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>Jackson Valley Irrigation District</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. LCP I.D. Number (assigned by DIR):</td>
<td>2011.00987</td>
</tr>
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<td>3. Date of Initial Approval:</td>
<td>9/1/2011</td>
</tr>
</tbody>
</table>
| 4. Contact person (include name, title, address, telephone, fax, and e-mail, if available): | Steve Fredrick - Project Manager  
Ione, CA 95640 |
| 5. Did LCP perform any LC § 1771.5 enforcement activities during the 12 months in the reporting period? | 
Please check one:  
☐ Yes  
☑ No  
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:  
Signature  
Name and Title  
Date