APPENDIX F

THE TRUSTEES OF THE CALIFORNIA STATE UNIVERSITY
Disabled Veteran Business Enterprise (DVBE) Participation Requirement

I. STATEMENT OF DVBE PARTICIPATION GOAL REQUIREMENT

State law requires that state agencies achieve a goal of three (3) percent participation for disabled veteran business enterprises (DVBE) in state contracts.

Read this document carefully. Failure to comply with the DVBE requirement may cause your bid to be deemed nonresponsive and your firm ineligible for award of this contract.

II. DEFINITIONS

The following definitions have general applicability throughout this document.

A. **Trustees** as used herein, means the Board of Trustees of the California State University and includes any division or campus thereof which has been delegated the authority to enter into contracts on behalf of the Trustees, and any person acting under authority of such delegation.

B. **Supplier** as used herein means any person or entity making an offer or proposal, competitively or non-competitively, for the purpose of securing the awarding or letting of a contract by the Trustees.

C. **Disabled Veteran** as used herein means a veteran of the military, naval or air services of the United States with at least a 10 percent service-connected disability who is a resident of the State of California.

D. **Disabled Veteran Business Enterprise (DVBE)** as used herein means a business concern certified by the Office of Small Business and DVBE Services Certification Programs.

III. SATISFACTION OF THE DVBE PARTICIPATION GOAL REQUIREMENT

A. DVBE Participation Goal Attainment

The three (3) percent Disabled Veteran Business Enterprise (DVBE) Participation Goal is attained when:

(a) The Supplier is not a DVBE and is committed to use DVBEs for not less than three (3) percent of the contract dollar amount; or

(b) The Supplier is a DVBE and committed to performing not less than three (3) percent of the contract dollar amount with its own forces or in combination with those of other DVBEs.

B. Approved Utilization Plan

1. General

In satisfaction of the DVBE participation goal requirement, State law permits Suppliers bidding on contracts for materials, supplies, or equipment, including electronic data processing ("EDP") goods and services to submit a DVBE Utilization Plan that has been

approved, prior to the final bid due date, by the California State Department of General Services (DGS) Procurement Division in Sacramento. For more information contact DGS. Also see their internet site: http://www.pd.dgs.ca.gov/Publications/utilization.htm .

AN APPROVED UTILIZATION PLAN MAY NOT BE USED TO SATISFY THE DVBE PARTICIPATION GOAL REQUIREMENT FOR ANY PUBLIC WORKS CONTRACT.

IV. DVBE PARTICIPATION GOAL DOCUMENTATION REQUIREMENTS

A. General

The Supplier must clearly document how it intends to meet the DVBE participation goal requirement by completing the require forms and (if appropriate) disclosing any relevant information about their planned use of DVBE's.

B. Required Documentation

The DVBE documentation forms that must be completed are as follows and instructions for completing the required forms correctly are included to assist the Supplier.

1. DVBE Transmittal Form

Suppliers must fill out and attach the DVBE Transmittal Form as a cover sheet to the required documents and submit it and the additional required documentation within the timeframe specified in the bid solicitation, or if not specified therein, within a timeframe otherwise designated by the Trustees. All requested DVBE documentation must be completed on the forms provided and submitted with the DVBE Transmittal Form.

2. Summary of Disabled Veteran Owned Business Participation (Attachment 1)

Attachment 1, Summary of Disabled Veteran Owned Business Participation**,** must be completed showing the type of work and company proposed for DVBE participation, their subSuppliers (if any), and other related information. Complete the form providing the information as follows:

(a) **Company Name -** list the name of the company proposed for DVBE participation. If the prime Supplier is a DVBE, its name must also be listed to receive participation credit.

(b) **Nature of Work -** identify the proposed work or service to be provided by the listed company.

(c) **Contracting With -** list the name of the department or company with which the company listed is contracting.

(d) **TIER -** the contracting tier should be indicated with the following level designations:
0 = Prime Supplier;
1 = First tier subSupplier/supplier;
2 = Second tier subSupplier/supplier of first tier subSupplier/ supplier;
3 = Third tier subSupplier/supplier of second tier subSupplier/ supplier; etc.

(e) **Claimed DVBE Value -** the total dollar amount of the value claimed by a disabled veteran business enterprise.

(f) **Percentage of Contract -** compute the percentage (%) the claimed DVBE value is of the total contract dollar amount.

