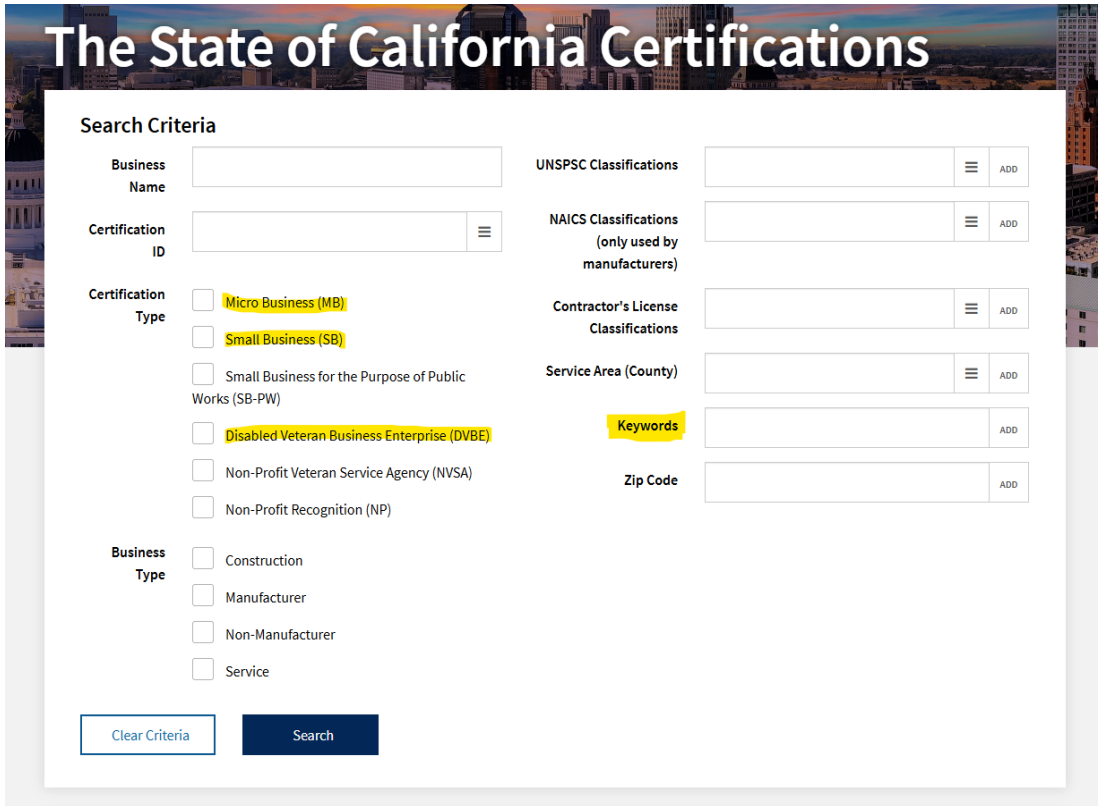
DVBE Participation Forms & Requirements

Identifying Small Business & DVBEs

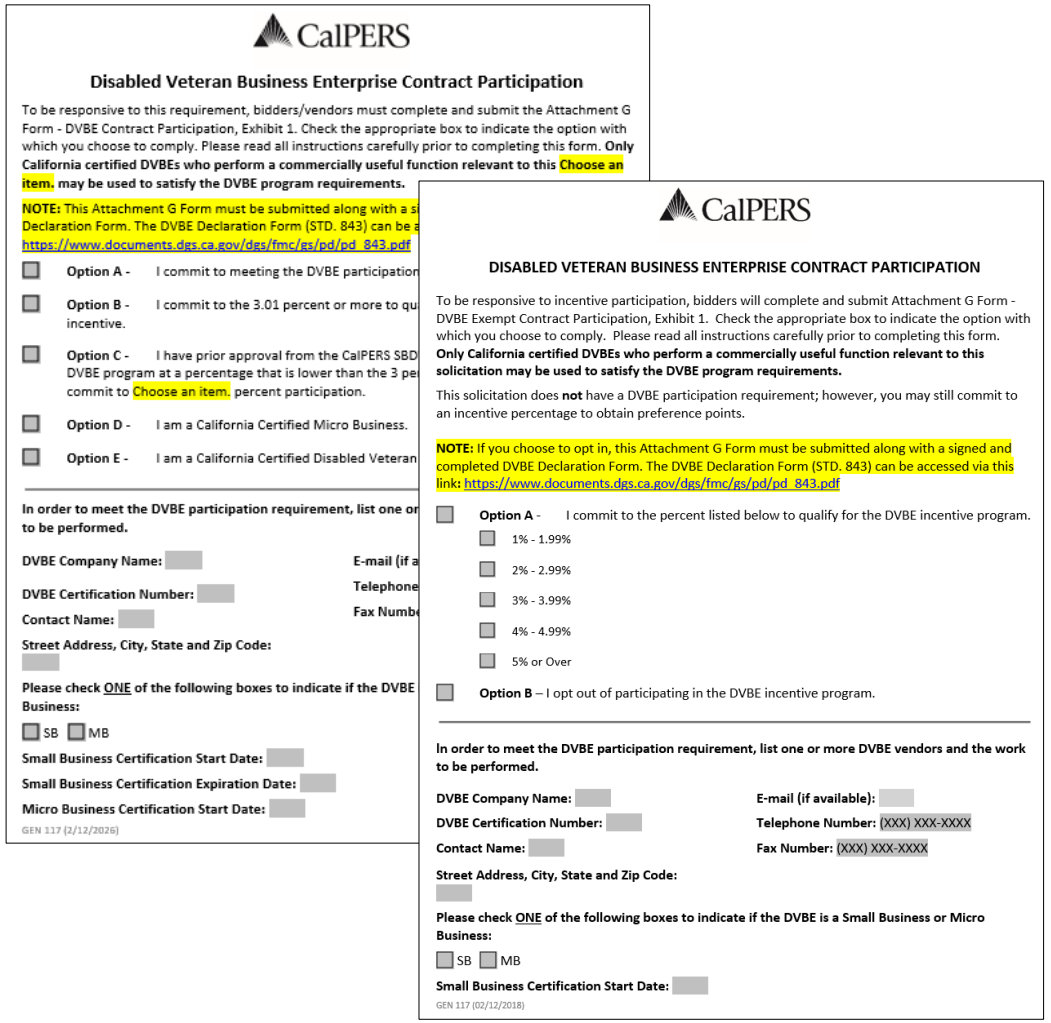
Cal eProcure Website



- Search for certified DVBEs using the Cal eProcure website.
- Make sure to use **keywords** that match the tasks outlined in the Statement of Work.
- If you need assistance or cannot find vendors that provide the type of work needed, please reach out to the SBDVBE Advocate.

Selecting Small Business & DVBEs

DVBE Contract Participation



CalPERS

Disabled Veteran Business Enterprise Contract Participation

To be responsive to this requirement, bidders/vendors must complete and submit the Attachment G Form - DVBE Contract Participation, Exhibit 1. Check the appropriate box to indicate the option with which you choose to comply. Please read all instructions carefully prior to completing this form. **Only California certified DVBEs who perform a commercially useful function relevant to this Choose an item. may be used to satisfy the DVBE program requirements.**

NOTE: This Attachment G Form must be submitted along with a si
Declaration Form. The DVBE Declaration Form (STD. 843) can be a
https://www.documents.dgs.ca.gov/dgs/fmc/gs/pd/pd_843.pdf

- **Option A -** I commit to meeting the DVBE participation
- **Option B -** I commit to the 3.01 percent or more to qu incentive.
- **Option C -** I have prior approval from the CalPERS SBD DVBE program at a percentage that is lower than the 3 pe commit to Choose an item. percent participation.
- **Option D -** I am a California Certified Micro Business.
- **Option E -** I am a California Certified Disabled Veteran

