



COLLABORATIVE DESIGN-BUILD AGREEMENT

CSU Vendor ID No. <insert #>

Contract No. <insert #>

THIS AGREEMENT, made on December 4, 2019, BY AND BETWEEN the State of California, acting through the Board of Trustees of the California State University, on behalf of **{insert full Campus Name}**, hereinafter designated the Trustees, and

Contractor

Address
City, ST Zip
Phone No.; Fax No.; E-mail

Design-Builder, hereinafter designated the Contractor.

WITNESSETH

1. That the Contractor, in consideration of the covenants and agreements herein contained on the part of the Trustees, covenants, promises and agrees with the Trustees, at his, her, its or their own proper cost and expense, to furnish all labor, materials, and equipment, and to perform all Work necessary to design, construct and complete in a good workmanlike and substantial manner, and to the satisfaction of the Trustees, the

<Insert Project Name and Project Number>, at
<Insert full Campus Name>

in accordance with the Design-Build Contract Documents (as defined in the Contract General Conditions, Article 31.00, Definitions) and as approved by and on file with the Trustees and are made a part of this agreement by this reference. The Contractor agrees to receive and accept the sum of:

One Hundred Twenty-Three Million, Four Hundred Fifty-Six Thousand, Seven Hundred Eighty-Nine Dollars (\$123,456,789.00)

as full compensation therefor, and also, unless expressly excepted in the Design-Build Contract Documents, as full compensation for the following: all loss or damage, arising out of the nature of the Work, or from the action of the elements or from any unforeseen difficulties or obstructions which may arise or be encountered in the prosecution of the Work until its acceptance by the Trustees and for all risks of every description connected with the Work, and for all expenses incurred by or in consequence of the suspension or discontinuance of Work, and for well and faithful completion of the Work in the manner and according to the Contract Documents and the requirements of the Trustees under them. Payment will be made in accordance with the Contract General Conditions, Article 40.00, Payment and Completion.

2. That the Contractor, in accordance with is Proposal Documents, agrees to subcontract **<insert %>** of the above Contract Amount (including all alternatives and allowances) to Disabled Veteran Business Enterprises (DVBE).

3. That the Trustees hereby promise and agree with the Contractor to employ, and do hereby employ, the Contractor to provide the design services, materials and do the Work according to the terms and conditions herein contained and referred to, for the price aforesaid, and hereby agree to pay the same at the time, in the manner and upon the conditions set forth herein, and the said parties for themselves, their heirs, executors, administrators, successors and assigns, do hereby agree to the full performance of the covenants herein contained.

4. That the Trustees will fix the starting date of the Contract and issue a Notice to Proceed after the date of approval of the Contract by the Office of General Counsel, California State University. The Contractor shall fully complete all the Work of the Contract, in first class working order and ready for acceptance by the Trustees, on or before the expiration of **<insert #>** calendar days from the starting date so fixed. The Contractor will pay to the Trustees the sum of **Five Thousand Five Hundred Dollars (\$5,500.00)** for each day completion is delayed beyond the time prescribed, in accordance with the Contract General Conditions, Article 39.02, Delay in Completion—Liquidated Damages.

5. That if there is a conflict between the terms of the Cost Proposal Form and the other Contract Documents, the other Contract Documents shall control, and nothing contained herein shall be considered as an acceptance of any terms of the Cost Proposal Form in conflict herewith.

6. a. That contractors are required by law to be licensed and regulated by the Contractor’s State License Board. Any questions concerning a contractor may be referred to the registrar of the Board.

b. That contractors and subcontractors of all tiers, by law, are required to register with the Department of Industrial Relations to bid and contract for public works projects.



