**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>Keyes Community Services District</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. LCP I.D. Number (assigned by DIR):</td>
<td>2011.00989</td>
</tr>
<tr>
<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): | Gregory Wellman - District Mgr  
PO Box 699  
Keyes, CA 95328  
Phone: 209-668-8341 |
| 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]  
Kate Kind  
[Name and Title]  
[Date]  
8/29/18