In order to meet the DVBE participation requirement, list one or to be performed.

DVBE Company Name: **E-mail (if a**
DVBE Certification Number: **Telephone**
Contact Name: **Fax Numb**
Street Address, City, State and Zip Code:

Please check ONE of the following boxes to indicate if the DVBE Business:

SB MB

Small Business Certification Start Date:
Small Business Certification Expiration Date:
Micro Business Certification Start Date:

GEN 117 (2/12/2026)

CalPERS

DISABLED VETERAN BUSINESS ENTERPRISE CONTRACT PARTICIPATION

To be responsive to incentive participation, bidders will complete and submit Attachment G Form - DVBE Exempt Contract Participation, Exhibit 1. Check the appropriate box to indicate the option with which you choose to comply. Please read all instructions carefully prior to completing this form. **Only California certified DVBEs who perform a commercially useful function relevant to this solicitation may be used to satisfy the DVBE program requirements.**

This solicitation does **not** have a DVBE participation requirement; however, you may still commit to an incentive percentage to obtain preference points.

NOTE: If you choose to opt in, this Attachment G Form must be submitted along with a signed and completed DVBE Declaration Form. The DVBE Declaration Form (STD. 843) can be accessed via this link: https://www.documents.dgs.ca.gov/dgs/fmc/gs/pd/pd_843.pdf

- **Option A** - I commit to the percent listed below to qualify for the DVBE incentive program.
  - 1% - 1.99%
  - 2% - 2.99%
  - 3% - 3.99%
  - 4% - 4.99%
  - 5% or Over
- **Option B** – I opt out of participating in the DVBE incentive program.

