

Attachment B

DVBE COMPLIANCE DOCUMENTATION AND CERTIFICATION OF PRIME BIDDER

TITLE: _____

The goal of awarding of at least 3 percent of the total dollar contract amount to Disabled Veterans Business Enterprise (DVBE) has been achieved for this Project.

Yes_____ No_____

Please complete Part A and Part B on the following pages. "Contractors Tier" is referred to several times below; use the following definitions for tier:

- 0 = Prime or Joint Contractor;
- 1 = Prime subcontractor/supplier;
- 2 = Subcontractor/supplier of level 1 subcontractor/supplier

PART A – COMPLIANCE WITH DVBE GOALS

PRIME CONTRACTOR

Company Name: _____

Nature of Work _____ Tier: _____

Claimed Value: DVBE \$ _____

Percentage of Total Contract Cost DVBE _____%

SUBCONTRACTORS/SUBCONTRACTOR/VENDORS/SUPPLIERS

Company Name: _____

Nature of Work: _____ Tier: _____

Claimed Value: DVBE _____%

Percentage of Total Contract Cost: DVBE _____%

INCOMPLETE DOCUMENTATION MAY RESULT IN DISQUALIFICATION FROM FURTHER PARTICIPATION I SELECTION PROCESS FOR THIS CONTRACT.

Company Name: _____

Nature of Work _____ Tier: _____

Claimed Value: DVBE \$ _____

Percentage of Total Contract Cost DVBE _____%

Company Name: _____

Nature of Work _____ Tier: _____

Claimed Value: DVBE \$ _____

Percentage of Total Contract Cost DVBE _____%

GRAND TOTAL: DVBE _____%

PART B – ESTABLISHMENT OF GOOD FAITH EFFORT

To establish that a Good Faith Effort has been made, the following statement must be true.

1. Contractor was made with the Contract Officer, Administrative Office of the Courts to identify potential Disabled Veteran Business Enterprises as Subcontractors or suppliers, or both.

Date Contracted: _____ Person Contracted: _____

List the names of DVBE's identified from contact made with Contract Officer, Administrative Office of the Courts.

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- List contacts made with personnel from other state and federal agencies, and with personnel from Disabled Veterans Business Enterprises to identify Disabled Veterans Business Enterprises.

<u>Source</u>	<u>Person Contracted</u>	<u>Date</u>

List the Names of DVBE's identified from contact made with other state, federal, and local agencies.

- Advertising was published in trade papers and papers focusing on Disabled Veterans Business Enterprises. (Attach proof of publication.)

<u>Publication</u>	<u>Date(s) Advertised</u>

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4. Invitation to bid were submitted to potential Disabled Veterans Business Enterprise Contractors (list the company name, person contacted, and date) to be subcontractors or solicitation (i.e., letters, return receipt, metered envelopes, responses, etc.). Solicitation must be job specific to plan and/or contract.

<u>Company</u>	<u>Contact</u>	<u>Date Sent</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. List the available Disabled Veterans Business Enterprises which were considered as subcontractors or suppliers or both. (Complete each subject line.)

COMPANY: _____

CONTACT: _____ PHONE #: _____

NATURE OF WORK: _____

RESULT: _____

REASON WHY REJECTED: _____

COMPANY: _____

CONTACT: _____ PHONE #: _____

NATURE OF WORK: _____

RESULT: _____

REASON WHY REJECTED: _____

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6. CERTIFICATION (to be completed by Bidder)

I hereby certify that I have made a diligent effort to ascertain the facts with regard to the representations made herein and, to the best of my knowledge and belief, each firm set forth in this bid as a Disabled Veterans Business Enterprise complies with the relevant definition set forth in Section 1896.61 of Title 2, and Section 999 of the Military and Veterans Code, California Code of Regulations. In making this certification, I am aware of Section 10115 et seq. Of the Government Code which establishes the following penalties certification for State Contracts:

Penalties for a person guilty of a first offense are a misdemeanor, civil penalty of \$5,000, and suspension from contracting with the State for a period of not less than 30 days nor more than one year.

Penalties for second and subsequent offenses are a misdemeanor, a civil penalty of \$20,000 and suspension from contracting with the State for up to three years.

IT IS MANDATORY THE FOLLOWING BE COMPLETED ENTIRELY; FAILURE TO DO SO WILL RESULT IN IMMEDIATE REJECTION.

Firm Name of Bidder

Address of Bidder

Telephone Number of Bidder

FAX

Signature of Chief Executive Officer of Bidder

Date

Name (printed) of Chief Executive Officer of Bidder

Title of Above-Named Person

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CONTRACT AMOUNT CERTIFICATION

I hereby certify that the "Contract Amount," as defined herein, is the amount of \$_____.

I understand that the "Contract Amount" is the total dollar figure to which the DVBE participation requirements will be evaluated against.

Company Name

Bidder's Signature