

# DOCUMENTATION OF DISABLED VETERAN BUSINESS ENTERPRISE PROGRAM REQUIREMENTS

STD 840 (REV. 9-15-2003)

**Designation Of Option** Check the appropriate box(es) to indicate the option(s) with which you choose to comply, complete the applicable sections and attach the required supporting documentation. You are advised to read all instructions carefully prior to completing this form. Remember that only California certified DVBEs who can provide related goods and/or services may be used to satisfy these program solicitation requirements.

- OPTION A – I commit to meeting the full DVBE contract participation requirement.**  
Complete STD 840, Section A.
- OPTION B – I performed and documented a Good Faith Effort (GFE) in an attempt to obtain DVBE participation.**  
Complete STD 840, Section A (for GFE Steps 4 & 5) and STD 840 (REVERSE), Section B (for GFE Steps 1–3).
- OPTION C – I submit a copy of my firm’s “Notice of Approved DVBE Business Utilization Plan.”**

**A. Full information must be provided.**

**For contract participation commitment**, at least one DVBE must be listed. DVBEs must perform a commercially useful function. List the specific goods and/or services with the dollar and/or percentage value(s) that the DVBE(s) commit(s) to provide and the DVBE’s tier (prime contractor = 0, subcontractor to prime contractor = 1, subcontractor to Tier 1 subcontractor = 2, etc.). If both the estimated dollar amount and percentage are listed, the higher value supercedes. Attach additional pages to list all other DVBE subcontractors/suppliers (you may use STD 840A). During contract performance, all requests for substituting named DVBEs must be made in accordance with the provisions of California Code of Regulations, Title 2, Section 1896.64(c).

**For Good Faith Effort (GFE)**, use this section to document your first completed contacts with (Step 4), and consideration of (Step 5), relevant DVBEs. Business reasons for non-selection must be documented. Attach additional pages to list all other DVBE contacts (you may use STD 840A). Copies of all written invitations and delivery confirmations must also be attached and submitted with the bid.

BOTH SECTIONS MUST BE COMPLETED FOR GOOD FAITH EFFORT  AT LEAST ONE DVBE MUST BE NAMED FOR PARTICIPATION	Date Contacted / /	DVBE Company Name (If you are the Prime and a DVBE enter your name, otherwise enter the solicited subcontractor.)		
	DVBE Contact Name & Reference #	Telephone Number ( )	Fax Number ( )	E-mail (if available)
	Street Address, City, State and Zip Code			
	<input type="checkbox"/> <b>Yes, I am, or I will subcontract with, the listed DVBE to provide the following goods and/or services:</b>			
	Specific Goods and/or Services		Estimated \$ and/or % \$ / %	Tier
	OR	<input type="checkbox"/> <b>No, I am unable to subcontract with the DVBE for the following business reasons:</b>		
	<hr/>			
	Date Contacted / /	DVBE Company Name		
	DVBE Contact Name	Telephone Number ( )	Fax Number ( )	E-mail (if available)
Street Address, City, State and Zip Code				
<input type="checkbox"/> <b>Yes, I will subcontract with the listed DVBE to provide the following goods and/or services:</b>				
Specific Goods and/or Services		Estimated \$ and/or % \$ / %	Tier	
OR	<input type="checkbox"/> <b>No, I am unable to subcontract with the DVBE for the following business reasons:</b>			

**ATTACH ADDITIONAL PAGES (OR USE STD 840A) TO LIST ALL OTHER DVBE CONTACTS**

Go to Side 2, Section B to continue Good Faith Effort documentation ⇨

**ADDITIONAL DISABLED VETERAN BUSINESS ENTERPRISE CONTACTS**

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- B. Documentation of Good Faith Effort Steps 1, 2 and 3**—Remember to carefully read all instructions prior to completing this form. Please refer to the Resources & Information page for detailed contact information and a sample advertisement format.

**STEP 1. Contact the Awarding Department** (the contracting official, unless another contact is specified) to identify potential DVBE subcontractors/suppliers, **and document this contact as required.**

Date / /	Contact Name	Telephone Number ( )
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Describe Result

**STEP 2. Contact all of the following and document your contacts as required:** Other state and federal agencies and local organizations to identify potential DVBE subcontractors/suppliers.

**Other State Agency** – Procurement Division, Office of Small Business and DVBE Certification (Certification Office)

PHONE CONTACT <b>OR</b> ONLINE SEARCH	Date / /	Telephone Number <b>(916) 322-5060</b> <b>(916) 375-4940</b>	Contact Name	<input type="checkbox"/> <i>I contacted the Certification Office for a list of California certified DVBEs.</i>
	Date / /	Internet Address <b>http://www.pd.dgs.ca.gov/smbus</b>		<input type="checkbox"/> <i>I searched the Certification Office's online database to identify California certified DVBEs.</i>

Describe Result

**Federal Agency** – U.S. Small Business Administration (SBA) online database

Date / /	Internet Address <b>http://www.pro-net.sba.gov</b>	<input type="checkbox"/> <i>I searched the federal online database for California DVBEs.</i>
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Describe Result

