

DISABLED VETERAN BUSINESS ENTERPRISE (DVBE)**SUBSTITUTION REQUEST TO THE DEPARTMENT OF GENERAL SERVICES (DGS)**

CEM-2405 (REV 08/2019)

1. Awarding Department Name:	2. DVBE Advocate Name:	3. DVBE Advocate Email:	4. DVBE Advocate Phone:
5. Contracting Official Name:		6. Contracting Official Email:	7. Contracting Official Phone:

8. Contract Classification:	9. Contract Description:	10. Contract Number:	11. Contract Amount:
12. Advertised Date of Contract:	13. Award Date of Contract:	14. Contract Start of Work Date:	15. Contract Term/Working Days:
16. Amount of DVBE Subcontractor Commitment:		17. Prime Contractor:	
18. Department of Industrial Relations Registration Number:		19. Contractors State License Board Number:	
20. Original Listed DVBE:		21. Department of Industrial Relations Registration Number:	
22. Contractors State License Board Number:		23. Certification Number:	

24. Date Substitution Requested:	25. Date Notice Sent to DVBE:	26. Date of DVBE Written Objection (if any):
27. Date of Notice of Substitution Hearing to Prime and DVBE (required for objection):		28. Date of Substitution Hearing (if applicable):
29. Reason for Substitution:		
30. Replacement DVBE or Small Business:		31. Certification Number:

- ☐ Contractor's written request for substitution
☐ Correspondence
☐ Written substitution notice to DVBE
☐ DVBE subcontract agreement
☐ Other _____

- ☐ Certified DVBE Summary
☐ Written objection submitted by DVBE
☐ Written hearing notice to DVBE
☐ Copies of communication with area DVBE advocates
 (For substitution with small business only)

32. Comments:

33. DVBE Advocate Signature:

34. Date:

ADA Notice

For individuals with sensory disabilities, this document is available in alternate formats. For alternate format information, contact the Forms Management Unit at (916) 445-1233, TTY 711, or write to Records and Forms Management, 1120 N Street, MS-89, Sacramento, CA 95814.

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Instructions

Complete the form and submit the original to Headquarters Division of Construction, labor compliance program manager. Include copies of all applicable attachments. Submit a copy to the district labor compliance manager.

GENERAL INFORMATION

Boxes 1 – 4 contain fixed information and may not be altered.

CONTRACT INFORMATION**8. Contract Classification**

This box is fixed with the text "Public Works" and may not be altered.

9. Contract Description

Provide a description of the contract work. For example - HMA overlay, construction of bridges in two locations, etc.

10. Contract Number

Provide the contract number assigned to the awarded contract.

11. Contract Amount

Provide the dollar value of the awarded contract.

12. Advertised Date of Contract

Provide the date the contract was released to the public.

13. Award Date of Contract

Provide the date the contract was awarded.

14. Contract Start of Work Date

Provide the date work started on the contract.

15. Contract Term/Working Days

Provide the total number of working days of the contract.

16. Amount of DVBE Subcontractor Commitment

Provide the dollar amount for the listed DVBE commitment as approved at award of the contract. This information is found on the Certified DVBE Summary.

17. Prime Contractor

Provide the name of the prime contractor.

18. Department of Industrial Relations Registration Number**19. Contract State Licensing Board Number****20. Original Listed DVBE**

Provide the name of the original listed DVBE who is the subject of the substitution request.

21. Department of Industrial Relations Registration Number**22. Contract State Licensing Board Number****23. Certification Number**

Provide the certification number of the original listed DVBE.

SUBSTITUTION INFORMATION**24. Date Substitution Requested**

Provide the date the prime contractor requested the substitution of the original listed DVBE.

25. Date Notice Sent to DVBE

Provide the date the notice of the substitution request was sent to the original listed DVBE.

26. Date of DVBE Written Objections (if any)

Provide the date the DVBE submitted written objections and a request for a hearing, if any.

27. Date of Notice of Substitution Hearing to Prime and DVBE (required for objection)

Provide the date the notice of the scheduled substitution hearing was sent to the prime contractor and DVBE, if applicable.

28. Date of Substitution Hearing (if applicable)

Provide the date the substitution hearing was held, if applicable.

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29. Reason for Substitution

Use the drop down box to choose the number that applies for this substitution request. The drop down contains only those reasons provided in 2 CCR section 1896.73 (d). No other reasons may be used.

30. Replacement DVBE or Small Business

Provide the name of the replacement DVBE or small business entity, if applicable.

31. Certification Number

Provide the certification number of the replacement DVBE or small business entity, if applicable

32. Comments

Provide any comments related to the substitution request

33. DVBE Advocate Signature

34. Date

Headquarter Division of Construction will provide the date of the Caltrans DVBE advocate signature.

ATTACHMENTS

Check all applicable attachments related to the substitution request.