Addendum 4
Disabled Veteran Business Enterprise Participation Goals

The State requires contract participation goals of three percent (3%) for disabled veteran business enterprises (DVBE). Therefore, your response should demonstrate DVBE compliance; otherwise, if it is impossible for your firm to comply, please use the DVBE participation form provided herein to explain why, and demonstrate written evidence of a "good faith effort" to achieve participation. Your firm must complete the attached DVBE participation requirement form, even if it is only to explain why your firm cannot achieve the participation goal. Completing the attached form to the extent feasible is mandatory to be responsive to this solicitation's requirements. If your firm has any questions regarding the form, you should contact the Contracting Officer, Stephen Saddler, at 415-865-7989. For information regarding DVBE resources, please contact:

Office of Small Business
Certification and Resources
(916) 323-5478
Program Manager: Tom Lee
The goal of awarding of at least 3 percent of the total dollar contract amount to Disabled Veterans Business Enterprise (DVBE) has been achieved for this Project.

Yes_____ No_____ 

Please complete Part A and Part B on the following pages. “Contractors 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

PART A – COMPLIANCE WITH DVBE GOALS

PRIME CONTRACTOR

Company Name: _________________________________

Nature of Work  ___________________________________ Tier:  _____________

Claimed Value: DVBE  $  ___________

Percentage of Total Contract Cost:  DVBE______%

SUBCONTACTORS/SUBCONTRACTOR/VENDORS/SUPPLIERS

Company Name:  ___________________________________________

Nature of Work:  ____________________________________ Tier:  _________________

Claimed Value:  DVBE _________%

Percentage of Total Contract Cost:  DVBE _________%

INCOMPLETE DOCUMENTATION MAY RESULT IN DISQUALIFICATION FROM FURTHER PARTICIPATION I SELECTION PROCESS FOR THIS CONTRACT.
Addendum 4
Disabled Veteran Business Enterprise Participation Goals

Company Name: _________________________________

Nature of Work _________________________________ Tier: _____________

Claimed Value: DVBE $ __________

Percentage of Total Contract Cost DVBE______%

Company Name: _________________________________

Nature of Work _________________________________ Tier: _____________

Claimed Value: DVBE $ __________

Percentage of Total Contract Cost DVBE______%

GRAND TOTAL: DVBE__________%

PART B – ESTABLISHMENT OF GOOD FAITH EFFORT

To establish that a Good Faith Effort has been made, the following statement must be true.

1. Contractor was made with the Contract Officer, Administrative Office of the Courts to identify potential Disabled Veteran Business Enterprises as Subcontractors or suppliers, or both.

Date Contracted: ________________ Person Contracted: ______________________

List the names of DVBE’s identified from contact made with Contract Officer, Administrative Office of the Courts.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

INCOMPLETE DOCUMENTATION MAY RESULT IN DISQUALIFICATION FROM FURTHER PARTICIPATION IN SELECTION PROCESS FOR THIS CONTRACT.
Addendum 4
Disabled Veteran Business Enterprise Participation Goals

2. List contacts made with personnel from other state and federal agencies, and with personnel from Disabled Veterans Business Enterprises to identify Disabled Veterans Business Enterprises.

<table>
<thead>
<tr>
<th>Source</th>
<th>Person Contracted</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

List the Names of DVBE’s identified from contact made with other state, federal, and local agencies.

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

3. Advertising was published in trade papers and papers focusing on Disabled Veterans Business Enterprises. (Attach proof of publication.)

<table>
<thead>
<tr>
<th>Publication</th>
<th>Date(s) Advertised</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Addendum 4
Disabled Veteran Business Enterprise Participation Goals

INCOMPLETE DOCUMENTATION MAY RESULT IN DISQUALIFICATION FROM FURTHER PARTICIPATION IN SELECTION PROCESS FOR THIS CONTRACT.
Addendum 4
Disabled Veteran Business Enterprise Participation Goals

4. Invitation to bid were submitted to potential Disabled Veterans Business Enterprise Contractors (list the company name, person contacted, and date) to be subcontractors or solicitation (i.e., letters, return receipt, metered envelopes, responses, etc.). Solicitation must be job specific to plan and/or contract.

<table>
<thead>
<tr>
<th>Company</th>
<th>Contact</th>
<th>Date Sent</th>
</tr>
</thead>
<tbody>
<tr>
<td>______________</td>
<td>______________</td>
<td>__________</td>
</tr>
<tr>
<td>______________</td>
<td>______________</td>
<td>__________</td>
</tr>
<tr>
<td>______________</td>
<td>______________</td>
<td>__________</td>
</tr>
<tr>
<td>______________</td>
<td>______________</td>
<td>__________</td>
</tr>
<tr>
<td>______________</td>
<td>______________</td>
<td>__________</td>
</tr>
</tbody>
</table>

5. List the available Disabled Veterans Business Enterprises which were considered as subcontractors or suppliers or both. (Complete each subject line.)

| COMPANY: | __________________________________________ |
| CONTACT: | ______________________________ PHONE #: ______ |
| NATURE OF WORK: | __________________________________________ |
| RESULT: | __________________________________________ |
| REASON WHY REJECTED: | __________________________________________ |

| COMPANY: | __________________________________________ |
| CONTACT: | ______________________________ PHONE #: ______ |
| NATURE OF WORK: | __________________________________________ |
| RESULT: | __________________________________________ |
| REASON WHY REJECTED: | __________________________________________ |

INCOMPLETE DOCUMENTATION MAY RESULT IN DISQUALIFICATION FROM FURTHER PARTICIPATION IN SELECTION PROCESS FOR THIS CONTRACT.
Addendum 4
Disabled Veteran Business Enterprise Participation Goals

6. CERTIFICATION (to be completed by Bidder)

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 Government Code which establishes the following penalties certification 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 30 days nor more than one 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 years.

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

_________________________________________________________
Firm Name of Bidder

_________________________________________________________
Address of Bidder

_________________________________________________________  FAX
Telephone Number of Bidder

_________________________________________________________
Signature of Chief Executive Officer of Bidder  Date

_________________________________________________________
Name (printed) of Chief Executive Officer of Bidder

_________________________________________________________
Title of Above-Named Person

INCOMPLETE DOCUMENTATION MAY RESULT IN DISQUALIFICATION FROM FURTHER PARTICIPATION IN SELECTION PROCESS FOR THIS CONTRACT.
Addendum 4
Disabled Veteran Business Enterprise Participation Goals

CONTRACT AMOUNT CERTIFICATION

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 to which the DVBE participation requirements will be evaluated against.

__________________________________________
Company Name

__________________________________________
Bidder’s Signature