In order to meet the DVBE participation requirement, list one or more DVBE vendors and the work to be performed.

DVBE Company Name: **E-mail (if available):**
DVBE Certification Number: **Telephone Number:** (XXX) XXX-XXXX
Contact Name: **Fax Number:** (XXX) XXX-XXXX
Street Address, City, State and Zip Code:

Please check ONE of the following boxes to indicate if the DVBE is a Small Business or Micro Business:

SB MB

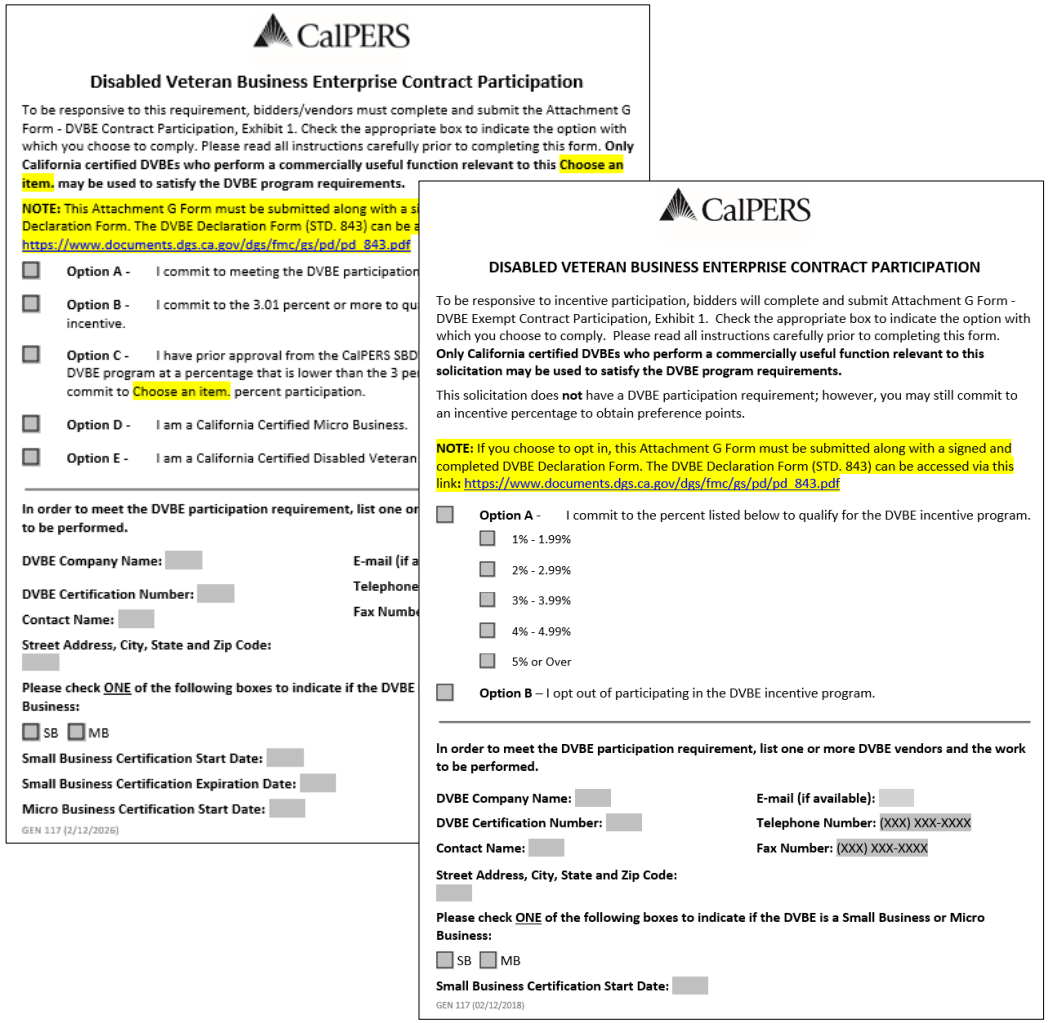
Small Business Certification Start Date:

GEN 117 (02/12/2018)

- **DVBE Contract Participation Form**
- **DVBE Exempt Contract Participation Form**
  - The DVBE Contract Participation Form should ALWAYS be submitted with the following documents:
    - **STD 843 - DVBE Declaration From** (accessible via this link)
    - **Active certification profile** from the Cal eProcure website.

Selecting Small Business & DVBEs

DVBE Contract Participation



CalPERS

Disabled Veteran Business Enterprise Contract Participation

To be responsive to this requirement, bidders/vendors must complete and submit the Attachment G Form - DVBE Contract Participation, Exhibit 1. Check the appropriate box to indicate the option with which you choose to comply. Please read all instructions carefully prior to completing this form. **Only California certified DVBEs who perform a commercially useful function relevant to this Choose an item. may be used to satisfy the DVBE program requirements.**

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☐ **Option B -** I commit to the 3.01 percent or more to qu
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☐ **Option C -** I have prior approval from the CalPERS SBD
DVBE program at a percentage that is lower than the 3 pe
commit to Choose an item. percent participation.