PAYMENT BOND

Contract No. <insert #>

Know All Persons by These Presents:

THAT WHEREAS, the State of California acting by and through the Trustees of the California State University, hereinafter called the Trustees, has awarded to

Contractor
Address
City, ST Zip

as Principal, hereinafter designated as the “Contractor,” a Contract for the Work described as follows:

Project Number: **<insert Project Number>**
Project Name: **<insert Project Name>**
Campus: **<insert full Campus Name>**

AND WHEREAS, the Contractor is required to furnish a bond in connection with said Contract, to secure the payment of claims of laborers, mechanics, and other persons, as provided by law:

NOW, THEREFORE, we the undersigned Contractor and Surety are held and firmly bound unto the State of California through the said Trustees in the amount required by law, in the sum of:

<copy agreement amount from p.1 of Agreement>

for which payment well and truly to be made we bind ourselves, our heirs, executors and administrators, successors and assigns, jointly and severally, firmly by these presents.

THE CONDITION of this obligation is such,

That if the Contractor, his, her, or its heirs, executors, administrators, successors or assigns, or subcontractors shall fail to pay any of the persons referred to in Civil Code section 9100 or amounts due under the Unemployment Insurance Code with respect to work or labor performed by any such claimant, that the Surety or Sureties herein will pay for the same, in an amount not exceeding the sum specified in this bond, otherwise the above obligation shall be void. In case suit is brought on this bond, the said Surety will pay a reasonable attorney’s fee to be fixed by the court.

This bond shall inure to the benefit of any of the persons referred to in Civil Code section 9100 so as to give a right of action to such persons or their assigns in any suit brought upon this bond. Any such right of action shall be subject to the provisions of Civil Code sections 8608 and 9566.

IN WITNESS WHEREOF, We have hereunto set our hands and seals on this ____ day of _____, 20 ____

CONTRACTOR

Contractor Name: _____

AS

PRINCIPAL

Contractor Address: _____ (SEAL)

By: _____

SURETY

Surety Name: _____

Surety Address: _____ (SEAL)

By: _____

Signatures executed in behalf of the Surety must be properly acknowledged.



PERFORMANCE BOND

Contract No. <insert #>

Know All Persons by These Presents:

THAT WHEREAS, the State of California acting by and through the Trustees of the California State University, hereinafter called the Trustees, has awarded to

Contractor
Address
City, ST Zip

as Principal, hereinafter designated as the "Contractor," a Contract for the Work described as follows:

Project Number: **<insert Project Number>**
Project Name: **< insert Project Name>**
Campus: **< insert full Campus Name>**

AND WHEREAS, the Contractor is required to furnish a bond in connection with said Contract, guaranteeing the faithful performance thereof:

NOW, THEREFORE, we the undersigned Contractor and Surety are held and firmly bound unto the State of California through the said Trustees in the sum of:

<copy agreement amount from p.1 of Agreement>

to be paid to the said Trustees, State or its certain attorney, its successors and assigns: for which payment, well and truly to be made, we bind ourselves, our heirs, executors and administrators, successors and assigns, jointly and severally, firmly by these presents.

THE CONDITION of this obligation is such,

That if the above bounden Contractor, his, her, or its heirs, executors, administrators, successors or assigns, shall in all things stand to and abide by, and well and truly keep and perform the covenants, conditions and agreements in the foregoing contract and any alteration thereof made as therein provided, on his, her, its or their part to be kept and performed at the time and in the manner therein specified, and in all respects according to their true intent and meaning, and shall indemnify and save harmless the State of California, its officers and agents, as therein stipulated, then this obligation shall become and be null and void; otherwise, it shall be and remain in full force and virtue.

IN WITNESS WHEREOF, We have hereunto set our hands and seals on this ____ day of _____, 20____

CONTRACTOR
AS
PRINCIPAL

Contractor Name: _____

Contractor Address: _____ (SEAL)

By: _____

SURETY

Surety Name: _____

Surety Address: _____ (SEAL)

By: _____

Signatures executed in behalf of the Surety must be properly acknowledged.



