STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION

FINAL REPORT - UTILIZATION OF DISABLED VETERAN BUSINESS ENTERPRISES (DVBE)
STATE FUNDED PROJECTS ONLY

CEM-2402S (REV 04/2005)

CONTRACT NUMBER	COUNTY	ROUTE	POST MILES	☐ STATE FUNDED	ADMINISTERING AGENCY	CONTRACT COMPLETION DATE

PRIME CONTRACTOR	BUSINESS ADDRESS	ESTIMATED CONTRACT AMOUNT
		$

CONTRACT ITEM NO.	DESCRIPTION OF WORK PREFORMED AND MATERIALS PROVIDED	SUBCONTRACTOR NAME AND BUSINESS ADDRESS	DVBE CERT NO	CONTRACT PAYMENTS			
				DVBE ($ VALUE)	DATE WORK	DATE OF FINAL PAYMENT	COMMENTS
			TOTAL $				

ORIGINAL DVBE COMMITMENT: _____

List all Disabled Veterans Business Enterprises (DVBE's) regardless of tier, whether or not the firms were originally listed for goal credit. If actual DVBE utilization (or item of work) was different than that approved at time of award, provide comments. List actual amount paid to each DVBE, even if different than originally listed for goal credit.

I CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND CORRECT

CONTRACTOR REPRESENTATIVE'S SIGNATURE	BUSINESS PHONE NUMBER ext.	DATE

TO THE BEST OF MY KNOWLEDGE, THE ABOVE INFORMATION IS COMPLETE AND CORRECT

RESIDENT ENGINEER'S SIGNATURE	BUSINESS PHONE NUMBER ext.	DATE

COPY DISTRIBUTION: **Original - Civil Rights** **Copy - Contractor** **Copy - District Construction** **Copy - Resident Engineer**

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The form requires specific information regarding the construction project: Contract Number, County, Route, Post Miles, a box to check that the project is indeed a State-Funded Project, the Administering Agency (Caltrans), the Contract Completion Date and the Estimated Contract Amount. It requires the prime contractor name and business address. The focus of the form is to describe by contract item numbers, descriptions of the work performed, and specific dollar values of the actual item work completed by the certified DVBE contractor(s).

The form has a column to enter the Contract Item No. (or Item No's) and description of work performed or materials provided, as well as a column for the subcontractor name and business address. There is a column to enter the DVBE Certification Number. The DVBE should provide their certification number to the contractor.

The form has a column DVBE for the dollar value to be entered for the item(s) work performed by the DVBE subcontractor as well as a column to enter the Date Work Completed. In the column Date of Final Payment, this is where the prime contractor enters the date for the "final payment" to the subcontractor for work completed.

The box addressed as "TOTAL" is where the total dollar value of the column DVBE is entered.

The Original Commitment area on the CEM-2402(S) is based in information at award time of the project and is the dollar value of the DVBE subcontractors listed at award.

There is a comments section for any additional information that may need to be provided regarding any of the above transactions.

The CEM-2402(S) has an area at the bottom where the contractor and the resident engineer sign and date that the information provided is complete and correct.