

[INSERT JBE NAME]
**DVBE POST-CONTRACT
CERTIFICATION FORM**

Agreement number	
Contractor name	

Commented [A1]: The JBE can fill in the agreement number in this box, or it can leave the box blank and let the contractor fill in this information.

Commented [A2]: The JBE can fill in the contractor name in this box, or it can leave the box blank and let the contractor fill in this information.

The contractor identified above (Contractor) entered into the agreement identified above (Agreement) with the JBE. Pursuant to Military and Veterans Code section 999.5(d), Contractor must provide and certify the information below. **Please return this form to the JBE promptly upon completion of the above Agreement, and no later than the date of submission of Contractor's final invoice to the JBE.** Failure to accurately complete and return this form as required, constitutes a breach of the Agreement, and will subject the Contractor to a withholding and a potential permanent deduction of up to \$10,000 from the final or full payment pursuant to Military and Veterans Code section 999.5(d).

Deleted: within sixty (60) days of receiving final payment under the Agreement

A. Total amount of money Contractor received under the Agreement	
B. Name and address of each disabled veteran business enterprise (DVBE) subcontractor to which Contractor subcontracted work in connection with the Agreement	
C. Total amount of money and percentage of work Contractor committed to provide to each DVBE subcontractor	
D. Total amount of money each DVBE subcontractor received from Contractor in connection with the Agreement	
E. <u>Percentage paid to each DVBE subcontractor. Divide Row D (amount of money paid to each DVBE subcontractor) by Row A (total amount under Agreement).</u>	

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Contractor certifies that (i) the information above is accurate, and (ii) all payments under the Agreement have been made to the applicable DVBE subcontractor(s). **▼**

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Contractor (Printed)	Date Executed
By (Authorized Signature)	
Printed Name and Title of Person Signing	

Send completed form to: **[name]**
[address]

Commented [A3]: This should be a name or position of a person at the JBE.

Deleted: Dec. 2019