STATE OF CALIFORNIA

SMALL BUSINESS ADVISORY COUNCIL APPLICATION

GSPD-19-04 (Rev. 04/2019)

OVERVIEW

This is the application to serve on the California Department of General Services (DGS) Small Business Advisory Council (SBAC).

An applicant must be either a certified small business (SB)/disabled veteran business enterprise (DVBE) owner or a SB or DVBE association representing at least 35 members, organized under the laws of California and have a SB interest in state contracting, procurement and projects – specifically in the areas of commodities, construction, IT goods and services, and professional services.

The full criteria for membership can be found in Article IV of the Council Charter. You can find the charter and other information on the SBAC webpage

APPLICANT INFORMATION					
NAME					
As a member of the DGS SBAC I will represent a:					
Certified Small Business or Disabled Vetera	n Business Enterprise				
Small Business Association/Organization M	embership				
Note: You are not required to name an alternate rapply as a Small Business Association/Organization	nember if you apply as a Certifi on Membership	ied S	SB/DVBE. You are required	d to name an alternate member If you	
PROFESSIONAL INFORMATION					
BUSINESS OR ORGANIZATION NAME					
DGS CERTIFICATION NUMBER	NUN	NUMBER OF MEMBERS REPRESENTED			
BUSINESS OR ORGANIZATION ADDRESS					
CITY			STATE	ZIP	
GEOGRAPHICAL COVERAGE (cities, counties, s	state, regions, etc.)				
PRIMARY MEMBER INFORMATION					
NAME					
TITLE					
WORK PHONE NUMBER	WORK EMAIL ADDRESS				
ALTERNATE MEMBER INFORMATION					
Note: You must name an alternate member if you are a Small Business Association/Organization Membership					
NAME					
TITLE					
WORK PHONE NUMBER	WORK EMAIL ADDRESS				

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Why are you interested in becoming a member of the DGS SBAC?	
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What experience with SB/DVBE advocacy will you bring to the DGS SBAC?	
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What SB/DVBE advocacy goals will you pursue as a member of the DGS SBAC?	
How does your current role and experience contribute to the SBAC mission? Please provide examples.	
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SUPPLEMENTAL DOCUMENTS

Submit the following documents along with your application

Resume or biography

Two letters of recommendation from professional references that support your appointment to the DGS SBAC

OATH OF ALLEGIANCE

Members of the DGS SBAC, before they enter into duties of his or her role on the Council, shall take the following oath to uphold Articles II through X identified in the DGS SBAC Charter.

By signing the oath, DGS SBAC Members understand and acknowledge the statements identified in the DGS SBAC Charter. Each member through their signed commitment will serve on the DGS SBAC for his or her term and work with DGS to advance and improve the state's efforts to support economic opportunities for California's small businesses and disabled veteran business enterprises. Please print, sign and date the application.

PRIMARY MEMBER SIGNATURE	DATE
ALTERNATE MEMBER SIGNATURE	DATE

SUBMISSION INSTRUCTIONS

Please submit the application and all supplemental documents to DGSSBCouncil@dgs.ca.gov

OR

Mail to:

Department of General Services Procurement Division Attn: Outreach Section 707 3rd Street, 2nd Floor West Sacramento, CA 95605

Thank you for your application. DGS will review your application and respond within 30 days.