

STATE DEPARTMENT AND CONTRACT INFORMATION					
State Department Information	Contract Information	Prime Contractor Information:	FOR STATE USE ONLY		
State Department Name:	Contract #:	Name:	Date Received:		
State Department Address:	FISCAL Supplier ID#:	Address:			
Contract Manager Name:	Contract Execution Date:	Phone #:			
Contract Manager Phone #:	Date Work Completed:	Email:			
Contract Manager Email Address:	Contract Award Amount:	Date Last Payment Received:			
		Contract Received Amount:			

SECTION 3 List all Disabled Veteran Business Enterprise firms involved with this contract.

(A) DVBE Subcontractor(s) Name	(B) DVBE Subcontractor(s) Address	(C) DVBE Certification ID Number	(D) Total Contract Commitment Percentage to DVBE	(E) Total Contract Commitment Amount to DVBE	(F) Total Payment Amount to DVBE	(G) Difference in Amount Paid to DVBE (F - E)	(H) Percentage Paid to DVBE (F/Contract Received Amount)
Number of DVBE Subcontractors				Grand Total			
				\$	\$	\$	
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
	(I) Comments/Explanations						

Use next page for additional lines

I certify under penalty of perjury under the laws of the State of California that all information submitted is true and correct.

Prime Contractor	Print Name:		Date:
	Title:		
	Signature:		

Return upon completion of contract.

STATE DEPARTMENT AND CONTRACT INFORMATION					
State Department Information		Contract Information		Prime Contractor Information	
State Department Name:		Contract #:		Name:	
State Department Address:		FISCAL Supplier ID#:		Address :	
Contract Manager Name:		Contract Execution Date:		Phone #:	
Contract Manager Phone #:		Date Work Completed:		Email:	
Contract Manager Email Address:		Contract Award Amount:		Date Last Payment Received:	
				Contract Received Amount:	

List all Disabled Veteran Business Enterprise firms involved with this contract.

(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
DVBE Subcontractor(s) Name	DVBE Subcontractor(s) Address	DVBE Certification ID Number	Total Contract Commitment Percentage to DVBE	Total Contract Commitment Amount to DVBE	Total Payment Amount to DVBE	Difference in Amount Paid to DVBE (F - E)	Percentage Paid to DVBE (F/Contract Received Amount)
Number of DVBE Subcontractors			Total	\$	\$	\$	
14.							
15.							
16.							
17.							
18.							
19.							
20.							
21.							
22.							
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33.							
34.							
35.							
36.							

Attach copies of this page for additional lines

I certify under penalty of perjury under the laws of the State of California that all information submitted is true and correct.

Americans with Disabilities (ADA) Notice: Persons with disabilities requiring reasonable modifications should contact the OSDS Report Coordinator at OSDSReports@dgs.ca.gov

Form Completion Instructions

GENERAL INFORMATION: Military and Veteran Code (MVC) 999.5(d), 999.7 and Government Code (GC) 14841, and California Code of Regulations (CCR) 1896.78(e) requires all Prime Contractors that committed to have a Disabled Veteran Business Enterprise (DVBE) perform an element of work for a contract to report DVBE subcontractor participation information and certify to the state that all DVBE subcontracting payments were made. 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 this form.

If prime contractors do not comply with the requirements after given notice to cure by the state departments, the withheld amount will be permanently deducted.

All contracted work must be completed before submission of invoice(s) and this certification form.

Prime Contractors are required to maintain records supporting the information submitted on this form and that all payments to DVBE subcontractor(s) were made. Upon request, proof of payment must be provided (MVC 999.5(d)).

INCLUDE

- **ONLY ONE contract per Report**
- **All DVBEs that performed an element of work for this contract regardless of tier**

State Department Information:

State Department Name: Enter the State Department name

State Department Address: Enter the State Department address

Contract Manager Name: Enter the Contract Manager name

Contract Manager Phone Number: Enter the Contract Manager phone #

Contract Manager Email Address: Enter the Contract Manager email address

Contract Information

Contract Number: Enter the Contract Number

Contractor's FI\$Cal Supplier ID Number: Enter your FI\$Cal supplier ID number

Contract Execution Date: Enter the date contract was signed

Date Work Completed: Enter the date the work was completed on the contract

Contract Award Amount: Enter the total dollar amount awarded for this contract including all financial amendments

State of California
 Department of General Services Procurement Division
 Prime Contractor's Certification - DVBE Subcontracting
 Report STD 817, Formerly DGS PD 810P
 (Rev. 10/2021)

Form Completion Instructions

Prime Contractor Information:

Prime Contractor Name: Enter your name as shown on the contract

Prime Contractor Address: Enter your address

Phone Number: Enter your number (with area code)

Email Address: Enter your email address

Date Last Payment Received: Enter the date the last payment for work performed was received

Contract Received Amount: Enter the dollar amount of the last payment received

For State Use Only

Date STD 817 Received: Enter date the Contract Manager received the STD 817 from the Prime Contractor

TABLE INSTRUCTIONS

A) DVBE Subcontractor(s) Name: Enter the name of all DVBEs that are listed to perform an element of work or supplies for this contract and any formal approved substitution(s). (Use additional lines if the name does not fit on a single line) Use page two for additional lines.

B) DVBE Subcontractor(s) Address: Enter the address of each DVBE (Use page 2 for additional lines if address does not fit on a single line)

C) DVBE Certification ID Number: Enter each DVBE's certification number

D) Total Contract Commitment Percentage to DVBE: Enter the total percentage of contracted dollars to each DVBE at the time of award

E) Total Contract Commitment Amount to DVBE: Enter the entire amount contracted to each DVBE at the time of award

F) Total Payment Amount to DVBE: Enter the total amount paid to all DVBEs that performed an element of work or were suppliers for this contract

Form Completion Instructions

Note: Complete and accurate certifications are due upon completion of contract.

G) **Difference in Amount Paid to DVBE:** The form will compute the difference of DVBE dollars contracted compared to dollars paid

H) **Percentage Paid to DVBE:** The form will compute the percentage paid to DVBEs using the Contract Received Amount entered under State and Contract Information

Instructions I

I) **Comments/Explanations:** Enter any relevant comments and explanations for any differences between the DVBE amounts or percentages committed and paid. Reference the line number if comments and explanations are used.

SIGNATURE BLOCK

Prime Contractor's Signature: Enter your printed name, title, sign with an electronic signature or a wet signature, and date