

# DOCUMENTATION OF DISABLED VETERAN BUSINESS ENTERPRISE PROGRAM REQUIREMENTS

STD 840 (REV. 4-1-2003)

**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.

**I commit to meeting the full DVBE contract participation requirement.**  
Complete STD 840, Section A.

**Full information must be provided.**

**For contract participation commitment**, at least one DVBE must be listed. DVBEs must perform a commercially useful function. List the specific goods and/or services with the dollar and/or percentage value(s) that the DVBE(s) commit(s) to provide and the DVBE's tier (prime contractor = 0, subcontractor to prime contractor = 1, subcontractor to Tier 1 subcontractor = 2, etc.). If both the estimated dollar amount and percentage are listed, the higher value supercedes. Attach additional pages to list all other DVBE subcontractors/suppliers (you may use STD 840A). During contract performance, all requests for substituting named DVBEs must be made in accordance with the provisions of California Code of Regulations, Title 2, Section 1896.64(c).

AT LEAST ONE DVBE MUST BE NAMED FOR PARTICIPATION	Date Contacted / /	DVBE Company Name (If you are the Prime and a DVBE enter your name, otherwise enter the solicited subcontractor.)		
	DVBE Contact Name & Reference #	Telephone Number ( )	Fax Number ( )	E-mail (if available)
	Street Address, City, State and Zip Code			
	<input type="checkbox"/> <b>Yes, I am, or I will subcontract with, the listed DVBE to provide the following goods and/or services:</b>			
	Specific Goods and/or Services		Estimated \$ and/or % \$ / %	Tier
	OR	<input type="checkbox"/> <b>No, I am unable to subcontract with the DVBE for the following business reasons:</b>		
	Date Contacted / /	DVBE Company Name		
	DVBE Contact Name	Telephone Number ( )	Fax Number ( )	E-mail (if available)
	Street Address, City, State and Zip Code			
<input type="checkbox"/> <b>Yes, I will subcontract with the listed DVBE to provide the following goods and/or services:</b>				
Specific Goods and/or Services		Estimated \$ and/or % \$ / %	Tier	
OR	<input type="checkbox"/> <b>No, I am unable to subcontract with the DVBE for the following business reasons:</b>			

**ATTACH ADDITIONAL PAGES (OR USE STD 840A) TO LIST ALL OTHER DVBE CONTACTS**

**ADDITIONAL DISABLED VETERAN BUSINESS ENTERPRISE CONTACTS**

STD 840A (EST. 4-1-2003)

***This document may be used as a continuation from Section A, STD 840 (REV. 4-1-2003)***

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

**Yes, I will subcontract with the listed DVBE to provide the following goods and/or services:**

Specific Goods and/or Services	Estimated \$ and/or % \$ / %	Tier
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OR  **No, I am unable to subcontract with the DVBE for the following business reasons:**

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

**Yes, I will subcontract with the listed DVBE to provide the following goods and/or services:**

Specific Goods and/or Services	Estimated \$ and/or % \$ / %	Tier
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OR  **No, I am unable to subcontract with the DVBE for the following business reasons:**

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

**Yes, I will subcontract with the listed DVBE to provide the following goods and/or services:**

Specific Goods and/or Services	Estimated \$ and/or % \$ / %	Tier
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OR  **No, I am unable to subcontract with the DVBE for the following business reasons:**

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

**Yes, I will subcontract with the listed DVBE to provide the following goods and/or services:**

Specific Goods and/or Services	Estimated \$ and/or % \$ / %	Tier
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OR  **No, I am unable to subcontract with the DVBE for the following business reasons:**

**ADDITIONAL DISABLED VETERAN BUSINESS ENTERPRISE CONTACTS**

STD 840A (EST. 4-1-2003) (REVERSE)

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

**Yes, I will subcontract with the listed DVBE to provide the following goods and/or services:**

Specific Goods and/or Services	Estimated \$ and/or % \$ / %	Tier

OR  **No, I am unable to subcontract with the DVBE for the following business reasons:**

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DVBE Contact Name	Telephone Number ( )	Fax Number ( )	E-mail (if available)
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Street Address, City, State and Zip Code

**Yes, I will subcontract with the listed DVBE to provide the following goods and/or services:**

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Street Address, City, State and Zip Code

**Yes, I will subcontract with the listed DVBE to provide the following goods and/or services:**

Specific Goods and/or Services	Estimated \$ and/or % \$ / %	Tier

OR  **No, I am unable to subcontract with the DVBE for the following business reasons:**