**ATTACHMENT H**

**BIDDER DECLARATION**

Complete this form only if Service Provider wishes to claim the DVBE incentive associated with this solicitation. Please review the “Bidder Declaration Instructions” prior to completing this form. If Service Provider submits incomplete or inaccurate information, it will not receive the DVBE incentive.

**SECTION I. COMPLETE IF SERVICE PROVIDER IS A DVBE**

***If Service Provider is not a DVBE, do not complete or submit this form.***

1. DGS Supplier ID number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. DVBE Certification active from \_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_
3. Describe the goods and/or services to be provided by Service Provider itself in connection with the solicitation:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Explain how Service Provider is performing a “commercially useful function” for purposes of this contract. (Please see the instructions for the definition of “commercially useful function.”)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. The disabled veteran owners and managers of Service Provider must complete and sign the **DVBE Declaration** (a separate document; **Attachment I** to the IFB). Service Provider must submit the completed DVBE Declaration along with this Bidder Declaration.

1. Service Provider must submit a copy of its DVBE certification approval letter along with this Bidder Declaration as required by the IFB.

**SECTION II. CERTIFICATION**

I, the official named below, certify that the information provided in this form is true and correct. I am duly authorized to legally bind Service Provider to this certification. This certification is made under the laws of the State of California.

|  |  |  |
| --- | --- | --- |
| COMPANY NAME *(Printed)* | | FEDERAL ID NUMBER |
|  | |  |
| ADDRESS | | TELEPHONE NUMBER |
|  | |  |
| BY *(Authorized Signature)* | | |
|  | | |
| PRINTED NAME AND TITLE OF PERSON SIGNING | | date executed |
|  | |  |
| *Executed in the County of* | *in the State of* | |
|  |  | |

**END OF ATTACHMENT**

**Bidder Declaration Instructions**

**General Instructions**

In this form, (i) “DGS” refers to the Department of General Services; and (ii) “Service Provider” refers to a person or entity that submits a response to a competitive solicitation issued by the Judicial Council.

If Service Provider wishes to claim the DVBE incentive in a solicitation where a DVBE incentive is offered, it must complete this Bidder Declaration. If no DVBE incentive is offered, or Service Provider does not wish to claim the DVBE incentive, Service Provider should not complete this Bidder Declaration.

Pursuant to Military and Veterans Code section 999, a person or an entity is deemed to perform a “commercially useful function” if a person or entity does all of the following: (a) is responsible for the execution of a distinct element of the work of the contract; (b) carries out the obligation by actually performing, managing, or supervising the work involved; (c) performs work that is normal for its business services and functions; (d) is responsible, with respect to products, inventories, materials, and supplies required for the contract, for negotiating price, determining quality and quantity, ordering, installing, if applicable, and making payment; and (e) is not further subcontracting a portion of the work that is greater than that expected to be subcontracted by normal industry practices. Note: a person or entity will not be considered to perform a “commercially useful function” if its role is limited to that of an extra participant in a transaction, contract, or project through which funds are passed in order to obtain the appearance of DVBE participation.

The Judicial Council will, in its discretion and in accordance with the RFP, determine whether Service Provider is eligible to receive the DVBE incentive based on information provided in this Bidder Declaration. The Judicial Council may, but is not obligated to, verify or seek clarification of any information set forth in this Bidder Declaration. If Service Provider submits incomplete or inaccurate information, it will not receive the DVBE incentive.

**Instructions for Section I**

*Skip this section if Service Provider is not itself a DVBE.*

1. Provide Service Provider’s DGS Supplier ID number. This number is in Service Provider’s DGS Supplier Profile, accessible at: https://caleprocure.ca.gov/pages/PublicSearch/supplier-search.aspx
2. Provide the applicable dates. These dates are listed in Service Provider’s DGS Supplier Profile, accessible at:https://caleprocure.ca.gov/pages/PublicSearch/supplier-search.aspx
3. Provide a detailed description of the goods and/or services the Service Provider itself will provide for the contract. In other words, provide a detailed description of the goods and/or services that will not be subcontracted. Attach additional sheets if necessary.
4. Provide an explanation of how the Service Provider’s goods and/or services constitute a “commercially useful function” for purposes of the contract. Attach additional sheets if necessary.
5. The DVBE Declaration is separate from the Bidder Declaration. Service Provider must submit along with this Bidder Declaration a DVBE Declaration completed and signed by the disabled veteran owners and managers of Service Provider.
6. Each entity certified as a DVBE by DGS will have received a DVBE certification approval letter. Service Provider must submit a copy of its DVBE certification approval letter.

**Instructions for Section II**

Provide Service Provider’s full legal name, tax ID number, address, and telephone number in the appropriate boxes. The certification must be signed by an authorized Service Provider representative in the box labeled “*By (Authorized Signature).*” Provide the name and title of the authorized Service Provider representative, and the date, county and state where that person signed the certification, in the appropriate boxes.