CERTIFICATION

Contract No. <insert #>

Project No. <insert #>

Instructions:

ALL BIDS AND CONTRACTS MUST BE SIGNED BY AN OFFICER OR EMPLOYEE HAVING THE AUTHORITY TO BIND THE COMPANY OR FIRM.

Provide the information requested below, including the type of organization for your firm, such as partnership, limited partnership, corporation, limited liability company, etc., and attach to this form a true and accurate copy of the firm's official record adopted by the firm's executives/board that authorizes certain of the firm's officers or employees to bind the firm. An example of such official record would be a corporate resolution duly adopted by a Board of Directors for a Corporation.

This is to certify that

1) I am _____
Name and Title of Authorized Signatory (such as John Smith, President)

2) of _____; and
Name of Firm

3) the attached official record, which lists only the officers or employees of our firm who are authorized to bind the firm, is a true and accurate copy as duly adopted by the Executives/Board of the firm on _____.
Date

Signature Date

Firm's Type of Organization (see instructions above)

IMPORTANT NOTE

(If your firm is a sole proprietorship, you need not complete this form. For all other types of firms, be sure to attach to this certification a copy of firm's official record authorizing officers or employees of the firm to execute Contract Documents or to execute a bid submittal. If attaching more than one document, modify the form to reflect that fact.)

PAYEE DATA RECORD**(Required when receiving payment from the State of California in lieu of IRS W-9)**

STD. 204 (Rev. 11/01/2018)

1	<p>INSTRUCTIONS: Complete all information on this form. Sign, date, and return to the State agency (department/office) address shown at the bottom of this page. Prompt return of this fully completed form will prevent delays when processing payments. Information provided in this form will be used by State agencies to prepare Information Returns (1099). See reverse side for more information and Privacy Statement.</p> <p>NOTE: Governmental entities, federal, State, and local (including school districts), are not required to submit this form.</p>
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2	PAYEE'S LEGAL BUSINESS NAME (Type or Print)	
	SOLE PROPRIETOR - ENTER NAME AS SHOWN ON SSN (Last, First, M.I.)	E-MAIL ADDRESS
	REMITTANCE ADDRESS	BUSINESS ADDRESS
	CITY, STATE, ZIP CODE	CITY, STATE, ZIP CODE

Note: Payment will not be processed if Sections 3 & 4 are incomplete.

3	<p>ENTER FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN):</p> <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td> </tr> </table> <p><input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> ESTATE OR TRUST</p> <p>CORPORATION:</p> <p><input type="checkbox"/> MEDICAL (e.g., dentistry, psychotherapy, chiropractic, etc.)</p> <p><input type="checkbox"/> LEGAL (e.g., attorney services)</p> <p><input type="checkbox"/> EXEMPT (nonprofit)</p> <p><input type="checkbox"/> ALL OTHERS</p> <p><input type="checkbox"/> INDIVIDUAL OR SOLE PROPRIETOR</p> <p>ENTER SOCIAL SECURITY NUMBER: <table border="1" style="display: inline-table; text-align: center;"> <tr> <td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td> </tr> </table></p> <p style="text-align: center; font-size: small;">(SSN required by authority of California Revenue and Tax Code Section 18646)</p>																					<p>PLEASE CHECK ALL APPLICABLE</p> <p><input type="checkbox"/> Equipment/Supplies <input type="checkbox"/> Rent</p> <p><input type="checkbox"/> Attorney Fees <input type="checkbox"/> Interest</p> <p><input type="checkbox"/> Travel reimburse <input type="checkbox"/> Royalties</p> <p><input type="checkbox"/> Legal Settlement <input type="checkbox"/> Other Income</p> <p><input type="checkbox"/> Medical Services</p> <p><input type="checkbox"/> Non-Med Services</p>

