TRUSTEES OF THE CALIFORNIA STATE UNIVERSITY DISABLED VETERAN BUSINESS ENTERPRISE (DVBE) PARTICIPATION REQUIREMENT

I. STATEMENT OF DVBE PARTICIPATION REQUIREMENT

State law requires that state agencies make efforts to achieve a goal of three percent (3%) participation for disabled veteran business enterprises (DVBE) in state contracts. **SUBMIT DOCUMENTATION AT THE TIME OF BID.**

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 INCENTIVE.

II. DEFINITIONS

The following definitions have general applicability throughout this document.

- A. <u>Trustees</u> 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. <u>Bidder</u> 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. <u>Disabled Veteran</u> 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. <u>Disabled Veteran Business Enterprise</u> (DVBE) as used herein, means a business concern certified by the Office of Small Business and DVBE Services as meeting all of the following:
 - (1) The business is at least, 51 percent owned by one or more disabled veterans or in the case of a publicly owned business, at least 51 percent of its stock is owned by one or more disabled veterans; a subsidiary which is wholly owned by a parent corporation but only if at least 51 percent of the voting stock of the parent corporation is owned by one or more disabled veterans; or a joint venture in which at least 51 percent of the joint venture's management and control and earnings are held by one or more disabled veterans.
 - (2) One or more disabled veterans manage and control the daily business operations. The disabled veterans who exercise management and control are not required to be the same disabled veterans as the owners of the business concern.
 - (3) A sole proprietorship, corporation, or partnership with its home office located in the United States, which is not a branch or subsidiary of a foreign corporation, foreign firm or other foreign-based business.
- E. <u>Commercially Useful Function</u> as used herein, means any small business, microbusiness and DVBE must perform a "commercially useful function" in any contract they perform for the state. See: http://www.documents.dgs.ca.gov/osp/sam/mmemos/MM05_03.pdf

III. SATISFACTION OF THE DVBE PARTICIPATION REQUIREMENT

A. DVBE PARTICIPATION ATTAINMENT

In order to satisfy and be responsive to this requirement, the bidder must meet the DVBE Participation Requirement as follows:

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

- (a) The bidder is not a Disabled Veteran Business Enterprise and is committed to use DVBEs for not less than three (3) percent of the contract dollar amount; or
- (b) 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.

B. APPROVED UTILIZATION PLAN

1. General

In satisfaction of the DVBE participation requirement, State law permits bidders 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 State Department of General Services Procurement Division.

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

2. <u>Utilization Plan Criteria and Approval</u>

(a) <u>Criteria</u>

At a minimum, the Utilization Plan must include all of the following information:

- (1) A statement of the vendor's disabled veteran business enterprise utilization plan, including the primary objectives of the utilization plan.
- (2) An explanation showing sufficient business reasons why the vendor did not meet disabled veteran business enterprise participation requirements set forth in the vendor's disabled veteran business utilization plan submitted to, and approved by, the Department of General Services in the previous year, if applicable. Further, if vendor did not meet the disabled veteran business participation requirements in the previous year, the vendor shall also identify remedial steps it will take to meet the requirements in the current utilization plan.
- (3) A statement of the vendor's disabled veteran business utilization goals for the succeeding year. At a minimum these utilization goals shall be equal to the statewide participation goals set forth in subdivision (c) of Section 10115 of the Public Contract Code.
- (4) Estimated total dollars to be subcontracted by the vendor for sales within the United States for the succeeding year.
- (5) Estimated total dollars to be subcontracted by the vendor for sales within the State of California for the succeeding year.
- (6) Total dollars, as expressed as a percentage of the amount estimated pursuant to paragraph (5) intended to be subcontracted with disabled veteran-owned business enterprises.
- (7) A representative listing of the products and services that the vendor anticipates subcontracting, including an identification of the types of subcontracting planned for disabled veteran business enterprises.
- (8) The name of the individual employed by the vendor who will administer the vendor's utilization plan, including a description of the duties of the individual.
- (9) A description of the efforts that the vendor will undertake to ensure that disabled veteran business enterprises will have an equitable opportunity to compete for contracts.
- (10) A listing of the records and reports that the vendor will maintain to demonstrate the practices and procedures that have been adopted to comply with the requirements and goals of the utilization plan.
- (11) Affirmation that the vendor met the statewide disabled veteran business enterprise utilization requirement for the previous year, if applicable.

(b) Approval

A business utilization plan shall be considered approved by the Department of General Services as of the date submitted to the Department of General Services so long as the plan meets the minimum criteria set forth in

IV. DVBE PARTICIPATION REQUIREMENT DOCUMENTATION

A. **GENERAL**

The bidder must document its effort to meet the DVBE participation requirement.

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 bidder.

(1) **DVBE Transmittal Form**

Bidders 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 time frame specified in the bid solicitation, or if not specified therein, within a time frame otherwise designated by the Trustees. All requested DVBE documentation must be completed on the forms provided and submitted with the DBVE Transmittal Form.

