

**DISABLED VETERAN BUSINESS ENTERPRISE PARTICIPATION
PROGRAM REQUIREMENTS FOR STATE LEASES**

Public Contract Code Section 10115 et seq. establishes a contract participation goal of at least three percent (3%) for disabled veteran business enterprise (DVBE). For lease contracts, this participation goal applies when the anticipated lease contract amount, as defined below, exceeds \$10,000. When the certified lease contract amount shown below is \$10,000 or less, no special DVBE participation effort or documentation beyond the certification below is required.

This package provides program information and lessor responsibilities for the DVBE Participation Program. Lessors must meet DVBE Participation Program requirements to be viewed as responsive. Failure to submit a complete response will delay and possibly stop your lease from being executed by the State.

The Office of Small Business Certification and Resources (OSBCR) offers program information and may be reached at:

Department of General Services
Office of Small Business Certification and Resources
707 Third Street 1st Floor
West Sacramento, CA 95605
Homepage: <http://www.osmb.dgs.ca.gov>
24 hour information and document request system: (916) 322-5060
Receptionist: (916) 375-4940
FAX: (916) 375-4950

CONTRACT AMOUNT CERTIFICATION

Lease Project No.: _____

I hereby certify that the Disabled Veteran Business Enterprise (DVBE) Lease Contract Amount, as defined herein, is the amount of \$_____. I understand that the DVBE Lease Contract Amount is the total dollar figure against which the DVBE participation requirements of 3% will be evaluated.

Lessor Name

Date

Lessor's Signature

Printed Name

Definition: Lease contract amount is the total amount of lease costs expended by the lessor over the firm term of the lease which are attributable to expenditures by the lessor to make the leased property sufficient for state occupancy. This typically includes, but is not necessarily limited to, tenant improvements, extraordinary maintenance, and janitorial services specified in the lease. In the case of a build-to-suit facility, the total of the construction and off-site development costs, as well as architectural and engineering costs, would be included.

INSTRUCTIONS FOR DVBE PARTICIPATION PROGRAM COMPLIANCE

Lessors may meet or exceed the DVBE participation goal of at least 3% for the proposed lease contract by one of the following two ways:

1. **If you are a non-DVBE lessor:** Commit to use DVBE's for at least 3% of the lease contract amount or value.
2. **If you are a DVBE lessor:** Commit to perform at least 3% of the lease contract amount or value with your firm or in combination with other DVBE's.

To Document DVBE Participation: Use the attached Disabled Veteran Business Enterprise Participation summary, form STD 840.

DVBE Certification: The Office of Small Business Certification and Resources (OSBCR) certifies qualified DVBE firms. This is the only acceptable certification. Lessors must include a copy of the OSBCR certification for each participating DVBE firm, subcontractor, and/or supplier.

Good Faith Efforts: Should full goal attainment not be achieved, your "good faith efforts" must be documented to meet DVBE Participation Program requirements by completing the attached Good Faith Effort Documentation form in its entirety. Lessors are encouraged to seek at least partial DVBE participation.

Step 1. Outreach. Awarding Department – Contact the leasing officer or planner identified for this lease for assistance in identifying potential DVBE subcontractors/suppliers. Document contact(s) and results on the attached Good Faith Effort Documentation form.

Step 2. Outreach. Other state, federal and local organizations

State – Contact the OSBCR to identify certified DVBE's. An Internet Certified DVBE Query Report is available at <http://www.osmb.dgs.ca.gov> or a listing may be requested by calling (916) 375-4940. Document contact and results.

Federal – No contact necessary as no viable federal contacts are currently known.

Local – The OSBCR publishes the "State Contracting Resource Packet" to assist lessors in meeting this requirement. The "State Contracting Resource Packet" is available on the Internet at <http://www.osmb.dgs.ca.gov> or may be requested by calling (916) 322-5060. Document request and results. Contact listed local organizations to identify potential DVBE subcontractors/suppliers. Document contact(s) and results on the attached Good Faith Effort Documentation form.

Step 3. Advertisements – Advertise in at least one trade and one focus publication (minimum two ads).

- List publication name and advertisement dates on the attached Good Faith Effort Documentation form. Include copies of ads with your submittal to us.
- Advertising is mandatory unless the solicitation document specifically waives the requirement due to time constraints.
- Advertising, when required, must be published more than 14 days prior to submitting your DVBE documentation.
- Sample ad content:

(your company name here)
is seeking qualified Disabled Veteran Business Enterprise (DVBE)

subcontractors and suppliers to provide (*what*) for (*project/lease/location*)
contact: (*name, address, phone, fax, e-mail*)
due date: (*date/time*) (RES D project number)

- The OSBCR publishes a list of trade and focus publications to assist lessors in meeting the advertising requirements. To obtain a list, please contact the OSBCR as noted on Page 1 of this document and request the “State Contracting Resource Packet” at:

STEP 4. Invitations to Bid – Invite identified DVBE subcontractors/suppliers to bid. Steps 1-3 should have produced a list of potential DVBE's.