4	<p>PAYEE RESIDENCY STATUS</p> <p><input type="checkbox"/> California resident - Qualified to do business in California or maintains a permanent place of business in California.</p> <p><input type="checkbox"/> California nonresident (see reverse side) - Payments to nonresidents for services may be subject to State income.</p> <p>tax withholding: <input type="checkbox"/> No services performed in California.</p> <p><input type="checkbox"/> Copy of Franchise Tax Board waiver of State withholding attached.</p> <p><input type="checkbox"/> I am A US Citizen <input type="checkbox"/> I Am A Permanent Resident Alien and I have a Green Card</p> <p><input type="checkbox"/> I Am NOT a US Citizen and I DO NOT have a Permanent Resident Alien Green Card</p> <p><input type="checkbox"/> Tax Exempt by Tax Treaty Country of Residency: <table border="1" style="display: inline-table; width: 150px; height: 20px;"> <tr><td> </td></tr> </table></p>	

5	<p>CERTIFICATION</p> <p>Certification: My business is certified by the State of California's Office of Small Business Certification and Resources (OSBCR) as:</p> <p><input type="checkbox"/> Disabled Veteran Owned Business (51% ownership and 10% service-related disability) Cert # _____</p> <p><input type="checkbox"/> Small Business Cert # _____</p>
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6	<p>Preferred Method of Payment</p> <p><input type="checkbox"/> Credit Card <input type="checkbox"/> Check <input type="checkbox"/> EFT / ACH - Attach voided check or deposit information on company letterhead.</p>
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7	<p>I hereby certify under penalty of perjury that the information provided on this document is true and correct.</p> <p>Should my residency status change, I will promptly notify the State agency below.</p>		
	AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print)		TITLE
	SIGNATURE	DATE	TELEPHONE

8	<p>Please return completed form to:</p> <p>Humboldt State University, Accounts Payable</p> <p>1 Harpst Street Arcata, CA 95521</p> <p>Email: accountspayable@humboldt.edu Tel: (707) 826-3512 Fax: (707)826-3312</p>
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PAYEE DATA RECORD

STD. 204 (Rev. 11/01/2018) (REVERSE)

