

ATTACHMENT 9
DVBE PARTICIPATION FORM

Firm Name: _____
RFP Project Title: _____
RFP Number: _____

This Project has a DVBE participation goal of three percent (3%) (“DVBE Participation Goal”). The Architect must document its DVBE compliance with the DVBE Project Goal by completing the DVBE Participation Form.

1. Complete Parts A & B

“Contractor’s 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

FIRM

Company Name: _____
Nature of Work: _____ Tier: _____
Claimed Value: DVBE \$ _____
Percentage of Total Contract Amount: DVBE _____ %

SUBCONTRACTORS/SUB-SUBCONTRACTORS/PROPOSERS/SUPPLIERS

1. Company Name: _____
Nature of Work: _____ Tier: _____
Claimed Value: DVBE \$ _____
Percentage of Total Contract Amount: DVBE _____ %

 2. Company Name: _____
Nature of Work: _____ Tier: _____
Claimed Value: DVBE \$ _____
Percentage of Total Contract Amount: DVBE _____ %

 3. Company Name: _____
Nature of Work: _____ Tier: _____
Claimed Value: DVBE \$ _____
Percentage of Total Contract Amount: DVBE _____ %
-
- GRAND TOTAL: DVBE _____ %

I hereby certify that the Contract Price, as defined herein, is the amount of \$ _____. I understand that the Contract Price is the total dollar figure against which the DVBE participation requirements will be evaluated.

NAME OF FIRM _____
SIGNATURE OF PERSON SIGNING FOR FIRM _____
NAME (PRINTED) OF PERSON SIGNING FOR FIRM _____
TITLE OF ABOVE-NAMED PERSON _____
DATE _____

PART B – CERTIFICATION

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 California Code of Regulations, Title 2, section 1896.61, and Military and Veterans Code, section 999.

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

NAME OF FIRM _____
SIGNATURE OF PERSON SIGNING FOR FIRM _____
NAME (PRINTED) OF PERSON SIGNING FOR FIRM _____
TITLE OF ABOVE-NAMED PERSON _____
DATE _____

END OF ATTACHMENT