

DVBE TRANSMITTAL FORM

This DVBE Transmittal Form is to be used as a cover sheet for the required DVBE documentation that must be submitted within the time frame specified in the bid solicitation. Bidder is to complete Transmittal Form plus only one Schedule Form (either A, B, C or D).

CAMPUS:	BID DATE:
PROJECT NAME:	PROJECT NUMBER:
NAME OF CONTRACTOR SUBMITTING BID:	

DVBE STATUS: Check *only one* of the following:

- My company qualifies as a DVBE.** This means the bidder 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. The following required documentation is attached:
 - DVBE Schedule A
 - Copy of Bidder’s DVBE Certification from the Office of Small Business Services and Certification Resources

- My company does *not* qualify as a DVBE, but one or more of our subcontractors *does* qualify as a DVBE.** This means that the bidder is not a DVBE, but is committed to use DVBEs for not less than three (3) percent of the contract dollar amount. The following required documentation is attached:
 - DVBE Schedule B
 - Copy of DVBE Certification from the Office of Small Business Services and Certification Resources from each subcontractor.

- My company does *not* qualify as a DVBE, but we have a *DVBE Utilization Plan*.** State law permits bidders bidding on contracts for materials, supplies or equipment to submit a DVBE Utilization Plan that has been approved, prior to the final bid due date, by the State Department of General Services Procurement Division. The following required documentation is attached:
 - DVBE Schedule C
 - Copy of Approved Utilization Plan

- My company does *not* qualify as a DVBE, but we have made a *Good Faith Effort* to hire subcontractors that *do* qualify as DVBEs.** This means that *all* five steps outlined under *Good Faith Effort* have been performed *prior* to the final bid due date. The following required documentation is attached:
 - DVBE Schedule D
 - Copies of letters, email messages, etc. as proof of contacts made in Chart 1.
 - Copies of advertisements reported in Chart 2.
 - Copies of bidder’s solicitation letters to DVBE contractors as proof of contacts made in Chart 3.
 - Copies of responses received from DVBE contractors.

DVBE SCHEDULE A

This DVBE Form, Schedule A, is to be used when bidder is a DVBE and committed to performing three (3) percent or more of the contract dollar amount with its own forces.

COMPANY NAME:	OSMB DVBE:
NATURE OF WORK:	CLAIMED DVBE VALUE \$:

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. 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.

SIGNATURE OF AUTHORIZED AGENT:	TITLE:	DATE:
PRINTED NAME:	FIRM NAME:	TELEPHONE:

DVBE SCHEDULE B

This DVBE Form, Schedule B, is to be used when bidder does not qualify as a DVBE, but is committed to use DVBE subcontractor(s) for three (3) percent or more of the contract dollar amount.

SUBCONTRACTOR COMPANY NAME:	TIER:
NATURE OF WORK:	CLAIMED DVBE VALUE \$:
CONTRACTING WITH:	PERCENTAGE OF CONTRACT (%):
PRINTED TITLE OF PERSON SIGNING:	OSMB DVBE:

SUBCONTRACTOR COMPANY NAME:	TIER:
NATURE OF WORK:	CLAIMED DVBE VALUE \$:
CONTRACTING WITH:	PERCENTAGE OF CONTRACT (%):
PRINTED TITLE OF PERSON SIGNING:	OSMB DVBE:

SUBCONTRACTOR COMPANY NAME:	TIER:
NATURE OF WORK:	CLAIMED DVBE VALUE \$:
CONTRACTING WITH:	PERCENTAGE OF CONTRACT (%):
PRINTED TITLE OF PERSON SIGNING:	OSMB DVBE:

SUBCONTRACTOR COMPANY NAME:	TIER:
NATURE OF WORK:	CLAIMED DVBE VALUE \$:
CONTRACTING WITH:	PERCENTAGE OF CONTRACT (%):
PRINTED TITLE OF PERSON SIGNING:	OSMB DVBE:

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. 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.

SIGNATURE OF AUTHORIZED AGENT:	TITLE:	DATE:
PRINTED NAME:	FIRM NAME:	TELEPHONE:

DVBE SCHEDULE C

This DVBE Form, Schedule C, is to be used when bidder does not qualify as a DVBE, but has a DVBE Utilization Plan that has been approved, prior to the final bid due date, by the State Department of General Services Procurement Division.