1	<p>Requirement to Complete Payee Data Record, STD. 204</p> <p>A completed Payee Data Record, STD. 204, is required for payments to all non-governmental entities and will be kept on file at each State agency. Since each State agency with which you do business must have a separate STD. 204 on file, it is possible for a payee to receive this form from various State agencies.</p> <p>Payees who do not wish to complete the STD. 204 may elect to not do business with the State. If the payee does not complete the STD. 204 and the required payee data is not otherwise provided, payment may be reduced for federal backup withholding and nonresident State income tax withholding. Amounts reported on Information Returns (1099) are in accordance with the Internal Revenue Code and the California Revenue and Taxation Code.</p>								
2	<p>Enter the payee's legal business name. Sole proprietorships must also include the owner's full name. An individual must list his/her full name. The mailing address should be the address at which the payee chooses to receive correspondence. Do not enter payment address or lock box information here.</p>								
3	<p>Check the box that corresponds to the payee business type. Check only one box. Corporations must check the box that identifies the type of corporation. The State of California requires that all parties entering into business transactions that may lead to payment(s) from the State provide their Taxpayer Identification Number (TIN). The TIN is required by the California Revenue and Taxation Code Section 18646 to facilitate tax compliance enforcement activities and the preparation of Form 1099 and other information returns as required by the Internal Revenue Code Section 6109(a).</p> <p>The TIN for individuals and sole proprietorships is the Social Security Number (SSN). Only partnerships, estates, trusts, and corporations will enter their Federal Employer Identification Number (FEIN).</p>								
4	<p>Are you a California resident or nonresident?</p> <p>A corporation will be defined as a "resident" if it has a permanent place of business in California or is qualified through the Secretary of State to do business in California.</p> <p>A partnership is considered a resident partnership if it has a permanent place of business in California. An estate is a resident if the decedent was a California resident at time of death. A trust is a resident if at least one trustee is a California resident.</p> <p>For individuals and sole proprietors, the term "resident" includes every individual who is in California for other than a temporary or transitory purpose and any individual domiciled in California who is absent for a temporary or transitory purpose. Generally, an individual who comes to California for a purpose that will extend over a long or indefinite period will be considered a resident. However, an individual who comes to perform a particular contract of short duration will be considered a nonresident.</p> <p>Payments to all nonresidents may be subject to withholding. Nonresident payees performing services in California or receiving rent, lease, or royalty payments from property (real or personal) located in California will have 7% of their total payments withheld for State income taxes. However, no withholding is required if total payments to the payee are \$1,500 or less for the calendar year.</p> <p>For information on Nonresident Withholding, contact the Franchise Tax Board at the numbers listed below:</p> <table border="0" data-bbox="162 1260 1412 1323"> <tr> <td>Withholding Services and Compliance Section:</td> <td>1-888-792-4900</td> <td>E-mail address:</td> <td>wscs.gen@ftb.ca.gov</td> </tr> <tr> <td>For hearing impaired with TDD, call:</td> <td>1-800-822-6268</td> <td>Website:</td> <td>www.ftb.ca.gov</td> </tr> </table>	Withholding Services and Compliance Section:	1-888-792-4900	E-mail address:	wscs.gen@ftb.ca.gov	For hearing impaired with TDD, call:	1-800-822-6268	Website:	www.ftb.ca.gov
Withholding Services and Compliance Section:	1-888-792-4900	E-mail address:	wscs.gen@ftb.ca.gov						
For hearing impaired with TDD, call:	1-800-822-6268	Website:	www.ftb.ca.gov						
5	<p>Certification: If applicable, please include the Certification Number associated with the type of business.</p>								
6	<p>Select preferred method of payment.</p>								
7	<p>Provide the name, title, signature, and telephone number of the individual completing this form. Provide the date the form was completed.</p>								
8	<p>This section must be completed by the State agency requesting the STD. 204.</p>								
	<p>Privacy Statement</p> <p>Section 7(b) of the Privacy Act of 1974 (Public Law 93-579) requires that any federal, State, or local governmental agency, which requests an individual to disclose their social security account number, shall inform that individual whether that disclosure is mandatory or voluntary, by which statutory or other authority such number is solicited, and what uses will be made of it.</p> <p>It is mandatory to furnish the information requested. Federal law requires that payment for which the requested information is not provided is subject to federal backup withholding and State law imposes noncompliance penalties of up to \$20,000.</p> <p>You have the right to access records containing your personal information, such as your SSN. To exercise that right, please contact the business services unit or the accounts payable unit of the State agency(ies) with which you transact that business.</p> <p>All questions should be referred to the requesting State agency listed on the bottom front of this form.</p>								



Attachment 1

SUMMARY OF DISABLED VETERAN-OWNED BUSINESS PARTICIPATION

COMPANY NAME	NATURE OF WORK	CONTRACTING WITH	TIER	CLAIMED DVBE VALUE \$	PERCENTAGE OF CONTRACT (%)	OSMB DVBE CERTIFICATION

I declare under penalty of perjury, under the laws of the State of California, that the information herein is true and correct to the best of my knowledge.

Executed on: _____, at _____ in the state of _____.
Date City State

Signature of Contractor or Authorized Agent _____
Project Name _____
Project Number

Printed Name _____
Firm Name _____
Telephone () _____

BIDDER'S CERTIFICATION

**DISABLED VETERAN BUSINESS ENTERPRISE
STATUS OF SUBCONTRACTORS AND SUPPLIERS**

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 veteran business enterprise complies with the relevant definition set forth in law. 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 against the State, Section 10115.10 of the Public Contract Code making it a crime to intentionally make an untrue statement in this certificate, and the provisions of the Military and Veterans Code, Section 999.9.