(2) <u>Summary of Disabled Veteran Owned Business Participation (Attachment 1)</u>

Attachment 1, Summary of Disabled Veteran Owned Business Participation, must be completed showing the type of work and company proposed for DVBE participation, their subcontractors (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 contractor 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. Work shall have a commercially useful function.
- (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 Contractor;
 - 1 = First tier primary subcontractor/supplier;
 - 2 = Second tier subcontractor/supplier of first tier subcontractor/supplier;
 - 3 = Third tier subcontractor/supplier of second tier subcontractor/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 bidder must include the certification number from the Office of Small Business Services and DVBE Services Certification Programs <u>for each</u> DVBE firm listed on the Summary of Disabled Veteran Owned Business Participation.

(3) <u>Bidder's Certification (Attachment 2)</u>

The bidder must sign and include the **Bidder'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. TIME FRAME 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 will 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 bidder must use the DVBE subcontractors 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 bidder may be cause for contract termination and recovery of damages under the rights and remedies due the Trustees under the default section of the contract.

VI. CONTRACT AUDITS

Contractor 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 subcontractors during the term of a contract. Contractor 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. Contractor further agrees to maintain such records for a period of three (3) years after final payment under the contract.

VII. CALIFORNIA DEPARTMENT OF GENERAL SERVICES

Office of Small Business and DVBE Services (OSDS)

Certifies small businesses and DVBE's, provides business information to further participation in state contracting opportunities, and publishes a listing of certified DVBE's.

Physical Location 707 Third Street, 1st Floor, Room 400 West Sacramento CA 95605 Mailing Address P.O. Box 989052 West Sacramento, CA 95798-9052

Receptionist: (916) 375-4940

Procurement Division Central Receptionist: (800) 559-5529

FAX #: (916) 375-4950 Email: osdshelp@dgs.ca.gov

Certified DVBE listing Internet address: http://www.pd.dgs.ca.gov/pd/programs/osds.aspx

VIII. DVBE INCENTIVE PROGRAM

less.

CSU Policy Manual for Contracting and Procurement, Section 215, Special Consideration creates the DVBE incentive program.

BIDDERS WHO OBTAIN A 3% OR GREATER PARTICIPATION WILL RECEIVE A 5 % INCENTIVE

A combination of Small/Micro Business preference with DVBE incentive cannot exceed 10% or \$100,000 whichever is

- A. The incentive is applied during the evaluation process and is only applied for responsive bids from responsible bidders proposing the percentage(s) of DVBE participation for the incentive specified in the solicitation. Solicitations may provide an incentive scale under which bidders obtaining higher levels of participation qualify for greater incentives.
- B. For award based on low price, the incentive is applied by reducing the bid price by the amount of incentive as computed from the lowest responsive and responsible bid price. The computation is for evaluation purposes only. Application of the incentive shall not displace an award to a small business with a non-small business.
- C. For award based on high score, the incentive points are included in the sum of non-cost points. The incentive points cannot be used to achieve any applicable minimum point requirements.

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 at the time of the bid opening. (Instructions for completing this requirement are included in this exhibit on pages 1-4.)

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
Disabled Veteran Business Enterprise Declarations, Form STD. 843
Disabled Veteran Business Enterprise Subcontractor Activity Report (Submit this form twice 1) prior to release of retention by University, and 2) after all payments have been made)
OFFICIAL CSU USE ONLY
Did Contractor meet 3% DVBE requirement? ☐ Yes ☐ No
DVBE Bid Incentive (attach abstract of bids) Amount of DVBE Bid Incentive granted:% Amount of DVBE Participation pledged:%
Signed: DVBE Program Advocate Date

CSU The California State University

Attachment 1

SUMMARY OF DISABLED VETERAN-OWNED BUSINESS PARTICIPATION

	COMPANY NAME	NATURE OF WORK	CONTRACTING WITH	TIER	CLAIMED DVBE VALUE \$	PERCENTAGE OF CONTRACT (%)	OSMB DVBE CERTIFICATION
declar	e under penalty of perjury, u	nder the laws of the State of C	California, that the informat	ion here	in is true and	correct to the best	of my knowledge.
executed on:, at		, at	in the state of			Stata	
	Date	•	Lity			State	
Signatu	re of Contractor or Authorized Agent		Project Nan	ne.		Proi	ect Number
Signatu	te of Conductor of Authorized Agent		r roject ivan			()	eet i vaimbei
	Printed Name		Firm Nam	e		(lephone

Attachment 2

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 the Military and Veterans Code, Section 999.9.

