Appendix C

DVBE Participation Forms

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DISABLED VETERAN BUSINESS ENTERPRISE (DVBE) PARTICIPATION REQUIREMENT

DVBE TRANSMITTAL FORM

The DVBE Transmittal Form is to be attached and used as a cover sheet for the required DVBE documentation that must be submitted within two (2) business days following the bid opening date.

Campus: _____

Project Name: _____

Project Number: _____

Bid Date: _____

Name of Contractor Submitting Bid: _____

Please check off the following to insure you have included them in your documentation:

_____ Attachment 1: Summary of DVBE Participation

_____ Attachment 2: Bidder's Certification of DVBE Status of Subcontractors and Suppliers

_____ Attachment of Any Additional Supporting Documentation

OFFICIAL CSU USE ONLY

Did Contractor meet 3% DVBE requirement? ❒ Yes ❒ No

DVBE Bid Incentive (attach abstract of bids)
Amount of DVBE Bid Incentive granted: _____%
Amount of DVBE Participation pledged: _____%

Signed: _____
DVBE Program Advocate Date

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SUMMARY OF DISABLED VETERAN-OWNED BUSINESS PARTICIPATION

COMPANY NAME	NATURE OF WORK	CONTRACTING WITH	TIER	CLAIMED DVBE VALUE $	PERCENTAGE OF CONTRACT (%)	OSMB DVBE CERTIFICATION

I declare under penalty of perjury, under the laws of the State of California, that the information herein is true and correct to the best of my knowledge.

Executed on: _____ , at _____ in the state of _____.
Date City State

_____ Signature of Contractor or Authorized Agent

_____ Project Name

_____ Project Number

_____ Printed Name

_____ Firm Name

( ) _____ Telephone

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BIDDER'S CERTIFICATION

DISABLED VETERAN BUSINESS ENTERPRISE STATUS OF SUBCONTRACTORS AND SUPPLIERS

I hereby certify that I have made a diligent effort to ascertain the facts with regard to the representations made herein and, to the best of my knowledge and belief, each firm set forth in this bid as a disabled veteran business enterprise complies with the relevant definition set forth in law. In making this certification, I am aware of Section 12650 *et seq*. of the Government Code providing for the imposition of treble damages for making false claims against the State, Section 10115.10 of the Public Contract Code making it a crime to intentionally make an untrue statement in this certificate, and the provisions of the Military and Veterans Code, Section 999.9.

_____
Date

_____
Signature of Authorized Agent

_____
Title