

All new and renewing Small Business (SB) and Disabled Veteran Business Enterprise (DVBE) applicants **must** include this completed SB and DVBE Certification Eligibility Supplemental Information form with their submittal.

A. BUSINESS NAME (ALL APPLICANTS)	
"DOING BUSINESS AS" (DBA) NAME	OSDS REF # (CURRENTLY CERTIFIED FIRMS ONLY)

B. COMMERCIALY USEFUL FUNCTION (CUF) (ALL APPLICANTS)
All certified Small Business, Microbusiness, and/or DVBE contractors, subcontractors or suppliers must meet the commercially useful function requirements under Government Code, Section 14837(d)(4) (for SB) and Military and Veterans Code, Section 999(b)(5)(B) (for DVBE).

Instructions: Answer the following questions as they apply to your firm when fulfilling a contract or purchase order with the State of California either as a prime or subcontractor.

1	<p><i>When fulfilling your role on a State contract or purchase order, will your firm provide services and/or products that are specifically related to that contract or purchase order?</i></p> <p><u>Example:</u> The State contract is for modifying an office site, which requires plumbing. You are a licensed plumber and will perform duties specific to plumbing.</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>
2	<p><i>When fulfilling your role on a State contract or purchase order, will your firm directly perform, manage or supervise your designated portion of the work?</i></p> <p><u>Example:</u> The State purchase order requires specific types of nuts and bolts. Your primary line of business is selling hardware and your firm will provide the specified nuts and bolts.</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>
3	<p><i>When fulfilling your role on a State contract or purchase order, will your firm provide services and/or products that are normal for your line of business?</i></p> <p><u>Example:</u> Your primary line of business is selling medical supplies. It is appropriate for you to respond to a medical supply request, but it is not appropriate to perform landscaping services.</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>
4	<p><i>If you subcontract, or had to subcontract (any or all of) the work on a State contract or purchase order, is the amount of subcontracting normal for your industry?</i></p> <p><u>Example:</u> On a construction contract, a licensed plumber would be expected to perform most, if not all, of the plumbing work.</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>
5	<p><i>When fulfilling your role on a State contract or purchase order, will your firm perform the work or provide the goods yourself, and <b>not</b> act as a pass-through in order to give the appearance of SB and/or DVBE participation?</i></p> <p><u>Example:</u> The State purchase order requests medical supplies. Your firm's primary line of business is to sell medical supplies. Your firm will fulfill the order from start to finish, including (but not limited to) taking title to the goods, bearing the risk of loss for any damaged products and/or substandard services, billing the State, and dealing with any warranty or dispute issues should they arise. Your firm's role should <b>not</b> be to merely arrange a purchase between the State and another supplier. The State should be able to resolve any product or service issues with you (and not a third party) at any time during the transaction (or warranty period, if one exists).</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>

C. SMALL BUSINESS APPLICANTS ONLY
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1	<p><i>Is your firm independently owned and operated?</i></p> <p><u>Example:</u> Your firm is not owned by another entity (such as a corporation) that has control over your business' day-to-day operations.</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>
2	<p><i>Is your firm dominant in its field of operation?</i></p> <p><u>Example:</u> If your firm is a software company and controls the software industry within the State of California, you are considered to be dominant in your field of operation.</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>

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**Supplemental SB and DVBE Certification Information**

**C. SMALL BUSINESS APPLICANTS ONLY (Cont.)**

**3. AFFILIATE BUSINESS RELATIONSHIPS**

**ALL SMALL BUSINESS APPLICANTS MUST COMPLETE THIS SECTION.  
DO NOT LEAVE BLANK OR ENTER "N/A."**

**PART A—All small business applicants** must answer each of the 8 questions below to identify potential affiliate businesses. All business relationships meeting any or all of the following 8 criteria may be considered to be affiliated even if no business income was generated.

During any one (or all) of the previous three tax years, did the applicant or its individual owners/officers:	YES	NO	During any one (or all) of the previous three tax years, did the applicant or its individual owners/officers:	YES	NO
1. Have a controlling ownership interest in another business?			2. Share or have common owners with another business?		
3. Share or have common management with another business? ("Management" refers to the owners/officers that control the business' decisions and day-to-day operations.)			4. Have a family member(s) engaged in a similarly or commonly related business activity as the applicant?		
5. Have a financial relationship with another business, consisting of loans and/or assistance to meet bond/security or credit requirements? (Exclude those with public financial institutions.)			6. Have a contractual relationship between the applicant firm and another company consisting of assignments, and/or transfer of title(s)?		
7. Share facilities, equipment or systems with another business?			8. Share employees with another business?		

