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**Instructions for Completing the Commercially Useful Function (CUF) 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 at a minimum of one time on each DBE.

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

Please attach copies of any documentation.

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.

**The Original should stay on site and a copy should be forwarded to the Civil Rights Office located at Headquarters as soon as it is completed.**

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**(207) 624-3056**

**16 State House Station**

**Augusta, ME 04333 – 0016**

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DBE On-Site Review for CUF

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| --- | --- | --- |
| **Prime Contractor** | | **Federal Aid Number** |
| **Subcontractor** | | **Contract Number** |
| **Project Engineer** | **Project Location** | **□ MBE □ DBE □ WBE** |

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| 1. **CUF was completed when the DBE was:**   **\_\_\_\_ Initially on-site**  **\_\_\_\_ Mid-Way/Peak**  **\_\_\_\_ Final Review**  **DATE Completed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **2. % of DBE work Completed \_\_\_\_\_\_**  **DBE Payments to date $\_\_\_\_\_\_\_\_\_\_** | **3. DBE Anticipated Completion Date \_\_\_\_\_\_\_\_\_\_** | | | | | **4. Total Contract % Completed \_\_\_\_\_\_\_\_\_\_\_**  **Anticipated Project Completion Date \_\_\_\_\_\_\_\_** | |
| **5. DBE Interviewed:**  **\_\_\_\_ Site Superintendent**  **\_\_\_\_ Foreman**  **\_\_\_\_ Employee** (Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | **6. Is Employee Exclusively Employed by the DBE Contractor?**  **\_\_\_\_ Yes**  **\_\_\_\_ No** | | |
| **6a. If No, Please Explain** | | | | | | | |
| 1. **Is Superintendent/Foreman/employees Shown on DBE Payroll? (Attach copy of certified payroll)**   **\_\_\_\_ Yes**  **\_\_\_\_ No** | | | **8. Is Superintendent/Foreman shown on any other On-Site Contractor’s Payroll?**  **\_\_\_\_ Yes**  **\_\_\_\_ No** | | | | |
| **8a. If Yes, Please Explain and attach copy of certified payroll** | | | | | | | |
| **9. If Known, to Whom does the DBE’s Superintendent/Foreman Directly Report to Within His/Her Own Organization?**  **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | |
| 1. **Brief description of DBE’s scope of work.**   **10a. Have there been any changes in DBE’s scope of work? If yes, please explain.**   1. **List Names and Crafts of DBE’s Crew as Observed (Use additional sheets, if needed).** | | | | | | | |
| 1. **Are any of the Prime Employees on any other Project Subcontractor’s Payroll(s)?**   **\_\_\_\_ Yes**  **\_\_\_\_ No** | | | | **12a. If yes, Please Indicate and attach copy of certified payroll** | | | |
| **13. List of Equipment/Material Used** | | | | | | | |
| **13a. Is the source of Equipment/Materials being used by the DBE from their own facility?** | | | | | | | |
| **14. Does the Equipment have DBE’s Markings or Emblems?**  **\_\_\_\_ Yes**  **\_\_\_\_ No** | | **14a. If No, Please Indicate** | | | | | **15. Is DBE Equipment \_\_\_\_ Owned**  **\_\_\_\_ Leased** |
| **16. 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?**  **\_\_\_\_ Yes**  **\_\_\_\_ No** | | | | **19. Does the DBE Subcontractor appear to have control over methods of work in its items?**  **\_\_\_\_ Yes**  **\_\_\_\_ No** | | | |

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| **Comments** |

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

Review Conducted By \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of this Review \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Send to:

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Sent to Civil Rights Office \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

date