☐ **Option D -** I am a California Certified Micro Business.

☐ **Option E -** I am a California Certified Disabled Veteran

In order to meet the DVBE participation requirement, list one or
to be performed.

DVBE Company Name: **E-mail (if a**
DVBE Certification Number: **Telephone**
Contact Name: **Fax Numb**
Street Address, City, State and Zip Code:

Please check ONE of the following boxes to indicate if the DVBE
Business:

☐ SB ☐ MB

Small Business Certification Start Date:
Small Business Certification Expiration Date:
Micro Business Certification Start Date:

GEN 117 (2/12/2026)

CalPERS

DISABLED VETERAN BUSINESS ENTERPRISE CONTRACT PARTICIPATION

To be responsive to incentive participation, bidders will complete and submit Attachment G Form - DVBE Exempt Contract Participation, Exhibit 1. Check the appropriate box to indicate the option with which you choose to comply. Please read all instructions carefully prior to completing this form. **Only California certified DVBEs who perform a commercially useful function relevant to this solicitation may be used to satisfy the DVBE program requirements.**

This solicitation does **not** have a DVBE participation requirement; however, you may still commit to an incentive percentage to obtain preference points.

NOTE: If you choose to opt in, this Attachment G Form must be submitted along with a signed and completed DVBE Declaration Form. The DVBE Declaration Form (STD. 843) can be accessed via this link: https://www.documents.dgs.ca.gov/dgs/fmc/gs/pd/pd_843.pdf

☐ **Option A** - I commit to the percent listed below to qualify for the DVBE incentive program.

- ☐ 1% - 1.99%
- ☐ 2% - 2.99%
- ☐ 3% - 3.99%
- ☐ 4% - 4.99%
- ☐ 5% or Over

☐ **Option B** – I opt out of participating in the DVBE incentive program.

In order to meet the DVBE participation requirement, list one or more DVBE vendors and the work to be performed.

DVBE Company Name: **E-mail (if available):**
DVBE Certification Number: **Telephone Number:** (XXX) XXX-XXXX
Contact Name: **Fax Number:** (XXX) XXX-XXXX
Street Address, City, State and Zip Code:

Please check ONE of the following boxes to indicate if the DVBE is a Small Business or Micro Business:

☐ SB ☐ MB

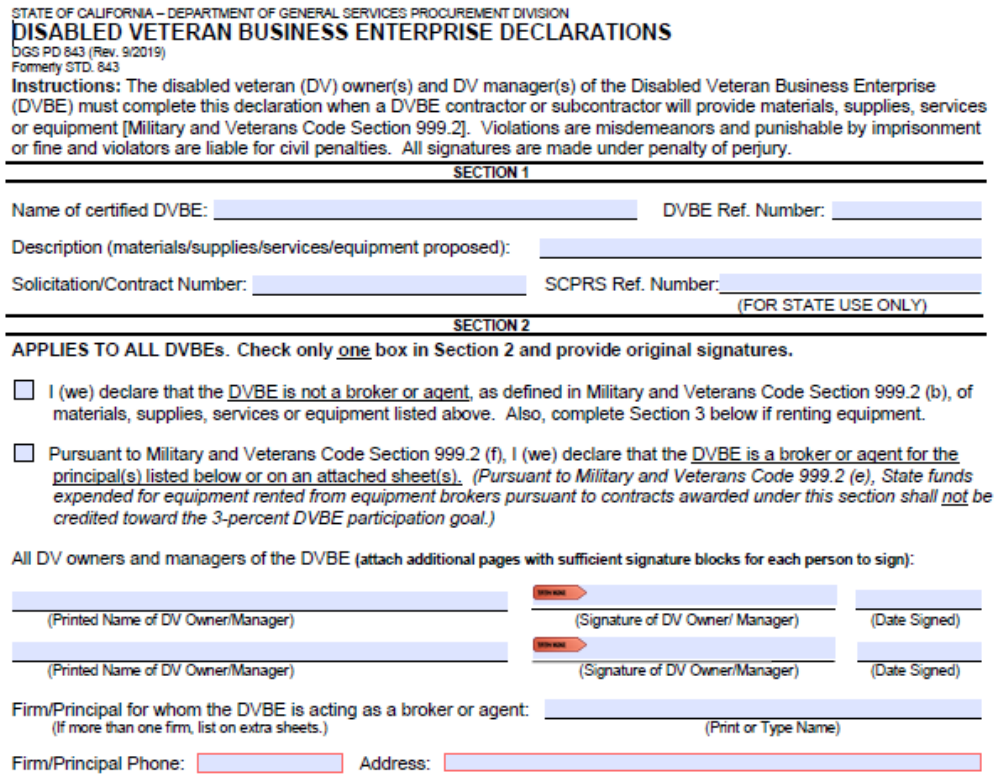
Small Business Certification Start Date:

