

STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION
DISADVANTAGED BUSINESS ENTERPRISES UTILIZATION REPORT
 ADM-3069 (NEW 06/2011)

CONTRACT NUMBER WE 263	INVOICE NUMBER 177667R	TASK ORDER NUMBER (if applicable)	ADMINISTERING AGENCY Department of Transportation Division of Procurement and Contracts BUSINESS ADDRESS 100 Pringle Avenue, Suite 600 Walnut Creek, CA 94596	CONTRACT START DATE 2/1/2024	CONTRACT COMPLETION DATE 6/15/2026
PRIME CONTRACTOR NAME (PRINT) Fehr & Peers			TOTAL CONTRACT AMOUNT: \$ 200,000 x 83.53% = \$167,060 Contract Manager Must Complete This Section:		
PRIME CONTRACTOR REPRESENTATIVE NAME (PRINT) Adrian Engel			Total Federal Share Amount: \$ OR 83.53%		

ITEM NO.	DESCRIPTION OF WORK PERFORMED AND MATERIAL PROVIDED	COMPANY NAME AND BUSINESS ADDRESS	DBE CERTIFICATION NUMBER	GENDER	OWNERSHIP CODE(S)	CONTRACT PAYMENTS		DATE WORK COMPLETE	PAYMENT DATE
						NON-DBE	DBE		
1	Existing conditions, online mapping and project fact sheets	Fehr & Peers				\$ 5,960.06		7/26/2024	10/11/2024
1	Existing conditions	Green DOT, 627 Broadway, Suite 220, Chico, CA 9592				\$ 23,799.63		7/26/2024	10/11/2024
7	Survey, Public Outreach & Non-traditional outreach	AIM Consulting, 2523 J St #202 Sacramento, CA 95816	35954	F			\$ 590.40	7/26/2024	10/11/2024
ORIGINAL COMMITMENT						\$ -	\$ -		
OWNERSHIP CODES: 1= Black American 2= Hispanic American 3= Native American 4= Asian Pacific American 5= Subcontinent Asian American 6= Caucasian 7= Woman 8= Other 9= Not Applicable						\$ 29,759.70	\$ 590.40		
Comments The vendor sent invoices for July, August and September to EDCTC in October									

List all Subcontractors and Disadvantaged Business Enterprises (DBEs) regardless of tier, whether or not the firms were originally listed for goal credit. If actual DBE utilization (or item of work) was different than that approved at the time of award, provide comments. List actual amount paid to each entity.
 I CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND CORRECT.
 CONTRACTOR REPRESENTATIVE'S SIGNATURE _____ DATE _____
 TO THE BEST OF MY INFORMATION AND BELIEF, THE ABOVE INFORMATION IS COMPLETE AND CORRECT.
 CONTRACT MANAGER'S SIGNATURE **J. Barton** BUSINESS PHONE NUMBER _____ DATE _____
 COPY DISTRIBUTION (Required): (1) Original: Contract Manager
 (2) Copy: Office of Business and Economic Opportunity, Email: to smallbusinessadvocate@

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ADM-3069 (NEW 06/2011)

CONTRACT NUMBER WE 263	INVOICE NUMBER 178809	TASK ORDER NUMBER (if applicable)	ADMINISTERING AGENCY Department of Transportation Division of Procurement and Contracts	CONTRACT START DATE 2/1/2024	CONTRACT COMPLETION DATE 6/15/2026
PRIME CONTRACTOR NAME (PRINT) Fehr & Peers			BUSINESS ADDRESS 100 Pringle Avenue, Suite 600 Walnut Creek, CA 94596	TOTAL CONTRACT AMOUNT: \$ 200,000 x 83.53% = \$167,060	
PRIME CONTRACTOR REPRESENTATIVE NAME (PRINT) Adrian Engel			Contract Manager Must Complete This Section:		
			Total Federal Share Amount: \$	OR	83.53%