**Local DVBE Organizations** – Contact at least one local DVBE organization—refer to the DVBE Resource Packet for a list of acceptable contacts. (**http://www.pd.dgs.ca.gov/smbus** - select “DVBE Resource Packet” )

Date / /	Organization Name	Contact Name	Telephone Number and/or Internet Address ( ) http://www.
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Describe Result

Date / /	Organization Name	Contact Name	Telephone Number and/or Internet Address ( ) http://www.
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Describe Result

**STEP 3. Publish advertisements:** Two (2) advertisements: One (1) ad in an accepted trade paper; and one (1) ad in an accepted DVBE focus paper (please see the DVBE Resource Packet for a list of all accepted publications); unless the paper is dual purpose (fulfilling both trade and focus requirements), in which case one (1) ad is acceptable. **Document this step as required and remember to attach a copy of your advertisement(s).**

<b>Focus Paper Name</b> (list full name)	Contact Name	Telephone Number ( )
Address		Date Ad Published / /
<b>Trade Paper Name</b> (list full name)	Contact Name	Telephone Number ( )
Address		Date Ad Published / /

*I certify the ad was placed to reach both trade and focus audiences through this one publication.*

<b>Trade and Focus Paper Name</b> (list full name)	Contact Name	Telephone Number ( )
Address		Date Ad Published / /

**ADDITIONAL DISABLED VETERAN BUSINESS ENTERPRISE CONTACTS**

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***This document may be used as a continuation from Section A, STD 840 (REV. 9-15-2003)***

Date Contacted / /	DVBE Company Name		
DVBE Contact Name	Telephone Number ( )	Fax Number ( )	E-mail (if available)
Street Address, City, State and Zip Code			

OR	<input type="checkbox"/> <b>Yes, I will subcontract with the listed DVBE to provide the following goods and/or services:</b>		
	Specific Goods and/or Services	Estimated \$ and/or % \$ / %	Tier
OR	<input type="checkbox"/> <b>No, I am unable to subcontract with the DVBE for the following business reasons:</b>		

Date Contacted / /	DVBE Company Name		
DVBE Contact Name	Telephone Number ( )	Fax Number ( )	E-mail (if available)
Street Address, City, State and Zip Code			

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	Specific Goods and/or Services	Estimated \$ and/or % \$ / %	Tier
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DVBE Contact Name	Telephone Number ( )	Fax Number ( )	E-mail (if available)
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	Specific Goods and/or Services	Estimated \$ and/or % \$ / %	Tier
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Date Contacted / /	DVBE Company Name		
DVBE Contact Name	Telephone Number ( )	Fax Number ( )	E-mail (if available)
Street Address, City, State and Zip Code			

OR	<input type="checkbox"/> <b>Yes, I will subcontract with the listed DVBE to provide the following goods and/or services:</b>		
	Specific Goods and/or Services	Estimated \$ and/or % \$ / %	Tier
OR	<input type="checkbox"/> <b>No, I am unable to subcontract with the DVBE for the following business reasons:</b>		

**ADDITIONAL DISABLED VETERAN BUSINESS ENTERPRISE CONTACTS**

STD 840A (EST. 9-15-2003) (REVERSE)

Date Contacted / /	DVBE Company Name
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DVBE Contact Name	Telephone Number ( )	Fax Number ( )	E-mail (if available)
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Street Address, City, State and Zip Code

<input type="checkbox"/> <b>Yes, I will subcontract with the listed DVBE to provide the following goods and/or services:</b>			
Specific Goods and/or Services	Estimated \$ and/or % \$ / %	Tier	

OR  **No, I am unable to subcontract with the DVBE for the following business reasons:**

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Date Contacted / /	DVBE Company Name
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DVBE Contact Name	Telephone Number ( )	Fax Number ( )	E-mail (if available)
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Street Address, City, State and Zip Code

<input type="checkbox"/> <b>Yes, I will subcontract with the listed DVBE to provide the following goods and/or services:</b>			
Specific Goods and/or Services	Estimated \$ and/or % \$ / %	Tier	

OR  **No, I am unable to subcontract with the DVBE for the following business reasons:**

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Date Contacted / /	DVBE Company Name
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DVBE Contact Name	Telephone Number ( )	Fax Number ( )	E-mail (if available)
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Street Address, City, State and Zip Code

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Specific Goods and/or Services	Estimated \$ and/or % \$ / %	Tier	

OR  **No, I am unable to subcontract with the DVBE for the following business reasons:**

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Date Contacted / /	DVBE Company Name
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DVBE Contact Name	Telephone Number ( )	Fax Number ( )	E-mail (if available)
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Street Address, City, State and Zip Code

<input type="checkbox"/> <b>Yes, I will subcontract with the listed DVBE to provide the following goods and/or services:</b>			
Specific Goods and/or Services	Estimated \$ and/or % \$ / %	Tier	

OR  **No, I am unable to subcontract with the DVBE for the following business reasons:**

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