent  
4500 S. Gratton Road  
Dena ir, CA 95316  
Phone: (209) 632-0505  
Administered by: Contractor Compliance and Monitoring, Inc.  
635 Mariners Island Blvd. #200 San Mateo, CA 94404  
Phone: (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:  
Shannon Sanford  
Signature  
Superintendent  
Name and Title  
4/20/18  
Date