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: 7/1/2017 to 6/30/2018

1. Name of Labor Compliance Program (LCP): Proposition 84

2. LCP I.D. Number (assigned by DIR): 2011.00922

3. Date of Initial Approval: April, 2011

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

   Patrick Newman, Project Manager, Sierra Linda Mutual Water Co., Inc., P.O. Box 285, North Fork, CA 93643 sierralindawater@gmail.com

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
   X 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:

Patrick Newman, Project Manager 12/3/2018

Signature: ____________________________ Name and Title: ____________________________ Date: ____________________________