**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 at a minimum of one time on each DBE.

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.**

Sherry.tompkins@maine.gov  
207-624-3066  
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.
### DBE On-Site Review for CUF

<table>
<thead>
<tr>
<th>Prime Contractor</th>
<th>Federal Aid Number</th>
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<tr>
<th>Subcontractor</th>
<th>Contract Number</th>
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<tr>
<th>Project Engineer</th>
<th>Project Location</th>
<th>□ MBE  □ DBE  □ WBE</th>
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<tbody>
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<td>(for Headquarters Use Only)</td>
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1. Was it done when the DBE was Initially on site review __ Mid-Way/Peak review __ or Final Review __. DATE ____________

2. % of DBE work Completed ______ 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

7. Is Superintendent/Foreman/employees Shown on DBE Payroll? □ Yes □ No
8. Is Superintendent/Foreman shown on any other On-Site Contractor’s Payroll? □ Yes □ 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)? □ Yes □ 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? □ Yes □ No

14a. If No, Please Indicate

15. Is DBE Equipment □ Owned □ Leased

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

16. 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

### Comments

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

Review Conducted By __________________________ Date of this Review _______________________

Rev. 3/18