



EL MONTE UNION HIGH SCHOOL DISTRICT  
 3537 JOHNSON AVENUE  
 EL MONTE, CA 91731

**DISABLED VETERAN BUSINESS ENTERPRISE  
 PARTICIPATION CERTIFICATION**

BID NO. 2011-P12(2)

ROSEMEAD HIGH SCHOOL BASKETBALL COURTS  
 (BID PACKET SECTION 03000)

**GENERAL INSTRUCTIONS**

Section 17076.11 of the Education Code requires school districts using funds allocated pursuant to the State of California School Facility Program (“Program”) for the construction and/or modernization of school buildings to have a participation goal for disabled veteran business enterprises (DVBE) of at least 3 percent, per year, of the overall dollar amount expended each year by the school district on projects that receive state funding. Therefore, low bidder must submit this document to the District with its executed agreement, identifying the steps contractor took to solicit DVBE participation in conjunction with this Contract. Bidders should not submit this form with their bids.

**NOTE:** *Architectural, engineering, environmental, land surveying or construction management firms must indicate their method of compliance by completing this form after selection by the District and before the contract is signed.*

**Part I – Method of Compliance with DVBE Participation Goals.** Check the appropriate box to indicate your method of committing the contract dollar amount.

<b>YOUR BUSINESS ENTERPRISE IS:</b>	<b>AND YOU WILL</b>	<b>AND YOU WILL</b>
<b>A.</b> Disabled veteran owned and your forces will perform at least 3 percent of this contract	Include a copy of your DVBE letter from Office of Small Business, Certification and Resources (OSBCR)*	Complete Part 1 of this form and the Certification
<b>B.</b> Disabled veteran owned but is unable to perform 3 percent of this contract with your forces	USE DVBE subcontractors / suppliers to bring the contract participation to at least 3 percent	Include a copy of each DVBE’s letter from OSBCR (including yours, if applicable), and complete Part 1 of this form and the certification
<b>C. NOT</b> Disabled Veteran Owned	Use DVBE subcontractors / suppliers for at least 3 percent of this contract	
<b>D.</b> Unable to meet the required participation goals	Complete all of this Certification form	

\* A DVBE letter from OSBCR is obtained from the participating DVBE. If the letter is not provided, the bidder may be ineligible for award of the contract.

**You must complete the following table to show the dollar amount of DVBE participation:**

	<b>TOTAL CONTRACT PRICE</b>
<b>A. Prime Bidder, if DVBE (own participation)</b>	<b>\$</b>
<b>B. DVBE Subcontractor or Supplier</b>	
<b>1.</b>	
<b>2.</b>	
<b>3.</b>	
<b>4.</b>	
<b>C. Subtotal (A &amp; B)</b>	
<b>D. Non-DVBE</b>	
<b>E. Total Bid</b>	

**Part II – Contacts.** To identify DVBE subcontractors/suppliers for participation in your contract, you must contact each of the following categories. You should contact several DVBE organizations.

<b>CATEGORY</b>	<b>TELEPHONE NUMBER</b>	<b>DATE CONTACTED</b>	<b>PERSON CONTACTED</b>
<b>1. The District</b>			*
<b>2. OSBCR, which publishes a list of DVBE’s; Internet Address: Http://www.dgs.ca.gov/osbcr</b>	(916) 323-5478 (916) 322-5060		*
<b>3. DVBE Organization (List)</b>			*

\*Write “recorded message” in this column, if applicable.

**Part III – Advertisement.** You must advertise for DVBE participation in both a trade and focus paper. List the advertisement you place to solicit DVBE participation. Advertisements should be published at least 14 days prior to bid/proposal opening; if you cannot advertise 14 days prior, advertisements should be published as soon as possible. Advertisements must include that your firm is seeking DVBE participation, the project name and location, and you firm’s name, your contact person, and telephone number. Attach copies of advertisements to this form.

<b>FOCUS/TRADE PAPER NAME</b>	<b>CHECK ONE</b>		<b>DATE OF ADVERTISEMENT</b>
	<b>TRADE</b>	<b>FOCUS</b>	

**Part IV. – DVBE Solicitations.** List DVBE subcontractors/suppliers that were invited to bid. Use the following instructions to complete the remainder of this section (read the three columns as a sentence from left to right). If you need additional space to list DVBE solicitations, please use a separate page and attach to this form.

<b>IF THE DVBE.....</b>	<b>THEN.....</b>	<b>AND.....</b>		
was selected to participate	Check “yes” in the Selected column, include the applicable dollar amount in Part III of the Form SAB 515PB	include a copy of their DVBE letter from OSBCR		
was <b>NOT</b> selected to participate	Check “no” in the “SELECTED” column	state why in the “REASON NOT SELECTED” column		
did not respond to your solicitation	Check the “NO RESPONSE” column.			
<b>DISABLED VETERANS BUSINESS ENTERPRISES CONTACTED</b>	<b>SELECTED</b>		REASON NOT SELECTED	NO RESPONSE
	<b>YES</b>	<b>NO</b>		

A copy of this form must be retained by you and may be subject to a future audit.

**CERTIFICATION**

I, \_\_\_\_\_ certify that I am the Bidder’s \_\_\_\_\_ and that I have made a diligent effort to ascertain the facts with regard to the representations made herein. In making this certification, I am aware of section 12650 et seq. of the Government Code providing for the imposition of treble damages for making false claims.

Date: \_\_\_\_\_

Proper Name of Contractor: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

END OF DOCUMENT