LABOR COMPLIANCE PROGRAM CLOSING ANNUAL REPORT

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

Report for the reporting period July 1, 2017-June 30, 2018

1. Name of Labor Compliance Program (LCP): RECLAMATION DISTRICT 784

2. LCP I.D. Number (assigned by DIR): 2013.01223

3. Date of Initial Approval: 2/18/14

4. Contact person (include name, title, address, telephone, fax, and e-mail, if available)

   Steve Fordice
   1594 Broadway St.
   Arboga, CA 95961

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,
          1515 Clay Street 17th Floor, Oakland, CA 94612

   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  STEVEN L. FORDICE  Name and Title  7/31/18

   Steve Fordice  General Manager  7/31/18

   Signature  Name and Title  Date