Important Note: We recommend that bidders download the DVBE Resource Packet at <http://www.pd.dgs.ca.gov/smbus/default.htm>. Scroll down the page and, under the heading *DVBE Participation Program*, click on the *DVBE Resource Packet* hyperlink. This document explains, in detail, how to write a DVBE Utilization Plan.

COMPANY NAME:	<i>Attach Bidder DVBE Utilization Plan to this certification.</i>
NATURE OF WORK:	

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. 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.

SIGNATURE OF AUTHORIZED AGENT:	TITLE:	DATE:
PRINTED NAME:	FIRM NAME:	TELEPHONE:

DVBE SCHEDULE D

This DVBE Form, Schedule D, is to be used when bidder does not qualify as a DVBE, but has made a Good Faith Effort to hire DVBE subcontractor(s) for three (3) percent or more of the contract dollar amount.

Important Note: We recommend that bidders download the *DVBE Resource Packet* at <http://www.pd.dgs.ca.gov/smbus/default.htm>. Scroll down the page and, under the heading *DVBE Participation Program*, click on the *DVBE Resource Packet* hyperlink. This document explains, in detail, how to perform a DVBE Good Faith Effort. Detailed instructions can also be found in the *SJSU Vendor Guide* at <http://www.sjsu.edu/pass/vendor>.

Chart 1: List below the contacts made with the CSU, other state *and* federal agencies *and* Disabled Veteran Business Enterprise (DVBE) organizations in an effort to identify potential DVBEs for participation in this contract. Include dates, times, contact names and phone numbers

CHART 1			
AGENCY TYPE:	DATE/TIME/METHOD:	AGENCY/ORGANIZATION NAME:	CONTACT/PHONE#:
CALIFORNIA STATE UNIVERSITY			
STATE AGENCIES			
FEDERAL AGENCIES			
LOCAL AGENCIES /ORGANIZATIONS			

Chart 4: Identification of (1) all DVBEs who submitted bids or quotations, (2) nature of work, supplies or services offered which are not accepted, (3) dollar amounts of the DVBEs bids not accepted, (4) subcontractors and/or suppliers who will be used instead of the DVBEs, (5) the reason for the bidder not accepting the DVBE's bid, and (6) dollar amounts of these subcontractors and/or suppliers' bids. Use additional sheets if necessary.

CHART 4		
NAME OF DVBE (1):	NATURE OF SUPPLIES/SERVICES OFFERED (2):	DVBE BID AMOUNT (3):
SUBCONTRACTOR USED INSTEAD OF DVBE (4):	REASON BIDDER NOT ACCEPTING DVBE'S BID (5):	SUBCONTRACTOR BID AMOUNT (6):

NAME OF DVBE (1):	NATURE OF SUPPLIES/SERVICES OFFERED (2):	DVBE BID AMOUNT (3):
SUBCONTRACTOR USED INSTEAD OF DVBE (4):	REASON BIDDER NOT ACCEPTING DVBE'S BID (5):	SUBCONTRACTOR BID AMOUNT (6):

NAME OF DVBE (1):	NATURE OF SUPPLIES/SERVICES OFFERED (2):	DVBE BID AMOUNT (3):
SUBCONTRACTOR USED INSTEAD OF DVBE (4):	REASON BIDDER NOT ACCEPTING DVBE'S BID (5):	SUBCONTRACTOR BID AMOUNT (6):

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. 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.

SIGNATURE OF AUTHORIZED AGENT:	TITLE:	DATE:
PRINTED NAME:	FIRM NAME:	TELEPHONE:

CSU OFFICE USE ONLY

RECOMMENDATION:	<input type="checkbox"/> MET GOALS <input type="checkbox"/> DID EXERT GOOD FAITH EFFORT <input type="checkbox"/> DID NOT EXERT GOOD FAITH EFFORT	<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED DATE:
SIGNATURE:		

DVBE FORM INSTRUCTIONS

Important: Bidder is to complete Transmittal Form plus only one Schedule Form (either A, B, C or D).

TRANSMITTAL FORM

Campus: Enter San José State University.
Bid Date: Enter date bid submitted.
Project Name: Enter project name specified on cover page of solicitation.
Project Number: Enter Bid/RFP Number specified on cover page of solicitation.
Name of Contractor Submitting Bid: Enter bidder's first and last name.
DVBE Status: Check the box that best describes bidder's DVBE status.

