



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.

stacie.haskell@maine.gov

(207) 624-3056

16 State House Station

Augusta, ME 04333 – 0016



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

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

2. % of DBE work Completed _____ DBE Payments to date \$ _____	3. DBE Anticipated Completion Date _____	4. Total Contract % Completed _____ Anticipated Project Completion Date _____
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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
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6a. If No, Please Explain

7. Is Superintendent/Foreman/employees Shown on DBE Payroll? (Attach copy of certified 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
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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: _____

10. Brief description of DBE's scope of work.

10a. Have there been any changes in DBE's scope of work? If yes, please explain.

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

12. Are any of the Prime Employees on any other Project Subcontractor's Payroll(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No	12a. If yes, Please Indicate and attach copy of certified payroll
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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? <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
16. Has any other Contractor performed, on behalf of the DBE, any amount of work designated to be DBE? <input type="checkbox"/> Yes <input type="checkbox"/> No 16a. If Yes, Please Explain		
17. Has the DBE owner been present on the Job Site? <input type="checkbox"/> Yes <input type="checkbox"/> 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 _____

Send to:

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Sent to Civil Rights Office _____
 date