

**CALIFORNIA DISABLED VETERAN BUSINESS ENTERPRISE
PROGRAM FOR STATE LEASES**

Please read the guidelines and instructions carefully before you begin.

INTRODUCTION - This package provides program information and Lessor guidelines for the Disabled Veteran Business Enterprise (DVBE) Program. Lessors are encouraged to comply with the DVBE Program wherever possible.

PLEASE READ ALL INSTRUCTIONS CAREFULLY. These instructions contain information about the DVBE program guidelines. Complete and document all information on the forms identified herein.

DVBE Certification: Only State of California, Office of Small Business and DVBE services (OSDS), certified DVBEs who perform a commercially useful function relevant to this solicitation, may be used to satisfy the DVBE program. Lessor must include a copy of the OSDS certification for each participating DVBE firm, subcontractor, and/or supplier.

DOCUMENT & SUBMIT ~ All Lessor's are required to complete and fully document any DVBE participation on the Disabled Veteran Business Enterprise Participation Summary Sheet (Attachment A). Lessor must also complete and sign the DVBE Program Certification Sheet (Attachment B), which will identify DVBE vendors used to fulfill the lease obligations.

TO MEET FULL DVBE PARTICIPATION ~ A Lessor who is utilizing a certified DVBE firm to fulfill the full DVBE participation goal must commit to performing at least 3% of the lease contract amount with Lessor's firm or in combination with other DVBE firms.

HOW TO IDENTIFY DVBE FIRMS

The Office of Small Business and DVBE Services (OSDS) offers program information that will help with identifying DVBE firms that can be used to meet DVBE participation. Their website is the best place to find certified DVBE's for specific services and/or supplies:

Department of General Services
Office of Small Business Certification and Resources
707 Third Street 1st Floor
West Sacramento, CA 95605
Homepage: <http://www.pd.dgs.ca.gov/smbus>
Receptionist: (916) 375-4940
FAX: (916) 375-4950

HOW TO INVITE DVBE FIRMS TO PARTICIPATE

When DVBE firms have been identified, bid invitations should contain all of the following:

(1) company name; (2) contact name; (3) address; (4) telephone and facsimile (if applicable) numbers; (5) return e-mail address (if applicable); (6) the State's project number; (7) description of supplies and/or services for which subcontractor participation is sought (Note: It must be supplies and/or services for which the subcontractor will be performing a commercially useful function); (8) the location(s) of work to be performed; (9) your due date for receiving DVBE responses.

The invitation should also include the anticipated schedule for subcontractor performance and terms/conditions related to payment of the subcontractor.

Lessor must attach a copy of each invitation or offer sent by mail, fax or e-mail; and include confirmation of transmittal or delivery.

WHEN: Provide DVBEs with a reasonable time period to receive and respond to your invitation, and to be considered by Lessor for participation.

CONSIDER ALL RESPONDING DVBEs FOR CONTRACT PARTICIPATION

Consideration must be based on business needs for this lease and the same evaluation criteria must be applied to each potential DVBE subcontractor offering the same products and services. Any firm selected for participation must be documented on the Disabled Veteran Business Enterprise Participation Summary Sheet (Attachment A). Lessor must commit to using the certified DVBEs in the capacity and for the amount identified on the Disabled Veteran Business Enterprise Participation Summary Sheet (Attachment A).

CONTRACT AUDITS - Lessor agrees that the State or its delegate will have the right to review, obtain, and copy all records pertaining to performance of the lease, 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.

**DISABLED VETERAN BUSINESS
ENTERPRISE PARTICIPATION SUMMARY SHEET**

COMPLETION INSTRUCTIONS

THIS FORM **MUST** BE COMPLETED WHEN THE DISABLED VETERAN BUSINESS ENTERPRISE (DVBE) PARTICIPATION IS ACHIEVED.

IF NO DVBE PARTICIPATION IS OBTAINED, STATE "N/A" OR "NONE." FULL AND PARTIAL ACHIEVEMENT SHOULD BE REPORTED.

SUBCONTRACTOR NAME - list the name(s) of the company proposed for DVBE participation. If the Lessor is a State certified DVBE, the name **MUST** be listed for participation.

SUBCONTRACTOR ADDRESS – list the address and e-mail address (if applicable) of the company(s) proposed for DVBE participation.

CALIFORNIA CERTIFICATION NUMBER – to obtain DVBE participation credit, the firm must be formally certified by the Office of Small Business and DVBE Services. List the certification number of the proposed State Certified DVBE company(s) and include a copy of the company(s) certification letter.

WORK PERFORMED - identify the proposed work to be performed by the Lessor or Lessor's subcontractors.

PERCENTAGE (%) OF LEASE PRICE - list the percentage amount based on the Lessor's total lease contract amount that will be expended to the State Certified DVBE Company.

CLAIMED DVBE \$ VALUE – list the dollar amount that was awarded to the State Certified DVBE Company based on the total lease amount.

GOOD STANDING – state "Yes" if certified DVBE is currently in good standing or state "No" if certified DVBE is not in good standing.

STATE OF CALIFORNIA
**DISABLED VETERAN BUSINESS ENTERPRISE
PARTICIPATION SUMMARY SHEET**

Attachment A

Project Number _____

SEE COMPLETION INSTRUCTIONS ON REVERSE

Subcontractor Name, Contact Person, Phone Number & Fax Number	Subcontractor Address & Email Address	California Certification Number	Work performed	% of lease price	Claimed DVBE \$ VALUE	Good Standing Y/N

STATE OF CALIFORNIA
**DISABLED VETERAN BUSINESS ENTERPRISE
 PARTICIPATION SUMMARY SHEET**

Attachment A

Project Number 123456

SEE COMPLETION INSTRUCTIONS ON REVERSE

Subcontractor Name, Contact Person, Phone Number & Fax Number	Subcontractor Address & Email Address	California Certification Number	Work performed	% of lease price	Claimed DVBE \$ VALUE	Good Standing Y/N
Richards Painting, Inc. JP Richards, General Manager Phone (916) 772-3992 Fax (916) 789-7427	2351 Sunset Blvd., Ste. 170-256 Rocklin, CA 95765 rprichards@starstream.com	#4230345	Painting	3%	\$300.00	Yes
Bobby Knox, AIA, Architects, Inc.	2950 Los Feliz Blvd., Ste. 202 Los Angeles, CA 90039	0000284	Final Construction Drawings and Specifications	6%	\$600.00	Yes

**CALIFORNIA DISABLED VETERAN BUSINESS ENTERPRISE
PROGRAM CERTIFICATION SHEET**

Lessor must complete and sign to certify if DVBE Participation was or was not obtained

LEASE AMOUNT/DVBE CERTIFICATION

Lease Project No.: _____

I hereby certify that the Lease Contract Amount, as defined below, is in the amount of \$ _____ of which \$ _____ was awarded to a certified DVBE firm resulting in _____% DVBE participation. I understand that the Lease Contract Amount is the total dollar figure against which the DVBE participation 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.