Date

Signature of Authorized Agent

Title

DISABLED VETERAN BUSINESS ENTERPRISE DECLARATIONS

STD. 843 (Rev. 5/2006)

Instructions: The disabled veteran (DV) owner(s) and DV manager(s) of the Disabled Veteran Business Enterprise (DVBE) must complete this declaration when a DVBE contractor or subcontractor will provide materials, supplies, services or equipment [Military and Veterans Code Section 999.2]. Violations are misdemeanors and punishable by imprisonment or fine and violators are liable for civil penalties. All signatures are made under penalty of perjury.

SECTION 1

Name of certified DVBE:

DVBE Ref. Number:

Description (materials/supplies/services/equipment proposed):

Solicitation/Contract Number:

SCPRS Ref. Number: _____

(FOR STATE USE ONLY)

SECTION 2

APPLIES TO ALL DVBEs. Check only one box in Section 2 and provide original signatures.

I (we) declare that the DVBE is not a broker or agent, as defined in Military and Veterans Code Section 999.2 (b), of materials, supplies, services or equipment listed above. Also, complete Section 3 below if renting equipment.

Pursuant to Military and Veterans Code Section 999.2 (f), I (we) declare that the DVBE is a broker or agent for the principal(s) listed below or on an attached sheet(s). *(Pursuant to Military and Veterans Code 999.2 (e), State funds expended for equipment rented from equipment brokers pursuant to contracts awarded under this section shall not be credited toward the 3-percent DVBE participation goal.)*

All DV owners and managers of the DVBE (attach additional pages with sufficient signature blocks for each person to sign):

(Printed Name of DV Owner/Manager)

(Signature of DV Owner/ Manager)

(Date Signed)

(Printed Name of DV Owner/Manager)

(Signature of DV Owner/Manager)

(Date Signed)

Firm/Principal for whom the DVBE is acting as a broker or agent:
(If more than one firm, list on extra sheets.)

(Print or Type Name)

Firm/Principal Phone:

Address:

SECTION 3

APPLIES TO ALL DVBEs THAT RENT EQUIPMENT AND DECLARE THE DVBE IS NOT A BROKER.

Pursuant to Military and Veterans Code Section 999.2 (c), (d) and (g), I am (we are) the DV(s) with at least 51% ownership of the DVBE, or a DV manager(s) of the DVBE. The DVBE maintains certification requirements in accordance with Military and Veterans Code Section 999 et. seq.

The undersigned owner(s) own(s) at least 51% of the quantity and value of each piece of equipment that will be rented for use in the contract identified above. I (we), the DV owners of the equipment, have submitted to the administering agency my (our) personal federal tax return(s) at time of certification and annually thereafter as defined in *Military and Veterans Code 999.2*, subsections (c) and (g). *Failure by the disabled veteran equipment owner(s) to submit their personal federal tax return(s) to the administering agency as defined in Military and Veterans Code 999.2, subsections (c) and (g), will result in the DVBE being deemed an equipment broker.*

Disabled Veteran Owner(s) of the DVBE (attach additional pages with signature blocks for each person to sign):

(Printed Name)

(Signature)

(Date Signed)

(Address of Owner)

(Telephone)

(Tax Identification Number of Owner)

Disabled Veteran Manager(s) of the DVBE (attach additional pages with sufficient signature blocks for each person to sign):

(Printed Name of DV Manager)

(Signature of DV Manager)

(Date Signed)

GENERAL INFORMATION: Military and Veteran Code (MVC) 999.5(d), Government Code (GC) 14841, and California Code of Regulations (CCR) 1896.78(e) requires all Prime Contractor's that had a Disabled Veteran Business Enterprise (DVBE) firm perform an element of work for a contract to report DVBE information.

Prime Contractors are required to maintain records supporting the information submitted on this form and that all payments to DVBE subcontractor(s) were made.

