DISABLED VETERAN BUSINESS ENTERPRISE (DVBE) PARTICIPATION REQUIREMENT

DVBE TRANSMITTAL FORM

The DVBE Transmittal Form is to be attached and used as a cover sheet for the required DVBE documentation that must be submitted within the time frame specified in the bid solicitation.

Campus: _____________________________________________________________

Project Name: _______________________________________________________

Project Number: ______________________________________________________

Bid Date: _____________________________________________________________

Name of Contractor Submitting Bid: ______________________________________

Please check off the following to insure you have included them in your documentation:

_____ Attachment 1: Summary of DVBE Participation

_____ Attachment 2: Bidder’s Certification of DVBE Status of Subcontractors and Suppliers

_____ Attachment of Any Additional Supporting Documentation

OFFICIAL CSU USE ONLY

Did Contractor meet 3% DVBE requirement?  ☐ Yes  ☐ No

DVBE Bid Incentive (attach abstract of bids)
Amount of DVBE Bid Incentive granted: _____%
Amount of DVBE Participation pledged: _____%

Signed: ________________________________________________ Date

DVBE Program Advocate