Date	Signature of Authorized Agent	
	Title	

DISABLED VETERAN BUSINESS ENTERPRISE DECLARATIONS

STD. 843 (Rev. 5/2006)

Instructions: The disabled veteran (DV) owner(s) and DV manager(s) of the Disabled Veteran Business Enterprise (DVBE) must complete this declaration when a DVBE contractor or subcontractor will provide materials, supplies, services or equipment [Military and Veterans Code Section 999.2]. Violations are misdemeanors and punishable by imprisonment or fine and violators are liable for civil penalties. All signatures are made under penalty of periury

fine and violators are liable for civil penalt	ies. All signatures are m SECTION 1	ade under penalty of p	perjury.		
Name of certified DVBE:	<u> </u>	DVRE	Ref. Number:		
Description (materials/supplies/services/e	equipment proposed):	DVBE	Rei. Number.		
	equipment proposed).	CODDO Det Norsker	_		
Solicitation/Contract Number:		SCPRS Ref. Number	: (FOR STATE U	ISE ONLY)	
	SECTION 2				
APPLIES TO ALL DVBEs. Check only of	one box in Section 2 an	d provide original si	gnatures.		
I (we) declare that the <u>DVBE is not a broker or agent</u> , as defined in Military and Veterans Code Section 999.2 (b), of materials, supplies, services or equipment listed above. Also, complete Section 3 below if renting equipment.					
Pursuant to Military and Veterans Code Section 999.2 (f), I (we) declare that the <u>DVBE is a broker or agent for the principal(s) listed below or on an attached sheet(s)</u> . (Pursuant to Military and Veterans Code 999.2 (e), State fund expended for equipment rented from equipment brokers pursuant to contracts awarded under this section shall not credited toward the 3-percent DVBE participation goal.)					
All DV owners and managers of the DVB	attach additional pages wi	th sufficient signature blo	ocks for each persor	n to sign):	
(Printed Name of DV Owner/Manager)	-	(Signature of DV Own	ier/ Manager)	(Date Signed)	
(Printed Name of DV Owner/Manager)	-	(Signature of DV Own	ner/Manager)	(Date Signed)	
Firm/Principal for whom the DVBE is actir (If more than one firm, list on extra sheets.)	ng as a broker or agent:	(F	Print or Type Name)		
Firm/Principal Phone:	Address:				
	SECTION 3				
APPLIES TO ALL DVBES THAT RENT I	EQUIPMENT <u>AND</u> DECL	ARE THE DVBE IS N	IOT A BROKER.		
Pursuant to Military and Veterans Co ownership of the DVBE, or a DV mar accordance with Military and Veteran	nager(s) of the DVBE. Th	ne DVBE maintains ce			
The undersigned owner(s) own(s) at for use in the contract identified above agency my (our) personal federal tax Veterans Code 999.2, subsections (of personal federal tax return(s) to the action (c) and (g), will result in the DVBE be	e. I (we), the DV owners return(s) at time of certif d) and (g). Failure by the administering agency as	of the equipment, hav ication and annually th disabled veteran equip defined in Military and	ve submitted to the nereafter as define coment owner(s) to	e administering ed in <i>Military and</i> o submit their	
Disabled Veteran Owner(s) of the DVBE	attach additional pages with	signature blocks for each	ı person to sign):		
(Printed Name)		(Signature)		(Date Signed)	
(Address of Owner)		(Telephone)	(Tax Identification	Number of Owner)	
Disabled Veteran Manager(s) of the DVB	E (attach additional pages w	ith sufficient signature blo	ocks for each perso	n to sign):	
(Printed Name of DV Manager)		(Signature of DV M	Manager)	(Date Signed)	

Disabled Veteran Business Enterprise Subcontractor Activity Report

(General Contractor to submit this form twice 1) prior to release of retention by CSU, and 2) after all payments have been made, per CGCs article 2.13. Add more lines to the form as required.)

	Campus:				
	Project Name:				
	Project Number:				
	General Contractor:				
	Total Amt Paid to General Contractor:	\$		l r i li i i i i i i i i i i i i i i i i	
	Total Amt held in Retention by CSU:	\$	→	[check if retention no	-
	Total GC Contract Amount:	\$	Report #2 ப	[check if final pmts h	nave been madej
		\$ Amount each	C. A wount Owed to	Firel & Amount to	Final Amt to be Pd DVBE Sub as % of GC Contract
1	DVBE Name/Address:	from GC	\$ Amount Owed to DVBE Sub	be Pd DVBE Sub	Amount
	DVBE1	\$	\$	\$	Amount %
	address	٦	٦	<u> </u>	/~
	city, st zip	4			
1	City, St Zip	J			
2	DVBE2	\$	\$	\$	%
1	address				
1	city, st zip	1			
	DVBE3	\$	\$	\$	%
	address				
1	city, st zip	_			
4	DVBE4	Та	\$	Ta	T 0/
	address	\$] >	\$	%
	city, st zip	4			
1	City, St Zip	J			
5	DVBE5	\$	\$	\$	%
	address	<u>'</u>	<u> </u>		1
1	city, st zip	1			
٠					
	TOTAL DVBE PARTICIPATION	; \$	\$	\$	%
Сe	ertification				
the und sha	the submitter of the foregoing statements has read the be purpose of verifying the DVBE participation for this Conder the laws of the State of California that the foregoin thall be subject to a civil penalty for each violation in the ftwenty-five thousand dollars (\$25,000).	Contract. By signing be sing is true and correct. I	elow, the submitter certif Note: a person or entity	ifies and declares under y that knowingly provide	er penalty of perjury es false informaton
	Signature	Print Name Title Pho	ne No		Date