INCLUDE

- **ONLY ONE contract per Report**
- **All DVBE firms that performed an element of work for this contract regardless of tier.**

HEADER

Contract Number: Enter the Contract Number

Prime Contractor: Enter the Prime Contractor's name as shown on the contract

FEIN Number: Enter only the **last four digits** of the Federal Employer Identification Number (FEIN) or the Social Security Number (SSN).

Phone Number: Enter the phone number (with area code) of the Prime Contractor

Address: Enter the address of the Prime Contractor

Department: Enter the state department/entity name.

Date Contract Completed: Enter the date contracted work was completed.

Date Final Payment Received: Enter the date the **final** payment for work performed was received by the Prime Contractor

Contract Award Amount: Enter the total dollar amount awarded to the Prime Contractor for this contract including all financial amendments.

Contract Received Amount: Enter the dollar amount received by the Prime Contractor for this contract

TABLE

DVBE Subcontractor(s) Name: Enter the name of all DVBE firms that are listed to perform an element of work or supplies for this contract and any formal approved substitution(s)*. Use the next tab for additional lines on the form. *All DVBE substitutions must be approved by the Office of Small Business & DVBE Services, effective (MVC § 999.5(e)).

DVBE Subcontractor(s) Address: Enter the address of each DVBE firm.

Supplier Number: Enter each DVBE firm's supplier/certification number.

Total Contracted Amount to DVBE: Enter the entire amount contracted to each DVBE.

Total Payment Amount to DVBE: Enter the total amount paid to all DVBE firms that performed an element of work for this contract

Variance: The system will compute the variance of DVBE firms dollars contracted compared to dollars paid

SIGNATURE BLOCK

Prime Contractor's Signature: Prime Contractor's printed name, signature, and date

Send form back to the department/entity listed in the header within 60 days of receipt of final payment.

DEPARTMENT ONLY INSTRUCTIONS

The following items need to be filled out by the department prior to E-MAILING the form to the Prime Contractor.

The awarding department's completion of this information prior to issuing this form to prime contractors ensures that all DVBE subcontractor activities are reported for DVBE firms resulting in the award.

HEADER

Contract Number: Enter the Contract Number

Prime Contractor: Enter the Prime Contractor's name as shown on the contract

Department: Enter the state department/entity name.

Date Contract Completed: Enter the date contracted work was completed.

Contract Award Amount: Enter the total dollar amount paid to the Prime Contractor for this contract including all financial amendments.

TABLE

DVBE Subcontractor(s) Name: Enter the name of all DVBE firms that are listed to perform an element of work or supplies for this contract and any formal approved substitution(s)*. Use the next tab for additional lines on the form. *All DVBE substitutions must be approved by the Office of Small Business & DVBE Services, effective (MVC § 999.5(e)).

DVBE Subcontractor(s) Address: Enter the address of each DVBE firm.

Supplier Number: Enter each DVBE firm's supplier/certification number.

Total Contracted Amount to DVBE: Enter the entire amount contracted to each DVBE.

Prime Contractor's DVBE Subcontracting Report STATE OF CALIFORNIA
(Rev. April 2014)

Contract Number:		Department:	{Campus: enter campus name and name of person(s) who should receive this report}
Prime Contractor:		Date Contract Completed:	Contract Award Amount:
FEIN Number:		Date Final Payment Received:	Contract Received Amount:
Phone Number:			
Address:			
Email Address:			

List all Disabled Veteran Business Enterprise firms involved with this contract.

DVBE Subcontractor(s) Name	DVBE Subcontractor(s) Address	DVBE Number	Total Contracted Amount to DVBE	Total Payment Amount to DVBE	Variance
0	Number of DVBE Subcontractors	Grand Total	\$ -	\$ -	\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -

[Use next tab for additional lines](#)

I declare under penalty of perjury under the laws of the State of California that all information submitted is true and correct.

Prime Contractor Print Name:		Date:	
Signature:			

Return within 60 days from receipt of final payment.