**INDIVIDUAL A&E TASK ORDER DBE TRACKING SHEET** Please fill out form in order **Exhibit 10-G**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| CONSULTANT NAME | CONTRACT NUMBER | | FEDERAL PROJECT NUMBER | | TASK ORDER NUMBER |
| ADDRESS | | | | | |
| CONSULTANT CONTRACT ADMINISTRATOR NAME | | PHONE NUMBER | | E-MAIL | |
| PROJECT TITLE: | | | | | |
| PROJECT LOCATION: | | | | | |
| SCOPE OF WORK | | | | | |
| TOTAL MASTER CONTRACT AMOUNT: END OF CONTRACT DATE: | | | | | |
| TASK ORDER AMOUNT: $ 1.00 TASK ORDER BEGIN DATE: TASK ORDER END DATE: | | | | | |

**TOTAL DBE CONTRACT ESTIMATE OF THIS TASK ORDER**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| CONSULTANT\SUBCONSULTANT | DESCRIPTION OF WORK | AMOUNT  (**NON-DBE**) | AMOUNT  **(DBE)** | % OF DBE |
|  |  |  |  | 0.00% |
|  |  |  |  | 0.00% |
|  |  |  |  | 0.00% |
|  |  |  |  | 0.00% |
|  |  |  |  | 0.00% |
|  |  |  |  | 0.00% |
|  |  |  |  | 0.00% |
|  |  |  |  | 0.00% |
|  |  |  |  | 0.00% |
|  |  |  |  | 0.00% |
|  |  |  |  | 0.00% |
| SUBTOTAL  TOTAL TASK ORDER AMOUNT | | **$ 0.00** | **$ 0.00** | 0.00% |
| **$ 0.00** | |  |

COMMENTS ON DBE UTILIZATION DEFICIENCIES (COMMITTED VERSUS MET) AND PLANS TO MEET COMMITTED PERCENTAGES:

(Ifpercent less thanmaster contract goal,briefly statewhy in 1-2 sentences).

The consultant acknowledges the DBE listed in the DBE Task Order Utilization section above must be used, unless authorized by DLAE.

Approved By:

11/14/18

CONSULTANT CONTRACTMANAGERS SIGNATURE DATE LOCAL AGENCYADMIN SIGNATURE DATE

**ADA NOTICE**: For individuals with sensory disabilities, this document is available in alternate formats. For information, call (916) 445-1233, Local Assistance Procedures Manual TTY 711, or write to Records and Forms Management, 1120 N Street, MS-89, Sacramento, CA 95814.

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**January 2019**