

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

CONTRACT NUMBER	INVOICE NUMBER	TASK ORDER NUMBER (if applicable)	ADMINISTERING AGENCY	CONTRACT START DATE	CONTRACT COMPLETION DATE
WE 263	175684		Department of Transportation Division of Procurement and Contracts	2/1/2024	6/15/2026
PRIME CONTRACTOR NAME (PRINT) Fehr & Peers			BUSINESS ADDRESS 100 Pringle Avenue, Suite 600 Walnut Creek, CA 94596	TOTAL CONTRACT AMOUNT: \$ 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		
01	Data Collection, Growth Forecast, Charts/Graphs	Fehr & Peers				\$ 5,817.23		4/26/2024	7/22/2024
07	Survey, Public Outreach & Non-traditional outreach	AIM Consulting, 2523 J St #202 Sacramento, CA 95816	35954	F		\$ 1,463.75		4/26/2024	7/22/2024
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						\$ 5,817.23			
TOTAL						\$ -			
Comments						\$ 1,463.75			

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 _____ BUSINESS PHONE NUMBER _____ 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