SCHEDULE A

Company Name: List the name of the bidder's company.
OSMB DVBE: Enter bidder's certification number from the Office of Small Business Services and Certification Resources. Attach copy of certificate.
Nature of Work: Identify the proposed work or service to be provided by the listed company.
Claimed DVBE Value: The total dollar amount of the value claimed by a disabled veteran business enterprise.
Signature of Authorized Agent: Signature of bidder authorized to submit firm bid on behalf of bidder's company.
Title: Job title of bidder.
Date: Date bid submitted.
Printed Name: First and last name of bidder.
Firm Name: Full name of bidder's company.
Telephone: Telephone number of bidder.

SCHEDULE B

Subcontractor Company Name: List the name of the company proposed for DVBE participation. If the prime contractor is a DVBE, its name must also be listed to receive participation credit.
Tier: The contracting tier should be indicated with the following level designations:
0 = Prime contractor;
1 = First tier subcontractor/supplier;
2 = Second tier subcontractor/supplier of first tier subcontractor/ supplier;
3 = Third tier subcontractor/supplier of second tier subcontractor/ supplier; etc.
Nature of Work: Identify the proposed work or service to be provided by the listed company.
Claimed DVBE Value: The total dollar amount of the value claimed by a disabled veteran business enterprise.

Contracting With: List the name of the department or company with which the company listed is contracting. Most often this is the bidder's company.
Percentage of Contract: Compute the percentage (%) the claimed DVBE value is of the total contract dollar amount.
Printed Title of Person Signing: Job title of bidder.
OSMB DVBE: Enter certification number from the Office of Small Business Services and Certification Resources for each subcontractor. Attach copy of certificate from each subcontractor.
Signature of Authorized Agent: Signature of bidder authorized to submit firm bid on behalf of bidder's company.
Title: Job title of bidder.
Date: Date bid submitted.
Printed Name: First and last name of bidder.
Firm Name: Full name of bidder's company.
Telephone: Telephone number of bidder.

SCHEDULE C

Company Name: List the name of the bidder's company.
Nature of Work: Identify the proposed work or service to be provided by the listed company.
Signature of Authorized Agent: Signature of bidder authorized to submit firm bid on behalf of bidder's company.
Title: Job title of bidder.
Date: Date bid submitted.
Printed Name: First and last name of bidder.
Firm Name: Full name of bidder's company.
Telephone: Telephone number of bidder.

SCHEDULE D

More detailed instructions on how to conduct the DVBE Good Faith Effort can be found in the DVBE Resource Packet available at www.pd.dgs.ca.gov/smbus.

Chart 1: Date/Time: Enter date and time contact was made. Also include method of contact; i.e. mail, email, phone, fax, etc.
Chart 1: Agency/Organization Name: Enter name of agency or organization contacted.
Chart 1: Contact/Phone: Enter full name of person contacted and their phone number.
Chart 2: Name of Trade/Focus Publications: List names of publications where advertisements were placed.

Chart 2: Dates of Advertisement: List dates the advertisements were published.
Chart 3: DVBE Firm: List names of potential DVBE subcontractor companies.
Chart 3: Date of Mailing: List date(s) invitation to bid sent to potential DVBE subcontractor.
Chart 3: Date of Telephone Contact: List date(s) potential DVBE subcontractor contacted by telephone.
Chart 3: Results Selected or Reason for Non-Selection: Describe whether or not potential DVBE subcontractor's bid was accepted or rejected and the reasons why. Bidder must contact potential DVBE at least 3 times on 3 separate days before a "no response" will be accepted.
Chart 4: Name of DVBE: Names of all DVBE companies that submitted bids.
Chart 4: Nature of Supplies/Services Offered: Describe type of work, supplies or services offered which are not accepted.
Chart 4: DVBE Bid Amount: The dollar amounts of the DVBEs bids not accepted.
Chart 4: Subcontractor Used instead of DVBE: Names of subcontractors and/or suppliers who will be used instead of the DVBEs.
Chart 4: Reason Bidder Not Accepting DVBE's Bid: Describe reason for the bidder not accepting the DVBE's bid.
Chart 4: Subcontractor Bid Amount: The dollar amounts of these subcontractors and/or suppliers' bids.
Signature of Authorized Agent: Signature of bidder authorized to submit firm bid on behalf of bidder's company.
Title: Job title of bidder.
Date: Date bid submitted.
Printed Name: First and last name of bidder.
Firm Name: Full name of bidder's company.
Telephone: Telephone number of bidder.