

ATTACHMENT 8

DVBE PARTICIPATION FORM

Propser Name: _____

RFP Project Title: _____

RFP Number: _____

The State of California Judicial Branch's goal of awarding of at least three percent (3%) of the total dollar contract amount to Disabled Veterans Business Enterprise (DVBE) has been achieved for this Project. *Check one:*

Yes_____ (Complete Parts A & C only)

No_____ (Complete Parts B & C only)

"Consultant's Tier" is referred to several times below; use the following definitions for tier.

0 = Prime or Joint Consultant;

1 = Prime subConsultant/supplier;

2 = SubConsultant/supplier of level 1 subConsultant/supplier

PART A – COMPLIANCE WITH DVBE GOALS

Fill out this Part ONLY if DVBE goal has been met; otherwise fill out Part B.

PRIME CONSULTANT

Company Name: _____

Nature of Work _____ Tier: _____

Claimed Value: DVBE \$ _____

Percentage of Total Contract Cost: DVBE _____%

ATTACHMENT 8

SUBCONTACTORS/SUBCONSULTANT/PROPOSERS/SUPPLIERS

1. Company Name: _____
Nature of Work: _____ Tier: _____
Claimed Value: _____ DVBE \$ _____

Percentage of Total Contract Cost: DVBE _____%

2. Company Name: _____
Nature of Work: _____ Tier: _____
Claimed Value: _____ DVBE \$ _____

Percentage of Total Contract Cost DVBE _____%

3. Company Name: _____
Nature of Work: _____ Tier: _____
Claimed Value: _____ DVBE \$ _____

Percentage of Total Contract Cost DVBE _____%

GRAND TOTAL: DVBE _____%

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

<i>Firm Name of Consultant</i>	
<i>Signature of Person Signing for Consultant</i>	
<i>Name (printed) of Person Signing for Consultant</i>	
<i>Title of Above-Named Person</i>	
<i>Date</i>	

ATTACHMENT 8

PART B – ESTABLISHMENT OF GOOD FAITH EFFORT

Fill out this Part ONLY if DVBE goal will not be met but you have made a good faith effort to meet such goal.

1. List contacts made with personnel from state or federal agencies and with personnel from DVBEs to identify DVBEs.

Source	Person Contacted	Date

2. List the names of DVBEs identified from contacts made with other state, federal, and local agencies.

Source	Person Contacted	Date

3. If an advertisement was published in trade papers and/or papers focusing on DVBEs, attach proof of publication.

Publication	Date(s) Advertised

4. Solicitations were submitted to potential DVBE Consultants (list the company name, person contacted, and date) to be subConsultants. Solicitation must be job specific to plan and/or contract.

Company	Person Contacted	Date Sent

ATTACHMENT 8

5. List the available DVBEs that were considered as subConsultants or suppliers or both. (*Complete each subject line.*)

<i>Company Name:</i>	
<i>Contact Name & Title:</i>	
<i>Telephone Number:</i>	
<i>Nature of Work:</i>	
<i>Reason Why Rejected:</i>	

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ATTACHMENT 8

Company Name:	
Contact Name & Title:	
Telephone Number:	
Nature of Work:	
Reason Why Rejected:	

PART C – CERTIFICATION (to be completed by **ALL** Consultants)

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 Section 1896.61 of Title 2, and Section 999 of the Military and Veterans Code, California Code of Regulations. In making this certification, I am aware of Section 10115 *et seq.* of the Public Contract Code that establishes the following penalties for State Contracts:

Penalties for a person guilty of a first offense are a misdemeanor, civil penalty of \$5,000, and suspension from contracting with the State for a period of not less than thirty (30) days nor more than one (1) year. Penalties for second and subsequent offenses are a misdemeanor, a civil penalty of \$20,000 and suspension from contracting with the State for up to three (3) years.

IT IS MANDATORY THAT THE FOLLOWING BE COMPLETED ENTIRELY.

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