- Solicitation Sample – On a separate sheet of paper, include a sample of the solicitation sent (letter, fax, e-mail) or discussed by phone with DVBE firms. If contact was by phone, document the conversation, date, time, contact person, and business opportunities discussed.
- Bidders List – On a separate sheet of paper, include the list of DVBE's invited to bid.

STEP 5. Consider responses – Lessors must consider responding DVBE's for contract participation. Consideration should be based upon business reasons and the same criteria applied to all potential subcontractors/suppliers.

- List on the attached Good Faith Effort Documentation form those firms from your resources identified that responded to your Invitation to Bid.
- Indicate using the word “selected” if a firm was selected for participation or provide the business reason for non-selection. NOTE: Firms shown as selected are to be listed on the attached Form STD 840. If you have exhausted all avenues to attain DVBE bid responses, and no responses were received, indicate “none” on Form STD 840.

CONTRACT AUDITS

Contractor agrees that the State or its delegate will have the right to review, obtain, 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 the contract. Lessor agrees to provide the State or its delegate access to its premise, 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. Lessor further agrees to maintain such records for a period of three (3) years after final payment under the contract.

STATE OF CALIFORNIA

**DISABLED VETERAN BUSINESS
ENTERPRISE PARTICIPATION SUMMARY**

STD. 840 3/98

See completion instructions on reverse.

COMPANY NAME	NATURE OF WORK	CONTRACTING WITH	TIER	CLAIMED DVBE \$ VALUE	%	CERTIFICATIO N

**DISABLED VETERAN BUSINESS
ENTERPRISE PARTICIPATION SUMMARY**

STD.840

COMPLETION INSTRUCTIONS

THIS FORM **MUST** BE COMPLETED WHETHER THE CONTRACT GOALS ARE ACHIEVED OR A “GOOD FAITH EFFORT” IS MADE AND DOCUMENTED. IF NO PARTICIPATION IS OBTAINED, STATE “N/A” OR “NONE.” FULL AND PARTIAL GOAL ACHIEVEMENT SHOULD BE REPORTED.

COMPANY NAME - list the name of the company proposed for DVBE participation. If the prime contractor is a DVBE, the name **MUST** be listed for participation.

NATURE OF WORK - identify the proposed work to be performed by the prime contractor or subcontractors.

CONTRACTING WITH - list the name of the department or company with which the company listed is contracting.

TIER - the contracting tier should be indicated with the following level designations:

- 0 = Prime or Joint Contractor
- 1 = Primary Subcontractor/Supplier
- 2 = Subcontractor/Supplier of Level 1 Subcontractor/Supplier
- 3 = Subcontractor/Supplier of Level 2 Subcontractor/Supplier, etc.

CLAIMED DVBE VALUE - the total participation dollar amount claimed by a disabled veteran business enterprise (DVBE) for this lease.

CERTIFICATION - to obtain DVBE participation credit, the firm must be formally certified by the Office of Small Business Certification and Resources. Check “yes” if the certification verification has been included for each firm listed for participation.

LESSOR'S NAME _____

LEASE PROJECT NO. _____

GOOD FAITH EFFORT DOCUMENTATION FORM (continued)

Step 3 – Advertisements – List publications in which you advertised to identify potential DVBE subcontractors/ suppliers (include a copy of each advertisement with bid). List publication dates for each advertisement.

Publication Name	Publication Date(s)
_____	_____
_____	_____

Step 4 – Invitations to Bid

- a) Solicitation Copy:** Attach a solicitation copy sent to potential DVBE subcontractors/suppliers. If multiple solicitation methods were used, attach a solicitation copy for each method. If phone contacts were made, document the conversations: date, time, contact person, and business opportunities discussed.
- b) Solicitation List:** Attach a list of all DVBE's solicited. If multiple solicitation methods were used, indicate method used for each.

Step 5 – Consider DVBE responses – List below the DVBE's responding to your solicitation. If selected for participation, write in "selected" or the business reason for non-selection. Use additional pages as needed. If you have exhausted all resources and received no responses, please indicate "none".

DVBE Name	Selected/Business Reason for Non-Selection
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____