

FINAL REPORT - UTILIZATION OF UNDERUTILIZED/DISADVANTAGED BUSINESS ENTERPRISES (U/DBE) AND SMALL BUSINESS (SB), FIRST-TIER SUBCONTRACTORS

Contract No.	County	Location	Project Description				Federal Aid Project No.			Administering Agency		Contract Completion Date		
Task/Job Order No.											Task/Job Order Completion Date			
Prime Consultant/Contractor (Company Name)	Prime Consultant/Contractor Business Address				Business Ownership by Minority Code						Final Contract or Task/Job Order Amount \$			
	Address:				BA - Black American	NA - Native American	APA - Asian Pacific American							
	City, State, Zip Code:				W - Woman	HA - Hispanic American	SCA - Subcontinent Asian American			Federal Share \$				
SUBCONTRACTOR	CONTRACT/TASK/JOB ORDER PAYMENTS													
	CERTIFICATE		TOTAL PAYMENTS			TOTAL PAYMENTS BY MINORITY GROUP						Date Work Complete	Date of Final Payment	Description of Work Performed & Material Provided
	SB Cert #	DBE Cert #	SB*	DBE*	UDBE* (FTA Only)	APA	BA (UDBE)	HA (UDBE)	NA (UDBE)	SCA (UDBE)	W (UDBE)			
Name _____														
Address _____														
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Name _____														
Address _____														
		Total Payments		\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	DBE Goal Attainment _____ 0%		
		Original UDBE/DBE/SB Commitment		\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	UDBE Goal Attainment _____ 0%		
												SB Participation _____ 0%		

*If Sub is both SB, DBE & UDBE enter the total dollar amount in all three fields

The decision of which column to be used for entering the UDBE/DBE dollar value is based on what program(s) the firm is certified. This program status is determined by the Caltrans Civil Rights Certification Unit based on ethnicity, gender, ownership, and control issues at time of certification. DBE program status may be obtained by accessing the Civil Rights website DBE, SWBE DBE, SMBE, SWBE (www.dot.ca.gov/hq/bep/) and downloading the Calcert Extract or by calling (916) 227-2207.

List all first-tier subconsultants, SB, DBEs, and Underutilized DBEs, regardless of tier, whether or not the firms were originally listed for goal credit. If actual U/DBE utilization (or item of work) was different than that approved at time of award, provide comments on a separate page. List actual amount paid to each entity.

I CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND CORRECT		
CONSULTANT REPRESENTATIVE NAME	BUSINESS PHONE NUMBER	DATE
TO THE BEST OF MY KNOWLEDGE THE ABOVE INFORMATION IS COMPLETE AND CORRECT		
AMBAG PROJECT MANAGER'S NAME	BUSINESS PHONE NUMBER	DATE

INSTRUCTIONS

Final Report - Utilization of Underutilized/Disadvantaged Business Enterprise (U/DBE) and Small Business, From The Subcontractor

The form requires information from the AMBAG contract.

CONTRACT INFORMATION

The Contract/Task/Job Order fields are shown in green in the example.



Enter the following information:

- Contract No.** AMBAG contract number
- County** County in which work was performed
- Location** Location in which work was performed
- Project Description** Provide a brief description of the project (project title)
- Federal Aid Project No.** Contact Director of Finance & Administration if unknown
- Administering Agency** AMBAG
- Contract Completion Date** As applicable
- Final Contract Amount \$** Inclusive of all amendments/change orders
- Federal Share %** Contact Director of Finance & Administration if unknown

PRIME CONSULTANT/CONTRACTOR INFORMATION

The Prime Consultant/Contractor fields are shown in blue in the example.



Enter the following information:

- Prime Consultant/Contract** Prime company name
- Business Address** Address, City, State, & Zip Code
- Business Ownership by Minority Code** If applicable. This section is used to identify a minority group.

SUBCONTRACTOR/SUBCONSULTANT INFORMATION

The Prime Consultant/Contractor fields are shown in purple in the example.