GEN 117 (02/12/2018)

- Ensure the Participation Form is filled out correctly
  - Some DVBE subcontractors may have an additional certification. Please note that vendors cannot be both a Small Business and a Micro Business. If applicable, please select the additional business certification type that matches the vendor's certification profile.
    - Small Business = SB
    - Micro Business = SB (micro)
    - **NOTE:** SB-PW is not a certification type accepted by CalPERS
- If a prime vendor is a DVBE, they do not need to name another DVBE, but they can still choose to opt in to work with another DVBE.
- If a prime vendor is a MB, they can opt out of DVBE participation, but we encourage all vendors to opt in if possible.

Selecting Small Business & DVBEs

STD 843 – DVBE Declaration Form



STATE OF CALIFORNIA – DEPARTMENT OF GENERAL SERVICES PROCUREMENT DIVISION

DISABLED VETERAN BUSINESS ENTERPRISE DECLARATIONS

DGS PD 843 (Rev. 9/2019)
Formerly STD. 843

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)

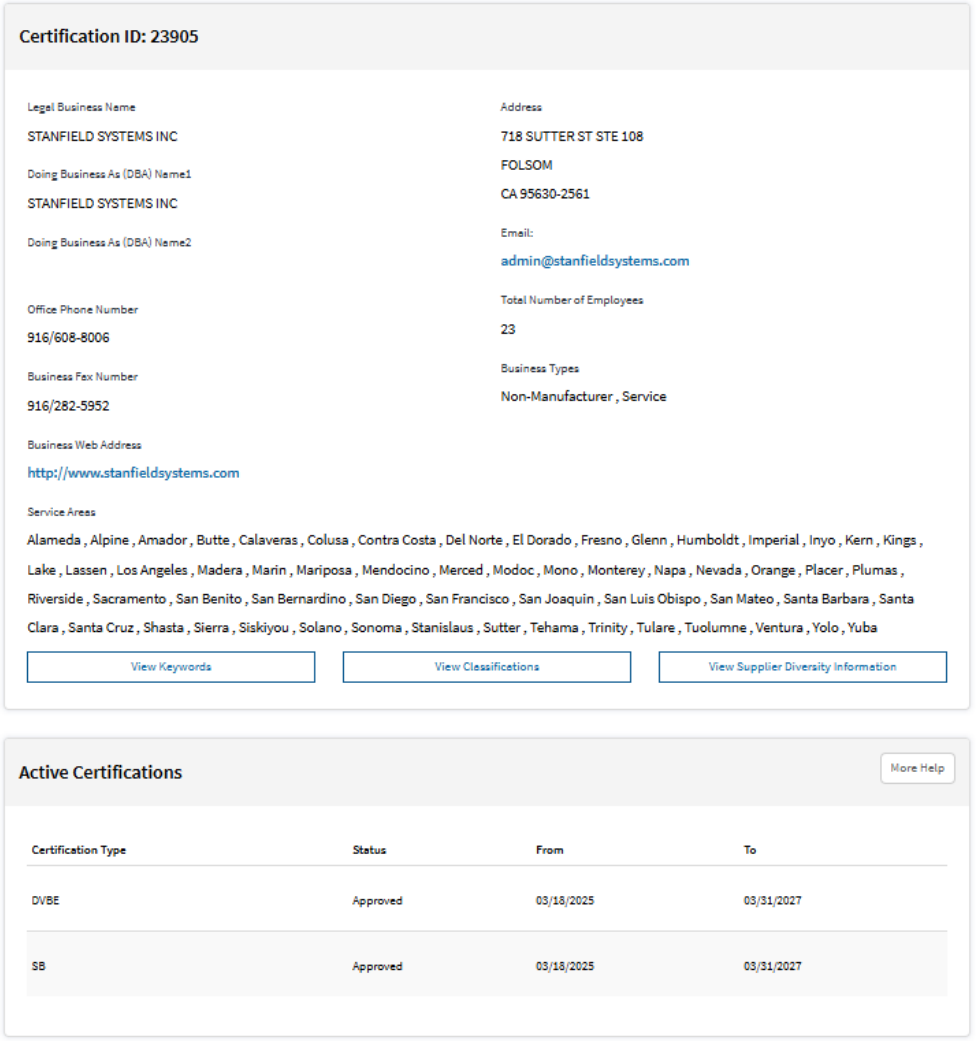
Firm/Principal for whom the DVBE is acting as a broker or agent: _____ (Print or Type Name)
(If more than one firm, list on extra sheets.)

