

Instructions for Completing the Commercially Useful Function Form

The DBE CUF On-Site Review should be completed for **every** DBE as a condition of award.

The CUF On-Site Review should be completed three times on each DBE. (*It is understood if only one CUF can be completed for a DBE that is only on site for a short period of time).

1. When the DBE is **initially** on the project;
2. During the peak period or half way through; and/or if there are changes in the performance of the work; and
3. At the completion of the DBE's work on the project.

The review should be completed via observation, documentation review, and interviews with personnel.

Response to questions on the CUF On-Site Review form should be completed as thoroughly as possible.

Additional sheets should be used, if needed. The CUF On-Site Review should be completed by the Resident or his/her designee.

A copy should be forwarded to the Civil Rights Office located at Headquarters as soon as it is completed.

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16 State House Station

Augusta, ME 04333 -0016

Additional sheets should be used, if needed. The CUF On-Site Review should be completed by the Resident or his/her designee.



Maine Department of Transportation

DBE On-Site Review for CUF

| | | |
|------------------|------------------|-----------------------------------------------------------------------------------------------------------------------|
| Prime Contractor | | Federal Aid Number |
| Subcontractor | | Contract Number |
| Project Engineer | Project Location | <input type="checkbox"/> MBE <input type="checkbox"/> DBE <input type="checkbox"/> WBE (for Headquarters Use Only) |

1. DBE Date - Initially on site review _____ Mid-Way/Peak review _____ Final Review _____

| | | |
|----------------------------------|------------------------------------------|----------------------------------------------------------------------------------|
| 2. % of DBE work Completed _____ | 3. DBE Anticipated Completion Date _____ | 4. Total Contract % Completed _____ Anticipated Project Completion Date _____ |
|----------------------------------|------------------------------------------|----------------------------------------------------------------------------------|

| | |
|----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| 5. DBE Interviewed <input type="checkbox"/> Site Superintendent <input type="checkbox"/> Foreman <input type="checkbox"/> Employee (Name) _____ | 6. Is Employee Exclusively Employed by the DBE Contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|

6a. If No, Please Explain _____

| | |
|-----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| 7. Is Superintendent/Foreman/employees Shown on DBE Payroll? <input type="checkbox"/> Yes <input type="checkbox"/> No | 8. Is Superintendent/Foreman shown on any other On-Site Contractor's Payroll? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|-----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|

8a. If Yes, Please Explain _____

9. If Known, to Whom does the DBE's Superintendent/Foreman Directly Report to Within His/Her Own Organization?
Name: _____ Title: _____

10. List Names and Crafts of DBE's Crew as Observed (Use additional sheets, if needed).

| | |
|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| 11. Are any of the Prime Employees on any other Project Subcontractor's Payroll(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No | 11a. If yes, Please Indicate _____ |
|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|

12. List DBE's Major (Self-Propelled) Equipment Used

13. Is the source of materials being used by the DBE from their own facility?

| | | |
|-----------------------------------------------------------------------------------------------------------------|-----------------------------------|-------------------------------------------------------------------------------------|
| 14. Does the Equipment have DBE's Markings or Emblems? <input type="checkbox"/> Yes <input type="checkbox"/> No | 14a. If No, Please Indicate _____ | 15. Is DBE Equipment <input type="checkbox"/> Owned <input type="checkbox"/> Leased |
|-----------------------------------------------------------------------------------------------------------------|-----------------------------------|-------------------------------------------------------------------------------------|

Has any other Contractor performed, on behalf of the DBE, any amount of work designated to be DBE? Yes No

16a. If Yes, Please Explain _____

17. Has the DBE owner been present on the Job Site? Yes No If so, what % _____

| | |
|---------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| 18. Are Personnel and Equipment Under Direct Supervision of the DBE Subcontractor? <input type="checkbox"/> Yes <input type="checkbox"/> No | 19. Does the DBE Subcontractor appear to have control over methods of work in its items? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

Comments _____

Note: Attach any documents pertinent to the review, i.e., Invoices, Photographs, Daily Reports, Correspondence, etc.

Review Conducted By _____ Date of this Review _____