Enter the following information:

- Subcontractor** Subcontractor/Subconsultant company name
- Address** Subcontractor/Subconsultant address, City, State, & Zip Code
- Original U/DBE, DBE, SB, or Consultant** Commitment and not observed
- Certificate** SB Cert # Small Business Certification number, if applicable
- DBE Cert #** DBE Certification number, if applicable

Total Payments

Enter the total payments for each subcontractor in the SB, DBE, and/or U/DBE fields. If a subcontractor is more than one (1), i.e., SB and DBE or SBE, DBE and U/DBE, enter the amount in each field.
SB Total payments to this Subcontractor/Subconsultant, if they are a certified Small Business
DBE Total payments to this Subcontractor/Subconsultant, if they are a certified DBE
U/DBE Total payments to this Subcontractor/Subconsultant, if they are a certified DBE and belong to one of the following minority groups: Black American, Hispanic American, Native American, Subcontinent Asian America, Women. **This is for FTA Awarded Contracts/Task Job Orders only.**

Total Payments by Minority Group

Enter the total payments for each subcontractor by Minority Group. The decision of which column to be used for entering the total payments by minority group is based on their business' ownership, ethnicity, gender, and control issues at time of certification DBE certification. To confirm a subcontractor's DBE certification, access the CUCI database at: http://www.dot.ca.gov/hq/News/Prod_certified.htm or call (916) 324-1700.

- APA** Asian Pacific American
- BA** Black American
- HA** Hispanic American
- NA** Native American
- SAA** Subcontinent Asian American
- W** Women

Note: If a contractor performing work as a DBE on the project becomes decertified and still performs work after their decertification.

Note: If a contractor performing work as a non-DBE on the project becomes certified as a DBE, enter the dollar value of all work performed.

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	Address:			BA - Black American	NA - Native American	APA - Asian Pacific American									
	City, State, Zip Code:			W - Woman	HA - Hispanic American	SCA - Subcontinent Asian American				Federal Share \$					
SUBCONTRACTOR	CERTIFICATE		TOTAL PAYMENTS			TOTAL PAYMENTS BY MINORITY GROUP						Date Work Complete	Date of Final Payment	Description of Work Performed & Material Provided	
	SB Cert #	DBE Cert #	SB*	DBE*	UDBE* (FTA Only)	APA	BA (UDBE)	HA (UDBE)	NA (UDBE)	SCA (UDBE)	W (UDBE)				
Name _____															
Address _____															
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Address _____															
Name _____															
Address _____															
Total Payments			\$	\$	\$	\$	\$	\$	\$	\$	\$				

Original UDBE/DBE/SB Commitment _____ DBE Goal Attainment _____ 0%
 UDBE Goal Attainment _____ 0%
 SB Participation _____ 0%

*If Sub is both SB, DBE & UDBE enter the total dollar amount in all three fields

The decision of which column to be used for entering the UDBE/DBE dollar value is based on what program(s) the firm is certified. This program status is determined by the Caltrans Civil Rights Certification Unit based on ethnicity, gender, ownership, and control issues at time of certification. DBE program status may be obtained by accessing the Civil Rights website DBE, SWBE DBE, SMBE, SWBE (www.dot.ca.gov/hq/bep/) and downloading the Calcert Extract or by calling (916) 227-2207.

List all first-tier subconsultants, SB, DBEs, and Underutilized DBEs, regardless of tier, whether or not the firms were originally listed for goal credit. If actual U/DBE utilization (or item of work) was different than that approved at time of award, provide comments on a separate page. List actual amount paid to each entity.

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CONSULTANT REPRESENTATIVE NAME	BUSINESS PHONE NUMBER	DATE
TO THE BEST OF MY KNOWLEDGE THE ABOVE INFORMATION IS COMPLETE AND CORRECT		
SRTA PROJECT MANAGER'S NAME	BUSINESS PHONE NUMBER	DATE

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Address _____														
		Total Payments	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -			
\$ _____		Original UDBE/DBE/SB Commitment												
												DBE Goal Attainment	0%	
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