

STATE OF CALIFORNIA – DEPARTMENT OF GENERAL SERVICES  
**DISABLED VETERAN BUSINESS ENTERPRISE**  
**SUBSTITUTION REQUEST**  
DGS PD 07-06 (New 4/2015)

PROCUREMENT DIVISION

1. Awarding Department		<b>PD-OSDS USE ONLY</b>
2. SB/DVBE Advocate Name	5. Contracting Official Name	
3. SB/DVBE Advocate E-mail	6. Contracting Official E-mail	
4. SB/DVBE Advocate Phone Number	7. Contracting Official Phone Number	

8. Classification of Contract

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9. Description of Contract

10. Contract Number	11. Contract Amount	12. Amount of DVBE Subcontractor Commitment
13. Release Date of Solicitation	14. Contract Term	15. Date Contractor Requested DVBE Subcontractor Substitution

16. Justification for Substitution

17. Date Contractor Sent Written Notice to DVBE Subcontractor(s)	18. Date(s) Written Objections Were Received from DVBE(s), if any	19. Date Department Sent Notice of Substitution Hearing Substitution Hearing (Required if objections received)	20. Date of Substitution Hearing, if applicable
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21. SB/DVBE Advocate Signature	Date Signed
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22. Check all that are attached:

<input type="checkbox"/> Contractors Written Request for Substitution and Proof of Delivery	<input type="checkbox"/> Documentation to Support Absence of DVBE and SB Subcontractor Information
<input checked="" type="checkbox"/> DVBE Subcontractor Agreement, Bidder Declaration, etc.	<input type="checkbox"/> Contact with SB/DVBE Advocate and Department of Veteran Affairs for Subcontractors
<input type="checkbox"/> DVBE Subcontractor Substitute Information	<input type="checkbox"/> Written Notice to DVBE's of Hearing
<input type="checkbox"/> DVBE Subcontractor Consent to Substitution	<input type="checkbox"/> Hearing Decision/Order
<input type="checkbox"/> DVBE Subcontractor Opposition to Substitution	<input type="checkbox"/> Other

<b>PD-OSDS USE ONLY</b>	
<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED

Comments

DGS/OSDS Manager Approval	Date Approved
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## INSTRUCTIONS

1. **Awarding Department:** Name of the awarding department submitting the request to approve DVBE subcontractor substitution by another DVBE(s) or Small Business.
2. **SB/DVBE Advocate Name:** Enter the name of the Small Business/Disabled Veteran Business Enterprise (SB/DVBE) Advocate.
3. **SB/DVBE Advocate E-mail:** Enter the email address for the SB/DVBE Advocate.
4. **SB/DVBE Advocate Phone Number:** Enter the phone number for the SB/DVBE Advocate.
5. **Contracting Official Name:** Enter the name of the contracting official.
6. **Contracting Official E-mail:** Enter the email address for the contracting official.
7. **Contracting Official Phone Number:** Enter the phone number for the contracting official.
8. **Classification of Contract:** Enter IT-Good or Service, Non-IT Good, Non-IT Service, Public Works or Architectural & Engineering.
9. **Description of Contract:** Describe goods or services sufficiently for Department of General Services (DGS) to describe what was needed on contract.
10. **Contract Number:** Reference the contract number assigned to the awarded contract.
11. **Contract Amount:** Enter the dollar amount on which the commitment of DVBE subcontractor participation is based.
12. **Amount of DVBE Subcontractor Commitment:** Enter the dollar amount that the contractor listed as a commitment for DVBE subcontractor participation. Submit the documents that support the commitment amount (form submitted with the bid or offer, correspondence, DVBE subcontractor agreement, etc.).
13. **Release Date of Solicitation:** Enter the date the solicitation was released to the public.
14. **Contract Term:** Enter the start and end date of the contract.
15. **Date Contractor Requested DVBE Subcontractor Substitution:** Identify the date contractor submitted DVBE substitution request to Department.
16. **Justification for Substitution:** Enter the authority that applies for the DVBE substitution request pursuant to 2 California Code of Regulations (CCR) Section 1896.73 or Public Contract Code Section 4107 (a)(1-9).
17. **Date Contractor Sent Written Notice to DVBE Subcontractor(s):** Identify the date contractor sent written notification to the DVBE Subcontractor(s).
18. **Date Written Objections Were Received from DVBE(s), if any:** Submit written objections and request for hearing submitted by DVBE(s), if any.
19. **Date Department Sent Notice of Substitution Hearing (Required if objections received):** Submit copy of written notice to DVBE(s) of hearing, if applicable.
20. **Date of Substitution Hearing, if applicable:** Enter the date of the DVBE Substitution Hearing held by the Department.

### Notes:

- Email completed form and supporting documents to [OSDSHelp@dgs.ca.gov](mailto:OSDSHelp@dgs.ca.gov) referencing "DVBE Substitution Request" in the Subject line.
- DGS approval is not required for your Department to deny DVBE substitution requests.
- DGS/OSDS will email the processed DVBE Substitution Request to Department SB/DVBE Advocate & Contracting Official within 3 days from receipt.
- Contractor and DVBE subcontractor(s) will be notified by Department SB/DVBE Advocate or Contracting Official.
- For assistance and additional information on DVBE Substitution see CCR, Title 2, Division 2, Section 1896.73.