

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**

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. Per the condition of award, indicate M/D/WBE work observed this date (Note partial items)		
Bid Item Number	Approximate % Complete	Item Description (Note Partial Items)
2. DBE Subcontractor's Start Date		3. MDOT Contract % Complete
4. Anticipated Completion Date		
5. Subcontractor's <input type="checkbox"/> Site Superintendent <input type="checkbox"/> Foreman (Name)		6. Exclusively Employed by the DBE Contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No
6a. If No, Please Explain		
7. Is Superintendent/Foreman 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
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 Crew Members on the Prime or any other Project Subcontractor's Payroll(s)? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		14a. If No, Please Indicate
15. Equipment <input type="checkbox"/> Owned <input type="checkbox"/> Leased		
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 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.