**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 about 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.