**PART B—If you are a Sole Proprietorship**, you must answer the following question.

YES NO

Did the applicant's owner have other sole proprietorships (besides the applicant firm) during any one (or all) of the three previous tax years?

**PART C—If you answered "YES" to any of the questions in C3A and/or C3B, you must complete this section. (Attach additional paper if necessary)**

You must identify each business that applies to your "YES" response in Section C3A and/or C3B above. You only have to list the business once if there are multiple reasons and/or persons that establish the relationship.

	ENTER THE NAME AND ADDRESS OF EACH BUSINESS ASSOCIATED WITH EACH OF YOUR "YES" ANSWERS IN 3A OR 3B ABOVE	ENTER THE NAME(S) OF THE OWNER(S) OR OFFICER(S) IN THE APPLICANT FIRM THAT IS ASSOCIATED WITH THE BUSINESS LISTED BELOW	RELATIONSHIP OR TITLE THIS OWNER/OFFICER HAS WITH THE BUSINESS LISTED BELOW	OWNERSHIP % THAT THIS OWNER/OFFICER HOLDS IN THE BUSINESS BELOW	RELATIONSHIP		ENTER THE LISTED BUSINESS' AVERAGE # OF EMPLOYEES OVER THE LAST 4 QTRS
					START DATE	END DATE	
1	BUSINESS NAME						
	BUSINESS ADDRESS						
2	BUSINESS NAME						
	BUSINESS ADDRESS						

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<b>D. DVBE MANAGEMENT AND CONTROL (ALL DVBE APPLICANTS MUST COMPLETE SECTION D)</b>		
	<b>YES</b>	<b>NO</b>
1. Answer the following questions as they apply to the <b>managerial control</b> of the applicant firm.		
A. Is the disabled veteran (DV) owner(s) or DV manager(s) responsible for the negotiations, execution, and signature of contracts?		
B. Is the DV owner(s) or DV manager(s) responsible for the execution (signing) of financial transactions and agreements (credit, banking, bonding)?		
2. Answer the following questions as they apply to the <b>operational control</b> of the applicant firm.	<b>YES</b>	<b>NO</b>
A. Are there any formal or informal restrictions limiting the voting power or control of the DV owner(s) and/or DV manager(s)?		
B. Are there any third party agreements restricting the control of the DV owner(s) and/or DV manager(s)?		
C. Does the DV owner(s) or DV manager(s) possess the requisite experience, education, knowledge, and qualifications in the applicant firm's field of operations?		
D. Are the salary/profits of the DV owner(s) and DV manager(s) commensurate (proportionate) with their ownership interest?		
E. Does the DV owner(s) or DV manager(s) have direct responsibility for subordinates, if any?		
F. Does the DV owner(s) or DV manager(s) have direct responsibility for subcontractors, if any?		
G. Does the DV owner(s) or DV manager(s) have direct responsibility for the applicant firm's equipment?		
H. Does the DV owner(s) or DV manager(s) have direct responsibility for the applicant firm's materials?		
I. Does the DV owner(s) or DV manager(s) have direct responsibility for the applicant firm's facilities (office/yard)?		
3. If you are a " <b>Corporation</b> ," you must ALSO answer questions D3A, D3B and D3C.	<b>YES</b>	<b>NO</b>
A. Does the DV owner(s) receive at least 51% of any dividends paid by the firm, including distribution upon liquidation?		
B. Does the DV owner(s) have the ability to appoint or elect and to remove the majority of the board of directors?		
C. Are the DV owner(s) entitled to 100% of the value of each share of stock they hold?		

**E. AUTHORIZING SIGNATURE (ALL APPLICANTS—REQUIRED)**

The signatory of this document must be the applicant firm's owner (or officer in the case of a corporation) and as such, hereby certifies under penalty of perjury under the laws of the State of California that all information provided herein is truthful and accurate.

OWNER'S/OFFICER'S SIGNATURE	DATE
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