

State Department's Contractor DVBE Subcontracting Consolidation Report

DGS PD 810D (Rev. 11/2021)  
Formerly GSPD 810D

STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES

PROCUREMENT DIVISION

Fiscal Year

Agency

Department

Address

Preparer's Information

Name

Title

Signature

Telephone

Prepared Date

Email

Approver's Information

Name

Title

Signature

Telephone

Approver Date

Email

										Total Number of Completed Contracts				
(A) Purchase Order Number or Contract Number	(B) Prime Contractor Name	(C) Prime Contractor FI\$Cal Supplier ID	(D) Withhold Amount for STD 817	(E) Contract Completion Date	(F) Date STD 817 Received	(G) Number of Days Between STD 817 Received Date and Contract Completion Date (F - E)	(H) Total Contract Award Amount	(I) Total Amount Paid to Prime	(J) DVBE Contract Commitment Amount	(K) Total Amount Paid DVBE Sub(s)	(L) Total Percentage Committed to DVBE Sub(s) (J/H*100)	(M) Total Percentage Paid to DVBE Sub(s) (K/I*100)	(N) Permanent Deduction Amount for STD 817 Noncompliance	(O) Explanation for the difference between DVBE commitment and what was paid to DVBE
			\$	Grand Total			\$	\$	\$	\$		\$		
			\$				\$	\$	\$	\$			\$	
			\$				\$	\$	\$	\$			\$	
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Comments:														

Use next page for additional lines

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Department

City

(A) Purchase Order Number or Contract Number	(B) Prime Contractor Name	(C) Prime Contractor FI\$Cal Supplier ID	(D) Withhold Amount for STD 817	(E) Contract Completion Date	(F) Date STD 817 Received	(G) Number of Days Between STD 817 Received Date and Contract Completion Date (F - E)	(H) Total Contract Award Amount	(I) Total Amount Paid to Prime	(J) DVBE Contract Commitment Amount	(K) Total Amount Paid DVBE Sub(s)	(L) Total Percentage Committed to DVBE Sub(s) (J/H*100)	(M) Total Percentage Paid DVBE Sub(s) (K/I*100)	(N) Permanent Deduction Amount for STD 817 Noncompliance	(O) Explanation for the difference between DVBE commitment and what was paid to DVBE
			\$	Total			\$	\$	\$	\$	\$			
			\$				\$	\$	\$	\$			\$	
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			\$				\$	\$	\$	\$			\$	

Attach copies of this page for additional lines

## Form Completion Instructions

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**GENERAL INFORMATION:** Military and Veteran Code (MVC) 999.5(d), 999.7 Government Code (GC) 14841, and California Code of Regulations (CCR) 1896.78(e) requires all Prime Contractor's that committed to have a Disabled Veteran Business Enterprise (DVBE) perform an element of work for a contract to report DVBE participation information and certify to the state that all DVBE subcontracting payments were made. State departments are required to withhold \$10,000 from the final payment, or the full payment if less than \$10,000 on contracts until the Prime Contractor complies with the certification requirements by submitting the Prime Contractor's Certification - DVBE Subcontracting Report (STD 817).

Departments are required to maintain all records provided by prime contractors for a minimum of six years to support and validate award and payment amounts (MVC 999.55). Such documentation should include a list of contracts with purchase order numbers and Prime Contractor's Certification - DVBE Subcontracting Reports. The documentation should allow the person viewing it to find the connection between an individual contract and this form.

Include contracts issued by DGS or any other department on your behalf.

**Note:** ONE Prime Contractor's Certification - DVBE Subcontracting Report (STD 817) per row.

### INCLUDE

- **All contracts and POs completed within the Fiscal Year that included DVBE subcontracting.**

### HEADER INSTRUCTIONS:

**Fiscal Year:** Enter the fiscal year for the appropriate reporting period

**Agency:** The reporting department will list the name of their "parent" agency, i.e., the Department of General Services reports to the Government Operations Agency. If the reporting department does not report to a parent agency select "Other" as the agency's name

**Department:** Enter the state department/entity name

**Address:** Enter the address for the department

**City:** Enter the city where the department is located

**Zip Code:** Enter the zip code for the department

**Preparer's Name:** Enter the name of the person preparing the report

**Title:** Enter the title of the person preparing the report

**Signature:** The preparer will sign in this block

**Telephone:** Enter the telephone number (with area code) of the preparer

**Prepared Date:** The date this report is prepared

**Email Address:** Enter the email address of the preparer

**Approver's Name:** Enter the name of the manager or person-in-charge approving the report

### Form Completion Instructions

**Title:** Enter the title of the person approving the report

**Signature:** The approver will sign in this block

**Telephone:** Enter the telephone number (with area code) of the approver

**Approved Date:** The date this report is approved

**Email Address:** Enter the email address of the approver

**Comments:** Enter any relevant comments or additional information regarding the reports

**Total Number of Completed Contracts:** Enter the total number of POs and contracts with DVBE subcontractors completed during the fiscal year.

#### **TABLE INSTRUCTIONS**

**(A) Purchase Order Number or Contract Number:** Enter the contract or purchase order number

**(B) Prime Contractor:** Enter the firm name as shown on the contract

**(C) Contractor FI\$Cal Supplier ID:** Enter the FI\$Cal Supplier ID (minimum 10 characters)

**(D) Withhold Amount for STD 817:** Enter the amount withheld from final invoice pending receipt of the Prime Contractor's Certification - DVBE Subcontracting Report (STD 817) on each contract. Enter 0 if no amount was withheld.

**(E) Contract Completion Date:** For each contract enter the contract completion date.

**(F) Date STD 817 Received:** Enter the date the STD 817 was received by the department

**(G) Number of Days Between STD 817 Received Date and Contract Completion Date:** The form will calculate the number of calendar days between the date the STD 817 was received by the department and the contract completion date

**(H) Total Contract Award Amount:** Enter the total contract award amount.

**(I) Total Amount Paid to Prime:** Enter the total amount paid to the Prime Contractor

**(J) DVBE Contract Commitment Amount:** Enter the total amount committed to all DVBE subcontractors at the time of award

**(K) Total Amount Paid DVBE Sub(s):** Enter the total amount paid to DVBE subcontractors

**(L) Total Percentage Committed to DVBE Sub(s):** The form will calculate the percentage of contract dollars committed to DVBE subcontractors

**(M) Total Percentage Paid to DVBE Sub(s):** The form will calculate the percentage of contract dollars paid to DVBE subcontractors

**(N) Permanent Deduction Amount for STD 817 Noncompliance:** Enter the amount permanently deducted from each contract due to the Prime Contractor's noncompliance with STD 817 requirements. If no deduction was taken, enter 0.

**(O) Explanation for difference between DVBE Commitment and what was paid to DVBE:** Enter any relevant information to explain the difference between what was committed by the prime contractor and what was paid to DVBE subcontractor(s) on this contract/PO.

### Form Completion Instructions

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**Submit this form as an excel version and PDF with signatures to the below e-mail address by November 1st:**

**[OSDSReports@dgs.ca.gov](mailto:OSDSReports@dgs.ca.gov)**

**Forms can also be sent to:**

**Department of General Services  
Procurement Division  
Office of Small Business & DVBE Services (OSDS)  
ATTN: Reports Coordinator  
707 3rd Street, Room 1-400, IMS Z-1, MS 210  
West Sacramento, CA 95605**

**Note:** Submitting an excel version will aid in the accuracy and timeliness of consolidating the data.