**DIVERSE BUSINESS ENTERPRISES SUBCONTRACTING GOAL AND REPORTING SCHEDULE**

In accordance with California Public Utilities Commission (“CPUC”) General Order 156 and California Public Utilities Code sections 366.2 and 8283, as may be amended from time to time, Contractor shall submit all documentation required by Company to report Contractor’s verified Minority, Women, Service-Disabled Veteran, LGBT and SBA 8(a) Business Enterprise (hereinafter, “DBE”) expenditures in support of or subcontracted under this Agreement and all Releases hereunder.

1. **SUBCONTRACTING GOAL**

Company seeks to secure at least **42%** of Company’s total procurement through DBEs. In accordance with CPUC General Order 156, Company’s DBE procurement goal will be achieved by direct contracting with certified DBEs and by Contractor’s utilization of certified DBE subcontractors.

As part of Company’s effort toward achieving this goal, Contractor shall make reasonable efforts to utilize DBE subcontractors during the performance of any Work under this Agreement, including any Release, to the extent appropriate for the Work.

The attached DBE Goal Form describes Contractor’s DBE procurement commitment for the Work (“DBE Goal”). If Contractor contracts with different or additional subcontractors to perform Work under this Agreement, Contractor shall make reasonable efforts to award subcontracts to certified DBE subcontractors at approximately the same estimated total dollars and percentage value (or higher) as Contractor’s stated DBE Goal.

Company strongly encourages Contractor to consistently meet or exceed Contractor’s DBE Goal throughout the Term.

All Minority, Women and LGBT DBEs performing Work under this Agreement must be certified through the CPUC’s Supplier Clearinghouse: [www.thesupplierclearinghouse.com](http://www.thesupplierclearinghouse.com).

For Service-Disabled Veteran DBEs, such DBEs must be certified by the California Department of General Services, Office of Small Business & Disabled Veteran Business Enterprise Services (“OSDS”): <https://caleprocure.ca.gov/pages/sbdvbe-index.aspx>.

For SBA 8(a) DBEs, such DBE must be certified by the U.S. Small Business Administration: <https://certify.sba.gov/>.

1. **MONTHLY REPORTING REQUIREMENTS**

Contractor shall provide Company with reports on payments made to certified DBE subcontractors in accordance with its DBE Goal using the online subcontracting reporting system (subcontracting portal) available at the site listed below. Contractor’s logon and password for the online subcontracting portal will be provided by Company. For questions regarding the online reporting process, email [supplierdiversity@sempra.com.](mailto:supplierdiversity@sempra.com)

During performance of the Work and throughout the term of this Agreement, Contractor shall enter DBE subcontractor spend into this online subcontracting portal by close of business on the 7th of each month.

Contractor’s reported DBE contracted and subcontracted dollars and statistics will be included in Company’s Annual DBE Report to the CPUC filed annually on March 1st (or as otherwise directed by the CPUC) and other reports on DBE spend published by Company.

**Contractor shall maintain all necessary documents and records to demonstrate Contractor’s efforts to achieve its stated DBE Goal. Contractor is responsible for identifying, soliciting, and qualifying appropriate certified DBE subcontractors to the extent necessary to meet Contractor’s DBE Goal. Company’s Supplier Diversity Team reviews subcontracting results regularly to validate Contractor’s efforts to accomplish its stated DBE Goal. Company may audit Contractor’s DBE subcontractor reports at any time.**

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# **DBE DEFINITIONS**

MINORITY–OWNED BUSINESS ENTERPRISE

“Minority-Owned Business Enterprise” (“MBE”) means (1) a business enterprise (a) that is at least 51% owned by a minority individual or group(s) or (b) if a publicly owned business, at least 51% of the stock of which is owned by one or more minority groups, and (2) whose management and daily business operations are controlled by one or more of those individuals. The contracting utility shall presume that minority includes, but is not limited to, African Americans, Hispanic Americans, Native Americans, Asian Pacific Americans, and other groups, as defined herein.

**Note**: Foreign-owned companies operating in or out of the U.S. are *not* included.

WOMEN–OWNED BUSINESS ENTERPRISE

“Women-Owned Business Enterprise” (“WBE”) means (1) a business enterprise (a) that is at least 51% owned by a woman or women or (b) if a publicly owned business, at least 51% of the stock of which is owned by one or more women; and (2) whose management and daily business operations are controlled by one or more of those individuals.

