**Disadvantaged Business Enterprise Program**

**Commercially Useful Function (CUF) On-Site Review**

**Office of Civil Rights**

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| |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | This purpose of this form is to review Disadvantaged Business Enterprise (DBE) compliance with the **Commercially Useful Function (CUF)** requirements of 49 CFR, Part 26. The CUF review should be completed when the DBE is initially on the project, during the peak period of the DBE’s work and when there are changes in the DBE’s work performance. The CUF review should be completed through on-site observations, documentation review, and interviews with contractor’s personnel. Additional sheets can be used if needed. | | | | | | | | | | Prime Contractor: | | | | | | Federal Aid Number: | | | | DBE Subcontractor**:** | | | | | | Contract Number**:** | | | | Project (Name): | | | | | | Date of On-Site Visit: | | | |  | | | | | | | | | | DBE’s work observed on this date: | | | | | | | | | | Item Number  (if applicable) | Percent Complete | Item Description | | | | | | Dollar Amount | |  |  |  | | | | | |  | |  |  |  | | | | | |  | |  |  |  | | | | | |  | | 2. DBE Subcontractor’s Start Date: | | | | 3. DDOT Contract % Complete: | | | 4. Anticipated Completion Date: | | | 5. Do the DBE’s employees receive work assignments from the DBE’s Superintendent/Foreman? | | | | | | | | | | 6. Is the Superintendent/Foreman employed exclusively by the DBE contractor? | | | | | 6a. If no, please explain: | | | | | 7. Is the DBE’s Superintendent/Foreman shown on the DBE’s payroll? | | | | | | | | | | 8.Is the Superintendent / Foreman shown on any other contractor’s payroll? | | | | | 8a. If yes, please explain: | | | | | 9. List names and crafts of DBE’s work crew as observed (use additional sheets, if needed). | | | | | | | | | | 10. Are any crew members on the Prime or any other subcontractor’s payroll(s)? | | | | | 10a. If yes, please identify: | | | | | 11. List DBE’s equipment used: | | | | | | | | | | 12. Does equipment have the DBE’s markings /emblems? | | | 12a. If no, please explain: | | | 13. Does equipment used belong to DBE? | | | | 14. Has any other contractor performed, on behalf of the DBE, work subcontracted to the DBE? | | | | | | | | | | 14a. If yes, please explain: | | | | | | | | | | 15. Has the DBE owner been present on the job site? | | | | | | | | | | 16. Are the DBE firm’s lease agreements available for inspection to determine the term and conditions of lease, and charges if applicable? | | | | | | | | | | 16a. If no, further inquiry is required to assess if the DBE is separate and independent from the prime contractor. | | | | | | | | |   **Note: Attach any documents pertinent to the review (i.e., invoices, photographs, daily reports, correspondence, etc.)**  **Review Conducted By**: \_\_\_\_ **Date of Review**:  **PRINT NAME**  **Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Commercially Useful Function**  A Disadvantaged Business Enterprise (DBE) is responsible for executing a distinct element of work and carrying out its responsibilities by performing, managing, and supervising the work. Primary areas in assessing Commercially Useful Function (CUF) include:  **Management**  ● Is the DBE scheduling work operations?  ● Is the DBE ordering equipment and supplies?  ● Is the DBE preparing and submitting certified payroll forms?  ● Is the DBE responsible for hiring and firing employees?  **(If no, further inquiry is required to assess if the DBE is separate and independent from the prime contractor.)**  **Workforce**  **●** Are employees moving between the DBE and the prime contractor?  ● Are employees listed on the DBE and prime contractor’s payroll?  ● Does the DBE share office space with the prime contractor?  ● Is there a discrepancy between the company identification badge and the information provided by the  ● Are certified payrolls available for inspection to determine consistency with resources employed for same time period in the project engineer’s journal/diary?  **(If yes, further inquiry and follow-up are required to determine if the DBE is managing its own workforce.)**  **Equipment**  ● Who is the owner of the equipment?  ● Observe equipment and assess signage. Is there a sign over an original sign?  ● Who is operating the equipment? Is the operator an employee of the DBE?  ● What is reflected in the daily notes? Does the inspector identify the equipment used by the DBE?  **(If it is not clear that the DBE has control over equipment, further inquiry and follow-up is required.)**  **Materials**  ● Did the DBE order its own materials?  ● Are invoices for materials and supplies addressed to the DBE?  ● Who paid for the materials? Is payment made by a joint check, bearing the DBE and prime contractor’s signatures?  **(If it is not clear that the DBE is responsible for ordering materials and supplies, further inquiry and follow-up is required.)**  **Performance**  ● Does the DBE have a contract with the prime contractor?  ● Has the DBE performed 30% of the overall contract?  ● Is a portion of the DBE’s work performed by the prime contractor or any other companies?  **(If it is not clear that the DBE is performing the work specified in the agreement with the prime contractor, further inquiry and follow-up is required.)** |

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| **DETERMINATION:**  **REVIEW POSTURE: \_\_\_\_\_\_\_\_\_\_ In Compliance \_\_\_\_\_\_\_\_\_\_\_\_ Non-Compliance**  **This report is the result of CUF On-Site Review activities conducted in accordance with the requirements of 49 CFR, Part 26 and the District Department of Transportation (DDOT).**  **I, the undersigned, am the primary reviewer and writer of the above CUF On-Site Review Report. All data collected and evaluated resulted in the stated findings and support the determinations in accordance with the Federal and State guidelines which govern the DBE Program.**  **NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_**  **REVIEWER**  **OFFICE OF CIVIL RIGHTS or PROGRAM MANAGER REVIEW AND SIGNATURE:**  **CREDIT DETERMINATION: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Credit Allowed**  **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Credit Disallowed**  **This report appears to be conclusive and the findings as stated support the determination in accordance with the Federal and State guidelines, which govern the DBE Program.**  **NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_**  **OCR/PROGRAM MANAGER** |