

Exhibit 10-G: INDIVIDUAL A&E TASK ORDER DBE TRACKING SHEET

Please fill out form in order

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: _____ 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
SUBTOTAL				
TOTAL TASK ORDER AMOUNT				

COMMENTS ON DBE UTILIZATION DEFICIENCIES (COMMITTED VERSUS MET) AND PLANS TO MEET COMMITTED PERCENTAGES:
(If percent less than [task order DBE](#) goal, briefly state why in 1-2 sentences).

The consultant acknowledges the DBE listed in the DBE Task Order Utilization section above must be used, unless authorized by [the Local Agency](#).

Approved By:

CONSULTANT CONTRACT MANAGERS SIGNATURE	DATE	LOCAL AGENCY ADMIN SIGNATURE	DATE
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