**DVBE PARTICIPATION FORM**

Firm Name:

RFP Project Title: Industrial Health & Environmental Hygiene, Health and Safety Consultation Services

RFP Number: **FS-2017-02-BD**

This Project has a DVBE participation goal of three percent (3%) (DVBE Participation Goal). The Contractor must document its DVBE compliance with the DVBE Project Goal by completing the DVBE Participation Form.

# *Complete Parts A & B*

*“Contractor’s Tier” is referred to several times below; use the following definitions for tier*:

0 = Prime or Joint Contractor;

1 = Prime subcontractor/supplier;

2 = Subcontractor/supplier of level 1 subcontractor/supplier

## DVBE PARTICIPATION FORM - PART A – COMPLIANCE WITH DVBE

FIRM

Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nature of Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tier: \_\_\_\_\_\_\_

Claimed Value: DVBE $ \_\_\_\_\_\_\_\_\_\_\_

Percentage of Total Contract Amount: DVBE \_\_\_\_\_\_%

## SUBCONTRACTORS/SUB-SUBCONTRACTORS/PROPOSERS/SUPPLIERS

1. Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nature of Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tier: \_\_\_\_\_\_\_

Claimed Value: DVBE $ \_\_\_\_\_\_\_\_\_\_\_

Percentage of Total Contract Amount: DVBE \_\_\_\_\_\_\_\_\_\_%

2. Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nature of Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tier: \_\_\_\_\_\_\_

Claimed Value: DVBE $ \_\_\_\_\_\_\_\_\_\_\_

Percentage of Total Contract Amount DVBE\_\_\_\_\_\_%

3. Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nature of Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tier: \_\_\_\_\_\_\_

Claimed Value: DVBE $ \_\_\_\_\_\_\_\_\_\_\_

Percentage of Total Contract Amount DVBE\_\_\_\_\_\_%

GRAND TOTAL: DVBE\_\_\_\_\_\_\_\_\_\_\_\_%

I hereby certify that the Contract Price, as defined herein, is the amount of $\_\_\_\_\_\_\_\_\_\_\_\_. I understand that the Contract Price is the total dollar figure against which the DVBE participation requirements will be evaluated.

|  |  |
| --- | --- |
| ***Name of Firm*** |  |
| ***Signature of Person Signing for Firm*** |  |
| ***Name (printed) of Person Signing for Firm*** |  |
| ***Title of Above-Named Person*** |  |
| ***Date*** |  |

**DVBE PARTICIPATION FORM - PART B – CERTIFICATION**

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 Veterans Business Enterprise complies with the relevant definition set forth in California Code of Regulations, Title 2, section 1896.61, and Military and Veterans Code, section 999.

IT IS MANDATORY THAT THE FOLLOWING BE COMPLETED ENTIRELY; FAILURE TO DO SO WILL RESULT IN IMMEDIATE REJECTION.

|  |  |
| --- | --- |
| ***Name of Firm***:  |  |
| ***Signature of Person Signing for Firm*** |  |
| ***Name (printed) of Person Signing for Firm*** |  |
| ***Title of Above-Named Person*** |  |
| ***Date*** |  |

**End of DVBE Participation Form**