Firm/Principal Phone: _____ Address: _____

- STD 843 - DVBE Declaration Form (accessible via this link)
- The form must be completed and signed by the DVBE subcontractor.
- The solicitation and/or contract numbers should be included on the form.

Selecting Small Business & DVBEs

Cal eProcure Certification Profile



Certification ID: 23905

Legal Business Name
STANFIELD SYSTEMS INC

Doing Business As (DBA) Name1
STANFIELD SYSTEMS INC

Doing Business As (DBA) Name2

Office Phone Number
916/608-8006

Business Fax Number
916/282-5952

Business Web Address
http://www.stanfieldsystems.com

Address
718 SUTTER ST STE 108
FOLSOM
CA 95630-2561

Email:
admin@stanfieldsystems.com

Total Number of Employees
23

Business Types
Non-Manufacturer , Service

Service Areas
Alameda , Alpine , Amador , Butte , Calaveras , Colusa , Contra Costa , Del Norte , El Dorado , Fresno , Glenn , Humboldt , Imperial , Inyo , Kern , Kings , Lake , Lassen , Los Angeles , Madera , Marin , Mariposa , Mendocino , Merced , Modoc , Mono , Monterey , Napa , Nevada , Orange , Placer , Plumas , Riverside , Sacramento , San Benito , San Bernardino , San Diego , San Francisco , San Joaquin , San Luis Obispo , San Mateo , Santa Barbara , Santa Clara , Santa Cruz , Shasta , Sierra , Siskiyou , Solano , Sonoma , Stanislaus , Sutter , Tehama , Trinity , Tulare , Tuolumne , Ventura , Yolo , Yuba

View Keywords | View Classifications | View Supplier Diversity Information

Active Certifications More Help

Certification Type	Status	From	To
DVBE	Approved	03/18/2025	03/31/2027
SB	Approved	03/18/2025	03/31/2027

- Active certification profile from the Cal eProcure website.
- **Important:** The certification expiration date on the profile should extend beyond the contract's expected start date. If the expiration date ends before the contract start date, contact the SBDVBE Advocate.