**Note**: Foreign-owned companies operating in or out of the U.S. are *not* included.

# SERVICE-DISABLED VETERAN–OWNED BUSINESS ENTERPRISE

“Service-Disabled Veteran Business Enterprise” (“SDVBE”) means (1) a business enterprise that is at least 51% owned by one or more disabled veteran individual(s) of the United States Military, Naval, or Air Service with a service-connected disability of at least 10% who is a resident of the State of California and certified by OSDS as a disabled veteran, (b) in the case of a publicly owned business, an enterprise whose stock is at least 51% owned by one or more disabled veterans, (c) a subsidiary which is wholly owned by a parent corporation, but only if at least 51% of the voting stock of the parent corporation is owned by one or more disabled veterans, or (d) a joint venture in which at least 51% of the joint venture's management and control and earnings are held by one or more disabled veterans, (2) the management and control of the daily business operations are by one or more disabled veterans; provided however, the disabled veterans who exercise management and control are not required to be the same disabled veterans as the owners of the business concern, and (3) a sole proprietorship, corporation, or partnership with its home office located in the United States, which is not a branch or subsidiary of a foreign corporation, foreign firm, or other foreign-based business.

# LESBIAN, GAY, BISEXUAL OR TRANSGENDER-OWNED BUSINESS ENTERPRISE

“LGBT-Owned Business Enterprise” means (1) a business enterprise (a) that is at least 51% owned by a lesbian, gay, bisexual, or transgender person or persons or (b) if a publicly owned business, at least 51% of the stock of which is owned by one or more lesbian, gay, bisexual, or transgender persons; and (2) whose management and daily business operations are controlled by one or more of those individuals.

# DISADVANTAGED BUSINESS ENTERPRISE (SBA 8(a))

“Disadvantaged Business Enterprise” (“SBA 8(a)”) means (1) a business enterprise that is majority-owned (51% or more) and controlled/managed by socially and economically disadvantaged individual(s), (2) the individual(s) must be an American citizen, by birth or naturalization, (3) the individual(s) controlling and managing the firm on a full-time basis must meet the SBA requirement for disadvantage, by proving both social disadvantage and economic disadvantage, and (4) business must be a small business.

**DBE GOAL FORM**

**Contractor’s DBE Goal: \_\_\_\_\_%**

Total estimated dollar value of Agreement, including all Releases: **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Dollar value and percentage of Work planned with certified DBEs, by type:

|  |  |  |
| --- | --- | --- |
| Minority DBEs | $ | % |
| Non-Minority Female DBEs | $ | % |
| Service-Disabled Veteran DBEs | $ | % |
| LGBT DBEs | $ | % |
| SBA 8(a) DBEs | $ | % |
|  |  |  |
| **Total** | **$** | **%** |

Contact information for person(s) responsible for Contractor’s monthly DBE reporting:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DBE Subcontractor Information**

*Duplicate this form for EACH DBE subcontractor***.**

**Subcontractor:**   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone:** (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**State:** \_\_\_\_\_\_\_\_\_ **Zip:** \_\_\_\_\_\_\_\_\_\_\_\_\_

**Description of Goods or Services to be provided:**

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**Name & Title of Owner(s):**

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_        \_\_\_\_\_\_­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_    M/F

|  |
| --- |
| o         Non-Minority Female |
| o         African American |
| o         Asian/Pacific American |
| o         Hispanic American |
| o         Native American |
| o         Multi-Ethnic |
| o         LGBT |
| o         Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| o         Service-Disabled Veteran |

**Certifications:**

Minority, Non-Minority Female or LGBT: **CPUC’s Supplier Clearinghouse**

Verification Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Service-Disabled Veteran: **Cal eProcure System**

Verification Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

SBA 8(a) Disadvantaged Small Business: **U.S. Small Business Administration**

Verification Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Subcontractor Identification Assistance**

If you would like Company to help you identify potential DBEs as subcontractors, please provide the information requested below:

**Services or materials to be provided:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Job location, if applicable:**

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**Job duration, if applicable:**

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**Any other requirements (number of employees, specific types/quantity of equipment, nonstandard insurance, union requirements, etc**.):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_