INFORMATION ON THE
DISABLED VETERAN BUSINESS ENTERPRISE (DVBE) PROGRAM

Public Contract Code Section 10115 establishes a contract participation goal of at least three percent (3%) for Disabled Veteran Business Enterprise (**DVBE**) for State agencies.

PLEASE READ THESE INSTRUCTIONS CAREFULLY

For assistance with meeting the DVBE participation program goals, please contact:

The **Office of Small Business and DVBE Services (OSBDS)** offers program information and may be reached at:

Department of General Services
Office of Small Business and DVBE Services
707 3RD Street, Suite 1-400
West Sacramento, CA 95605
Homepage: http://www.eprocure.dgs.ca.gov
Receptionist: (916) 375-4940
FAX: (916) 375-4950

INSTRUCTIONS FOR
DVBE PARTICIPATION PROGRAM PARTICIPATION OPTIONS

Meet or exceed the DVBE participation goal of at least 3% for the proposed contract by one of the following two (2) ways:

1. **DVBE Contractor -** If you are a DVBE contractor, agree to perform at least 3% of the contract value with your firm or in combination with other DVBE firms. You **must** write that commitment on *Attachment II*, Disabled Veteran Business Enterprise Participation Summary 840 Form, Document 00452-2. For instructions on how to complete this document see *Attachment I*, Disabled Veteran Business Enterprise Participation Summary, Completion Instructions, Document 00452-1.

2. **Non-DVBE Contractor -** If you are a non-DVBE contractor, agree to use other firms for at least 3% of the contract value. You **must** write that commitment on *Attachment II*, Disabled Veteran Business Enterprise Participation Summary (STD 840) Form, Document 00452-2. For instructions on how to complete this document see *Attachment I*, Disabled Veteran Business Enterprise Participation Summary, Completion Instructions, Document 00452-1.

DVBE Certification: OSBDS-DVBE certification is the only acceptable certification. To verify if a contractor is certified refer to the OSBDS web-site at http://www.eprocure.dgs.ca.gov. Contractors must provide certification verification for each participating DVBE contractor, subcontractor, and/or supplier.

Each listed DVBE **must** be utilized for the specific nature of work, as indicated in your Statement of Qualifications. It is the prime contractor's responsibility to keep all DVBE's informed, and to give them reasonable notification of the time frame in which their participation will take place on the project.

In the event the contract is amended to increase the amount, prime contractors are required to comply with the State's DVBE participation goals for the amended amount.

Contract Audits

Contractor agrees that the State or its delegate will have the right to review, obtain, and copy all records pertaining to performance of the contract, including but not limited to reports of payments made to subcontractors during the term of the contract. Contractor agrees to provide the State or its delegate access to its premise, upon reasonable notice, during normal business hours for the purpose of interviewing employees and inspecting and copying such books, records, accounts, and other material that may be relevant to a matter under investigation for the purpose of determining compliance with this requirement. Contractor further agrees to maintain such records for a period of three (3) years after final payment under the contract.

ANSWERS TO FREQUENTLY ASKED QUESTIONS:

The following questions are among the most frequently asked regarding DVBE program:

Q: ***If I am awarded the contract, either with partial or full goal attainment documented, am I required to use the subcontractor/supplier proposed in my Statement of Qualifications?***

A: Yes, unless you have requested and received approval from the State for substitution. Written requests should include the person's or firm's name to be substituted, the substitution reason, the reason a non-DVBE subcontractor is proposed, if applicable and describe the business to be substituted including its business status as a sole proprietorship, partnership, corporation or other entity and the certification status of the firm, if any.

Q: ***If I am a disabled veteran business enterprise, can I meet the 3% contract goals as a single company?***

A: Yes.

Q: ***If my submitted response meets the contract goal and the State decides to make multiple awards to the contract, could my response be considered non-responsive?***

A: No. The State's decision to make multiple awards will not jeopardize compliance.

STATE OF CALIFORNIA ***ATTACHMENT I***

DOCUMENT 00452-1
DISABLED VETERAN BUSINESS ENTERPRISE (DVBE)
PARTICIPATION SUMMARY

COMPLETION INSTRUCTIONS

ATTACHMENT II DISABLED VETERAN BUSINESS ENTERPRISE SUMMARY FORM 00452-2 **MUST** BE COMPLETED WHETHER THE CONTRACT GOALS ARE ACHIEVED. IF NO PARTICIPATION IS OBTAINED, STATE "NONE." FULL AND PARTIAL GOAL ACHIEVEMENT SHOULD ALSO BE REPORTED.

TYPE OF WORK – identify the proposed work to be performed by the DVBE prime contractor or DVBE subcontractor(s).

DVBE COMPANY NAME – list the name of the company proposed for DVBE participation. If the prime contractor is a DVBE, the name **MUST** be listed for participation.

DVBE IS CONTRACTING WITH – list the name of the department or company with which the company listed is contracting (Prime Contractor's Name).

DOLLAR AMOUNT TO DVBE – the total participation dollar amount given to the DVBE for this contracting opportunity.

PERCENTAGE TO DVBE – the total percentage given to the DVBE.

DVBE CERTIFICATION – to **obtain DVBE participation credit**, the Prime Contractor or Subcontractor/Supplier firm **must be formally certified by the Office of Small Business and DVBE Services (OSBDS) as a DVBE**. Provide **OSBDS <u>certification number</u>** and a **<u>copy of the certification letter</u>** for the Prime or Subcontractor/Supplier. (Prime should ask Subcontractor/Supplier to provide them with a copy of their OSBDS certification letter)

BIDDERS NAME _____ ***ATTACHMENT II***

STATE OF CALIFORNIA

DISABLED VETERAN BUSINESS ENTERPRISE PARTICIPATION SUMMARY

Form 840 09/2004

See completion instructions on prior page.

TYPE OF WORK (Service or Materials)	**DVBE COMPANY NAME**	**DVBE IS CONTRACTING WITH** (Contractor's Name)	**DOLLAR AMOUNT TO DVBE**	**PERCENTAGE TO DVBE**	**DVBE CERT.** (PROVIDE NO. & ATTACH COPY OF OSBDS LETTER)