

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.

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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.



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. 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 _____
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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? <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 _____

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 _____
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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
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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
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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 _____