STATE OF CALIFORNIA – GENERAL SERVICES PROCUREMENT DIVISION

DOCUMENTATION OF DISABLED VETERAN BUSINESS ENTERPRISE PROGRAM REQUIREMENTS

STD. 840 (REV. 3/2007)

A. Designation Of Option – Check the appropriate box(es) to indicate the option(s) with which you choose to comply, complete the applicable sections and attach the required supporting documentation. You are advised to read all instructions carefully prior to completing this form. Remember that only California certified DVBEs who can provide related goods and/or services may be used to satisfy these program solicitation requirements. DVBEs must perform a commercially useful function. During contract performance, all requests for substituting DVBE subcontractors must be made in accordance with the provisions of California Code of Regulations, Title 2, §1896.64(c).

☐ **OPTION A** – ***I commit to meeting the full DVBE Agreement participation requirement.***

Complete: STD. 840, Section A (check the box on this form) and
Bidder Declaration form GSPD-05-105 (located elsewhere in the solicitation)

☐ **OPTION B** – ***I performed and documented a Good Faith Effort (GFE) in an attempt to obtain DVBE participation.***

Complete: STD. 840, Section A (check the box on this form),
STD. 840, Section B (for GFE Steps 1 & 2),
STD. 840 (REVERSE), Section C (for GFE Steps 3-5), and
Bidder Declaration form GSPD-05-105 (located elsewhere in the solicitation)

☐ **OPTION C** – ***I submit a copy of my firm's "Notice of Approved DVBE Business Utilization Plan."***

Complete: STD. 840, Section A (check the box on this form) and
Bidder Declaration form GSPD-05-105 (located elsewhere in the solicitation)

B. Documentation of Good Faith Effort Steps 1 and 2 – Full information must be provided. Remember to carefully read all instructions prior to completing this form. Please refer to the Resources & Information page for detailed contact information.

STEP 1. Contact the Awarding Department (the contracting official, unless another contact is specified) to identify potential DVBE subcontractors, and document this contact below.

Date Contacted	Contact Name	Telephone Number
/ /		( ) ext.

Describe Result

STEP 2. Contact all of the following and document your contacts as required: Other State and federal agencies and local organizations to identify potential DVBE subcontractors. **Attach screen print(s) of Web Results for verification.**

Other State Agency – Procurement Division, Office of Small Business and DVBE Services (OSDS)

	Date	Telephone Number	Contact Name	
PHONE CONTACT	/ /	(916) 375-4940		☐ *I contacted the OSDS for a list of California certified DVBEs.*
OR ONLINE SEARCH	Date / /	Internet Address www.pd.dgs.ca.gov/smbus		☐ *I searched the OSDS online database to identify California certified DVBEs.*

Describe Result

Federal Agency – U.S. Small Business Administration (SBA) online database

Date	Internet Address	
/ /	www.ccr.gov/	☐ *I searched the federal online database for California DVBEs.*

Describe Result

Local DVBE Organizations – Contact at least one local DVBE organization – refer to the DVBE Resource Packet for a list of acceptable contacts. (www.pd.dgs.ca.gov/smbus – select "DVBE Resource Packet")

Date	Organization Name	Contact Name	Telephone Number and/or Internet Address
/ /			( ) www.

Describe Result

Date	Organization Name	Contact Name	Telephone Number and/or Internet Address
/ /			( ) www.

Describe Result

Go to Page 2, Section C to continue Good Faith Effort documentation

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C. Documentation of Good Faith Effort Steps 3, 4 and 5 – Full information must be provided.

STEP 3. Publish advertisements: At least two (2) advertisements: One (1) ad in an accepted trade paper; and one (1) ad in an accepted DVBE focus paper (please see the DVBE Resource Packet for a list of all accepted publications and a sample advertisement format); unless the paper is an approved dual purpose (fulfilling both trade and focus requirements), in which case one (1) ad is acceptable. **Document this step as required and remember to attach a copy of your advertisement(s).**

Focus Paper Name (list full name)	Contact Name	Telephone Number ( )
Address		Date Ad Published / /
Trade Paper Name (list full name)	Contact Name	Telephone Number ( )
Address		Date Ad Published / /

☐ *I certify the ad was placed to reach both trade and focus audiences through this one publication.*

Trade and Focus Paper Name (list full name)	Contact Name	Telephone Number ( )
Address		Date Ad Published / /

STEP 4 & STEP 5. Document your completed contacts with (Step 4) and consideration of (Step 5), relevant DVBEs. Business reasons for non-selection must be explained. Attach additional pages to list all other DVBE contacts (you may use STD. 840A). Copies of all written invitations must be attached. Delivery confirmations should also be attached and submitted with the bid.

Date Contacted / /	DVBE Company Name			
DVBE Contact Name & Reference #		Telephone Number ( ) ext.	Fax Number ( )	E-mail (if available)
Street Address, City, State, and Zip Code				

☐ *DVBE was selected and is listed on the GSPD-05-105* ☐ *DVBE not selected for the following business reasons:*

Date Contacted / /	DVBE Company Name			
DVBE Contact Name & Reference #		Telephone Number ( ) ext	Fax Number ( )	E-mail (if available)
Street Address, City, State, and Zip Code				

☐ *DVBE was selected and is listed on the GSPD-05-105* ☐ *DVBE not selected for the following business reasons:*

Date Contacted / /	DVBE Company Name			
DVBE Contact Name & Reference #		Telephone Number ( ) ext	Fax Number ( )	E-mail (if available)
Street Address, City, State, and Zip Code				

☐ *DVBE was selected and is listed on the GSPD-05-105* ☐ *DVBE not selected for the following business reasons:*

Attach additional pages (OR USE STD. 840A) to list all other DVBE contacts