ITEM NO.	DESCRIPTION OF WORK PERFORMED AND MATERIAL PROVIDED	COMPANY NAME AND BUSINESS ADDRESS	DBE CERTIFICATION NUMBER	GENDER	OWNERSHIP CODE(S)	CONTRACT PAYMENTS		DATE WORK COMPLETE	PAYMENT DATE
						NON-DBE	DBE		
1	Existing conditions, Fact sheets, GIS mapping	Fehr & Peers				\$ 5,485.79		8/30/2024	10/11/2024
TOTAL						\$ 5,485.79	\$ -	-	-
ORIGINAL COMMITMENT									
OWNERSHIP CODES: 1= Black American 2= Hispanic American 3= Native American 4= Asian Pacific American 5= Subcontinent Asian American 6= Caucasian 7= Woman 8= Other 9= Not Applicable									
Comments The vendor sent invoices for July, August and September to EDCTC in October									

List all subcontractors and Disadvantaged Business Enterprises (DBEs) regardless of tier, whether or not the firms were originally listed for goal credit. If actual DBE utilization (or item of work) was different than that approved at the time of award, provide comments. List actual amount paid to each entity.
I CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND CORRECT.

CONTRACT REPRESENTATIVE'S SIGNATURE	DATE
TO THE BEST OF MY INFORMATION AND BELIEF, THE ABOVE INFORMATION IS COMPLETE AND CORRECT	
BUSINESS PHONE NUMBER	DATE

CONTRACT MANAGER'S SIGNATURE J. Barton	DATE
COPY DISTRIBUTION (Required): (1) Original: Contract Manager	
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CONTRACT NUMBER	INVOICE NUMBER	TASK ORDER NUMBER	ADMINISTERING AGENCY	CONTRACT START DATE	CONTRACT COMPLETION DATE
WE 263	179527		Department of Transportation Division of Procurement and Contracts	2/1/2024	6/15/2026
PRIME CONTRACTOR NAME (PRINT)		BUSINESS ADDRESS		TOTAL CONTRACT AMOUNT: \$ 200,000 x 83.53%=\$167,060	
Fehr & Peers		100 Pringle Avenue, Suite 600 Walnut Creek, CA 94596		Contract Manager Must Complete This Section:	
PRIME CONTRACTOR REPRESENTATIVE NAME (PRINT)		DBE CERTIFICATION NUMBER		Total Federal Share Amount: \$ OR 83.53%	
Adrian Engel		35954			

ITEM NO.	DESCRIPTION OF WORK PERFORMED AND MATERIAL PROVIDED	COMPANY NAME AND BUSINESS ADDRESS	DBE CERTIFICATION NUMBER	GENDER	OWNERSHIP CODE(S)	CONTRACT PAYMENTS		DATE WORK COMPLETE	PAYMENT DATE
						NON-DBE	DBE		
1, 7	Existing conditions draft, GIS mapping, Hazards memo, Funding outlook memo, Social Pinpoint draft	Fehr & Peers				\$ 4,464.66		9/30/2024	10/22/2024
7	Survey, Public Outreach & Non-traditional outreach	AIM Consulting, 2523 J St #202 Sacramento, CA 95816	35954	F		\$ 879.73		9/30/2024	10/22/2024
						\$ -			
						\$ -			
TOTAL						\$ 4,464.66		\$ 879.73	

ORIGINAL COMMITMENT
 \$ - OR UDBE
 \$ - OR DBE

OWNERSHIP CODES:
 1= Black American
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 5= Subcontinent Asian American
 6= Caucasian
 7= Woman
 8= Other
 9= Not Applicable

Comments
 The vendor sent invoices for July, August and September to EDCTC in October

List all Subcontractors and Disadvantaged Business Enterprises (DBEs) regardless of tier, whether or not the firms were originally listed for goal credit. If actual DBE utilization (or item of work) was different than that approved at the time of award, provide comments. List actual amount paid to each entity.

I CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND CORRECT

CONTRACT REPRESENTATIVE'S SIGNATURE _____ DATE _____
 BUSINESS PHONE NUMBER _____

TO THE BEST OF MY INFORMATION AND BELIEF, THE ABOVE INFORMATION IS COMPLETE AND CORRECT

CONTRACT MANAGER'S SIGNATURE *J. Barton* _____ DATE _____
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 (2) Copy: Office of Business and Economic Opportunity, Email: to.smallbusinessadvocate@dot.ca.gov