Contract Manager Expectations

DVBE Reporting Requirements

DVBE Reporting Requirements

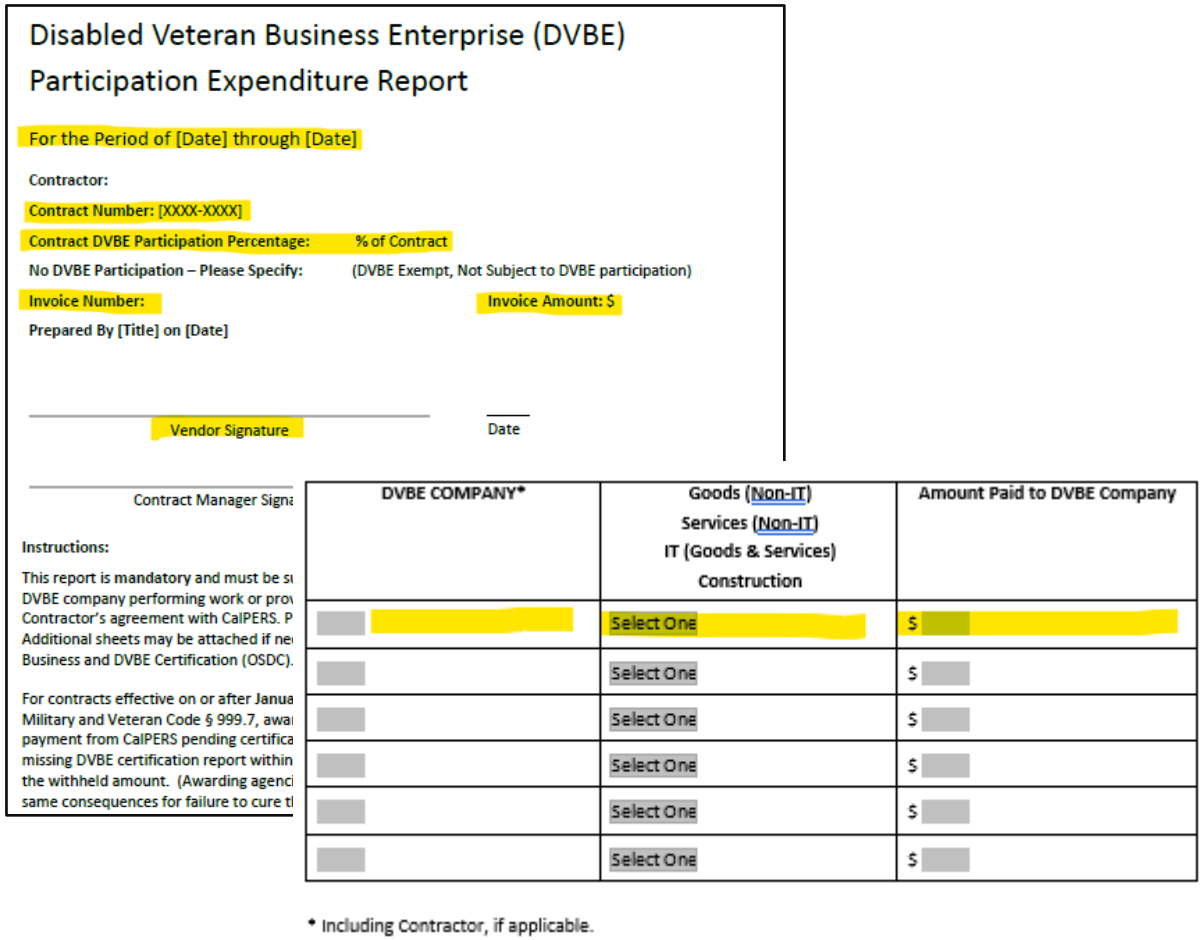
DVBE Expenditure Report

- A **DVBE Expenditure Report** must be submitted with **each invoice.**

The DVBE Expenditure Report should include the:

- Contract number (not the LOE number)
- Contract participation amount
- Invoice number and amount
- The amount paid to the DVBE and the DVBE subcontractor's name

  - ➢ If nothing was paid to a DVBE, please enter "$0"



Disabled Veteran Business Enterprise (DVBE)
Participation Expenditure Report

For the Period of [Date] through [Date]

Contractor:

Contract Number: [XXXX-XXXX]

Contract DVBE Participation Percentage: % of Contract

No DVBE Participation – Please Specify: (DVBE Exempt, Not Subject to DVBE participation)

Invoice Number: Invoice Amount: $

Prepared By [Title] on [Date]

Vendor Signature Date

Contract Manager Signa

Instructions:

This report is mandatory and must be s
DVBE company performing work or prov
Contractor's agreement with CalPERS. P
Additional sheets may be attached if ne
Business and DVBE Certification (OSDC).

For contracts effective on or after Janua
Military and Veteran Code § 999.7, awar
payment from CalPERS pending certifica
missing DVBE certification report within
the withheld amount. (Awarding agenci
same consequences for failure to cure t

DVBE COMPANY*	Goods (Non-IT) Services (Non-IT) IT (Goods & Services) Construction	Amount Paid to DVBE Company
	Select One	$
	Select One	$
	Select One	$
	Select One	$
	Select One	$
	Select One	$

* Including Contractor, if applicable.