(g) **DVBE Certification -** The Supplier must include one copy of the DVBE certification letter from the Office of Small Business Services and DVBE Services Certification Programs for each DVBE firm listed on the Summary of Disabled Veteran Owned Business Participation.

3. **Supplier's Certification (Attachment 2)**

The Supplier must sign and include **the Supplier's Certification**, certifying that each firm listed on the Summary of Disabled Veteran Owned Business Participation (Attachment 1) complies with the legal definition of DVBE.

C. Timeframe for Submitting Documentation

The DVBE participation documentation must be submitted within the timeframe specified in the bid solicitation, or if not specified therein, within a timeframe otherwise designated by the Trustees. Failure to submit full and accurate documentation within the specified or designated timeframe may result in your firm being deemed non-responsive, and thus ineligible for award of the contract.

V. USE OF PROPOSED DVBE

If awarded the contract, the successful Supplier must use the DVBE subSuppliers and/or suppliers proposed in its bid proposal unless it has requested substitution and has received approval of the Trustees in compliance with the Subletting and Subcontracting Fair Practices Act.

Failure to adhere to at least the DVBE participation proposed by the successful Supplier may be considered a material breach of the contract and cause for contract termination and recovery of damages under the rights and remedies due the Trustees under the default section of the contract.

VI. REPORTING OF DVBE UTILIZATION

If awarded the contract the successful Supplier shall report to the campus, on a periodic basis established in the contract, the dollar amount of DVBE participation.

VII. ADDITIONAL DVBE INFORMATION SOURCES

A. For more information regarding DVBE certification, copies of directories or for general DVBE information, contact:

Office of Small Business and DVBE Services, Room 1-400
P.O. Box 989052,
West Sacramento, CA 95798-9052 (mailing address)

Office of Small Business and DVBE Services
707 Third Street, First Floor, Room 400
West Sacramento, CA 95605 (physical address)

Telephone number: (800) 559-5529 or (916) 375-4940 or by fax at (916) 375-4950
Email: osdchelp@dgs.ca
Or, via the Internet at http://www.pd.dgs.ca.gov/dvbe/aboutcerts.htm

VIII. CONTRACT AUDITS

Supplier agrees that the Trustees or its delegate will have the right to obtain, review, and copy all records pertaining to performance of the contract, including but not limited to reports of payments made to subSuppliers during the term of a contract. Supplier agrees to provide the Trustees or its delegate with any relevant information requested and shall permit the Trustees or its delegate access to its premises, 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. Supplier further agrees to maintain such records for a period of three (3) years after final payment under this contract.

THE TRUSTEES OF THE CALIFORNIA STATE UNIVERSITY

Disabled Veteran Business Enterprise (DVBE) Participation Requirement

DVBE Transmittal Form

The DVBE Transmittal Form is to be attached and used as a cover sheet for the required DVBE documentation that must be submitted within the time frame specified in the bid solicitation.

Campus: _____

Project Name: _____

Project Number: _____

Bid Date: _____

Name of Contractor Submitting Bid: _____

_____

Please check off the following to insure you have included them in your documentation:

____ Attachment 1: Summary of DVBE Participation

____Attachment 2: Bidder's Certification of DVBE Status of Subcontractors and Suppliers

____ Attachment of Any Additional Supporting Documentation

SUMMARY OF DISABLED VETERAN OWNED BUSINESS PARTICIPATION

COMPANY NAME	NATURE OF WORK	CONTRACTING WITH	TIER	CLAIMED DVBE VALUE $	PERCENTAGE OF CONTRACT (%)	OSDS DVBE CERTIFICATION

I declare under penalty of perjury, under the laws of the State of California, that the information herein is true and correct to the best of my knowledge.

Executed on: _____, at _____ in the state of _____
Date City

Signature of Contractor or Authorized Agent	Project Name	Project Number
Printed Name	Firm Name	Telephone

THE TRUSTEES OF THE CALIFORNIA STATE UNIVERSITY

BIDDER'S CERTIFICATION
DISABLED VETERAN BUSINESS ENTERPRISE
STATUS OF SUBCONTRACTORS AND SUPPLIERS

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 veteran business enterprise complies with the relevant definition set forth in law. In making this certification, I am aware of Section 12650 et seq. of the Government Code providing for the imposition of treble damages for making false claims against the State, Section 10115.10 of the Public Contract Code making it a crime to intentionally make an untrue statement in this certificate, and the provisions of Section 999.9 of the Military and Veterans Code.

_____ _____

Date Signature of Authorized Agent

_____

Title