

Prime Contractor's Form Completion Instructions (Page 1 Only)

GENERAL INFORMATION: Military and Veteran Code (MVC) 999.5(d), Government Code (GC) 14841, and California Code of Regulations (CCR) 1896.78(e) requires all Prime Contractors that had a Disabled Veteran Business Enterprise (DVBE) perform an element of work for a contract to report DVBE information.

Prime Contractors are required to maintain records supporting the information submitted on this form and that all payments to DVBE subcontractor(s) were made.

INCLUDE

- **ONLY ONE contract per Report**
- **All DVBEs that performed an element of work for this contract regardless of tier**

HEADER

Contract Number: Enter the Contract Number

Prime Contractor: Enter the Prime Contractor's name as shown on the contract

FEIN Number: Enter only the **last four digits** of the Federal Employer Identification Number (FEIN) or the Social Security Number (SSN)

Phone Number: Enter the phone number (with area code) of the Prime Contractor

Address: Enter the address of the Prime Contractor

Department: Enter the state department name/contact phone #/ mailing address/ email address

Date Contract Entered: Enter the date contracted was signed

Date Contract Completed: Enter the date contracted work was completed

Date Final Payment Received: Enter the date the **final** payment for work performed was received by the Prime Contractor

Contract Award Amount: Enter the total dollar amount awarded to the Prime Contractor for this contract including all financial amendments

Contract Received Amount: Enter the dollar amount received by the Prime Contractor for this contract

TABLE

DVBE Subcontractor(s) Name: Enter the name of all DVBEs that are listed to perform an element of work or supplies for this contract and any formal approved substitution(s). (Use additional lines if the name does not fit on a single line) All DVBE substitutions must be approved by DGS' Office of Small Business & DVBE Services (MVC § 999.5(e)). Use the next tab for additional lines on the form

Prime Contractor's Form Completion Instructions (Page 1 Only)

DVBE Subcontractor(s) Address: Enter the address of each DVBE (Use additional lines if address does not fit on a single line)

Supplier Number: Enter each DVBE's supplier/certification number

Total Contracted Amount to DVBE: Enter the entire amount contracted to each DVBE

Total Payment Amount to DVBE: Enter the total amount paid to all DVBEs that performed an element of work or were suppliers for this contract

Difference: The system will compute the difference of DVBE dollars contracted compared to dollars paid

SIGNATURE BLOCK

Prime Contractor's Signature: Prime Contractor's printed name, title, signature, and date

Pursuant to PCC 10369, you must submit this completed report to the awarding department/entity listed in the header within 60 days of receipt of final payment.

Department's Form Completion Instructions (Page 2 Only)

DEPARTMENT ONLY INSTRUCTIONS

Prime Contractor Forms do NOT need to be sent when utilizing Department of General Services (General Services) Statewide Commodity Contracts, DVBE subcontracting information for those contracts are collect by General Services.

Departments are responsible for sending and collecting this form even when General Services or another department conducts procurement on your behalf.

The following items need to be filled out by the department prior to EMAILING the form to the Prime Contractor.

The awarding department's completion of this information prior to issuing this form to prime contractors ensures that all DVBE subcontractor activities are reported for DVBEs resulting in the award.

HEADER

Contract Number: Enter the Contract Number

Prime Contractor: Enter the Prime Contractor's name as shown on the contract

Department: Enter the state department/entity name

Date Contract Completed: Enter the date contracted work was completed

Contract Award Amount: Enter the total dollar amount paid to the Prime Contractor for this contract including all financial amendments

TABLE

DVBE Subcontractor(s) Name: Enter the name of all DVBEs that are listed to perform an element of work or supplies for this contract and any formal approved substitution(s). All DVBE substitutions must be approved by the Office of Small Business & DVBE Services, effective (MVC § 999.5(e)). Use the next tab for additional lines on the form

DVBE Subcontractor(s) Address: Enter the address of each DVBE

Supplier Number: Enter each DVBE's supplier/certification number

Total Contracted Amount to DVBE: Enter the entire amount contracted to each DVBE