DVBE Reporting Requirements

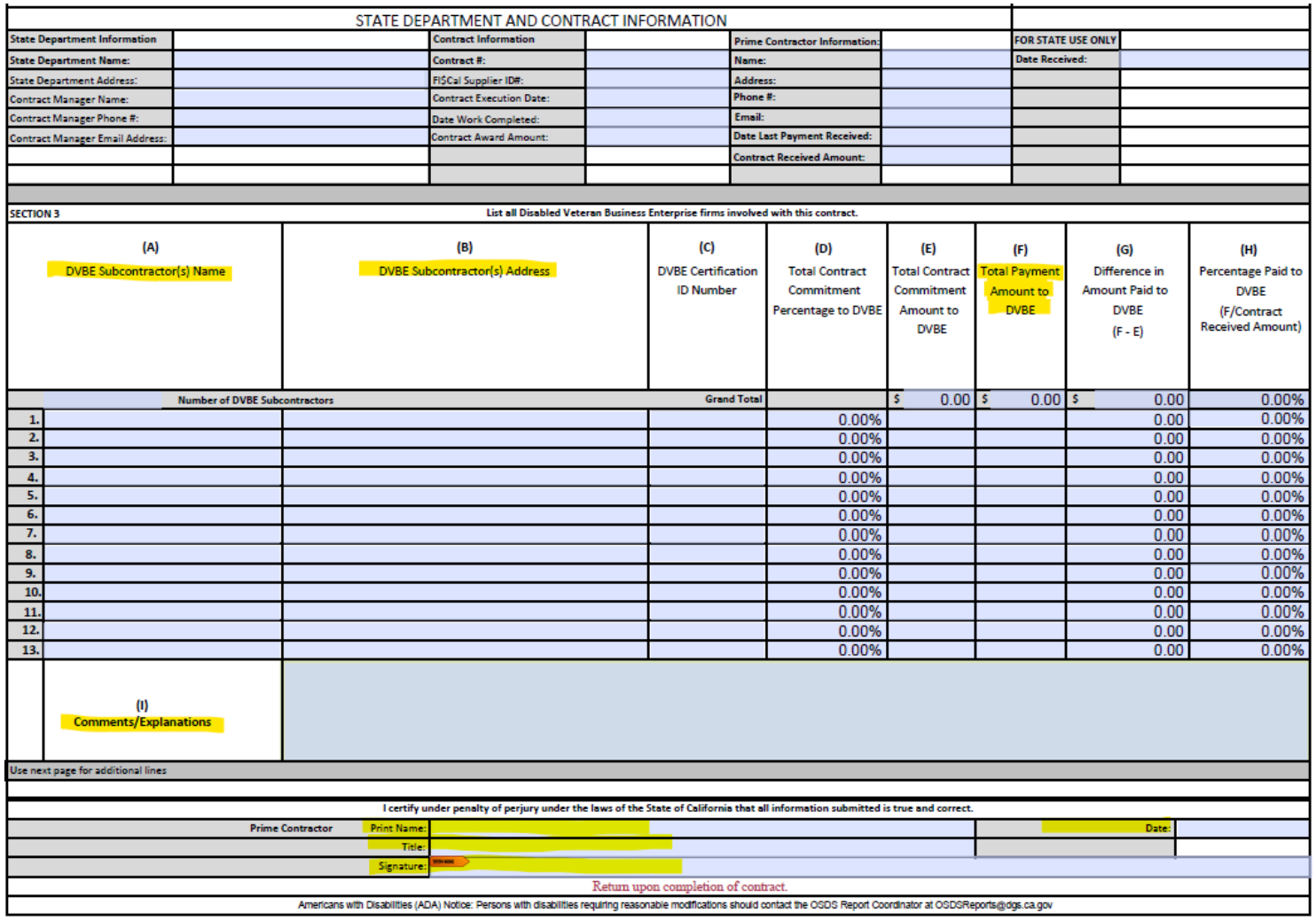
STD 817 – Prime Contractor's Certification Overview

What is the STD 817?

- A form that requires prime vendors to self-certify the total amount paid to DVBE over the lifetime of a contract.
- Must be submitted by the end of a contract term.

Why is the STD 817 form needed?

- To complete the annual Subcontracting Report required by DGS and OSDS.
- Confirms if a vendor is compliant with their contractual DVBE commitment.



STATE DEPARTMENT AND CONTRACT INFORMATION

State Department Information		Contract Information		Prime Contractor Information:		FOR STATE USE ONLY	
State Department Name:		Contract #:		Name:		Date Received:	
State Department Address:		FI$Cal Supplier ID#:		Address:			
Contract Manager Name:		Contract Execution Date:		Phone #:			
Contract Manager Phone #:		Date Work Completed:		Email:			
Contract Manager Email Address:		Contract Award Amount:		Date Last Payment Received:			
				Contract Received Amount:			

SECTION 3 — List all Disabled Veteran Business Enterprise firms involved with this contract.

	(A) DVBE Subcontractor(s) Name	(B) DVBE Subcontractor(s) Address	(C) DVBE Certification ID Number	(D) Total Contract Commitment Percentage to DVBE	(E) Total Contract Commitment Amount to DVBE	(F) Total Payment Amount to DVBE	(G) Difference in Amount Paid to DVBE (F - E)	(H) Percentage Paid to DVBE (F/Contract Received Amount)
	Number of DVBE Subcontractors		Grand Total		$ 0.00	$ 0.00	$ 0.00	0.00%
1.				0.00%			0.00	0.00%
2.				0.00%			0.00	0.00%
3.				0.00%			0.00	0.00%
4.				0.00%			0.00	0.00%
5.				0.00%			0.00	0.00%
6.				0.00%			0.00	0.00%
7.				0.00%			0.00	0.00%
8.				0.00%			0.00	0.00%
9.				0.00%			0.00	0.00%
10.				0.00%			0.00	0.00%
11.				0.00%			0.00	0.00%
12.				0.00%			0.00	0.00%
13.				0.00%			0.00	0.00%
	(I) Comments/Explanations							

Use next page for additional lines

I certify 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:	
	Title:			
	Signature:			

Return upon completion of contract.

Americans with Disabilities (ADA) Notice: Persons with disabilities requiring reasonable modifications should contact the OSDS Report Coordinator at OSDSReports@dgs.ca.gov

Small Business & DVBEs

CalPERS Resources

CalPERS Website

- How to Contract With CalPERS | CalPERS
- Small Business & Disabled Veterans Business Enterprise (SB & DVBE) | CalPERS
- Bid Opportunities | CalPERS

SBDVBE Advocate

- **Advocate Name:** Jasmine Cannady
- **Email:** SB_DVBEadvocate@calpers.ca.gov


CalPERS