

# 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 when the DBE is initially on the project and during the peak period of the DBE's work and whenever changes on the performance of the work will warrant its completion. If a recognized DBE is employed on the project, but not listed on the Utilization form, conduct a CUF On-Site Review.

If by substitution or change order, a condition of award DBE is replaced by another DBE, a CUF On-Site Review should be completed on the new DBE. The review should be completed per on-site observation, documentation review, and interviews with contractor's 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 Engineer, or his/her designee. **Headquarter's copy should be forwarded as soon as it is completed to the Civil Rights Office.**

Headquarters Use Only



**Maine Department of Transportation  
DBE On-Site Review for CUF**

<b>Prime Contractor</b>		<b>Federal Aid Number</b>
<b>Subcontractor</b>		<b>Contract Number</b>
<b>Project Engineer</b>	<b>Region</b>	<input type="checkbox"/> MBE <input type="checkbox"/> DBE <input type="checkbox"/> WBE (for Headquarters Use Only)
<b>1. Per the condition of award, indicate M/D/WBE work observed this date (Note partial items)</b>		
<b>Bid Item Number</b>	<b>Approximate % Complete</b>	<b>Item Description (Note Partial Items)</b>
<b>2. DBE Subcontractor's Start Date</b>		<b>3. MDOT Contract % Complete</b>
<b>4. Anticipated Completion Date</b>		
<b>5. Subcontractor's</b> <input type="checkbox"/> Site Superintendent <input type="checkbox"/> Foreman (Name)		<b>6. Exclusively Employed by the DBE Contractor?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>6a. If No, Please Explain</b>		
<b>7. Is Superintendent/Foreman Shown on DBE Payroll?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>8. Is Superintendent/Foreman Shown on any other On-Site Contractor's Payroll?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>8a. If Yes, Please Explain</b>		
<b>9. If Known, to Whom does the DBE's Superintendent/Foreman Directly Report to Within His/Her Own Organization?</b> Name: _____ Title: _____		
<b>10. List Names and Crafts of DBE's Crew as Observed (Use additional sheets, if needed).</b>		
<b>11. Are any Crew Members on the Prime or any other Project Subcontractor's Payroll(s)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>11a. If yes, Please Indicate</b>
<b>12. List DBE's Major (Self-Propelled) Equipment Used</b>		
<b>13. Does Equipment have DBE's Markings or Emblems?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>13a. If No, Please Indicate</b>	<b>14. Equipment</b> <input type="checkbox"/> Owned <input type="checkbox"/> Leased
<b>15. Has any other Contractor Performed, on behalf of the DBE, Substantial Amount of Work Designed to be DBE?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>15a. If Yes, Please Explain</b>		
<b>16. Has the DBE owner been present on the Job Site?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No What % _____		
<b>17. Are Personnel and Equipment Under Direct Supervision of the DBE Subcontractor?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>18. Does the DBE Subcontractor Appear to have Control over Methods of Work in its items?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Comments</b>		

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

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