To keep other people from seeing what you entered on your form, please press the Clear This Form button at the end of the form when finished.

ATTACHMENT 2

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO

DISABLED VETERAN BUSINESS ENTERPRISE (DVBE) INCENTIVE QUALIFICATION DECLARATION

Complete this form only if Bidder wishes to claim the DVBE incentive associated with this solicitation. Review the DVBE Incentive Qualification Declaration Instructions (SDSC Form #PUR-003A) prior to completing this form. If Bidder submits incomplete or inaccurate information, it will not receive the DVBE incentive.

Check the applicable box(es) and complete the section for which bidder is seeking qualification for DVBE incentive.

☐ **SECTION A. BIDDER IS A DVBE**
Complete this section if Bidder is a DVBE.

1. DVBE Supplier ID number: _____
2. DVBE Certification active from: _____ to _____
3. Percentage of the contract work Bidder will subcontract to non-DVBE subcontractors: _____
4. All disabled veteran owners and managers of Bidder must complete and sign the DVBE Status Declaration (SDSC Form #PUR-004). Bidder must submit the completed DVBE Status Declaration along with this DVBE Incentive Qualification Declaration.
5. Bidder must submit a copy of its DVBE certification along with this DVBE Incentive Qualification Declaration.

☒ **SECTION B. BIDDER HAS A DVBE BUSINESS UTILIZATION PLAN (BUP)**
Complete this section if Bidder has an approved DVBE BUP on file with the Department of General Services (DGS) and this solicitation is for goods (IT or Non-IT), or IT services (do not complete if this solicitation is for non-IT services).

1. Date BUP was approved by DGS: _____
2. Date through which BUP is valid: _____
3. Bidder must submit a copy of its "Notice of Approved DVBE Business Utilization Plan" issued by DGS along with this DVBE Incentive Qualification Declaration.

☐ **SECTION C. BIDDER WILL USE DVBE SUBCONTRACTORS**
Complete this section if the Bidder will use DVBE Subcontractors.

Enter the total number of DVBE subcontractors that Bidder will use for this contract: _____

Provide the following information or materials for **each** DVBE Subcontractor the Bidder will use for this contract. Attach additional sheets if necessary.

1. Subcontractor Name: _____
2. Subcontractor Contact Person: _____
3. Subcontractor Address: _____
4. Subcontractor Telephone Number: _____
5. Subcontractor Email Address: _____
6. Subcontractor DVBE Supplier ID Number: _____
7. Subcontractor DVBE Certification Active from: _____ to _____
8. Bidder must submit a copy of Subcontractor's DVBE certification along with this DVBE Incentive Qualification Declaration.
9. Describe the goods and/or services to be provided by Subcontractor in connection with the contract:

_____

_____

10. Explain how Subcontractor is performing a "commercially useful function" for purposes of this contract. (See Incentive Qualification Declaration Instructions for the definition of "commercially useful function.")

    _____

    _____

    _____

11. Enter the percentage of the total bid price for the goods and/or services to be provided by Subcontractor: _____%
12. Provide written confirmation from Subcontractor that it will provide the goods and/or services identified above if Bidder is awarded the contract.
13. All disabled veteran owners and managers of Subcontractor must complete and sign the DVBE Status Declaration. Bidder must submit the completed DVBE Status Declaration along with this DVBE Incentive Qualification Declaration.

CERTIFICATION

I, the official named below, declare under penalty of perjury under the laws of the state of California that the information provided on this form is true and correct and that I am duly authorized to legally bind the Bidder to this certification.

Company Name: _____

Tax ID Number: _____

Address: _____

Telephone Number: _____

Executed in the County of _____ in the State of _____.

Date: _____

_____ _____

Type or print name/title Signature

For your protection and privacy, please press the Clear This Form button after you have printed the form

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