

**MoDOT Disadvantaged Business Enterprise (DBE) Job-Site Review
Commercially Useful Function (CUF) Determination**

Contract ID:	Job No.	Prime Contractor:
DBE Contractor:	DBE Subcontract Approval Date:	
DBE Start Date:	Estimated DBE Completion Date:	
Description of recent type of work observed:		
DBE Representative:	DBE Representative reports to:	
DBE Type (circle one): CONTRACTOR - TRUCKER - SUPPLIER - BROKER		

**NOTE: If DBE is a CONTRACTOR complete section A & C.
If DBE is a SUPPLIER or BROKER, complete B & C.**

Section A: On site DBE Contractor

1. Management			
A. Does the Prime Contractor have a signed contract with the DBE Subcontractor?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
1. If NO, explain:			
B. Does the on-site representative identify themselves as an employee of the DBE company?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
1. Does the on-site representative <u>only</u> appear on the DBE contractors payroll?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
2. If NO to either, explain:			
C. Does the on-site representative manage the jobsite without interference from any other contractors?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
1. If NO, explain:			
D. Who does the on-site representative contact for hiring, firing, or contract modifications? Name:			
E. Has the DBE owner been present on the jobsite? If YES - Owners Name:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
F. Does the DBE appear to have control over methods of work on its contract items?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
1. If NO, explain:			
G. Does the DBE maintain its own payroll?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
1. Who prepares payrolls?			
H. Does the DBE schedule work, material deliveries and other actions required for prosecution of the work?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
1. If NO, explain:			
I. Does the DBE perform 100% of their work? (If any portion of their work was sublet, describe below)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
2. Equipment			
A. Does the DBE own any of the equipment they are using?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
1. Are the DBE's markings/emblems on the equipment?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
B. Does the DBE lease any of their equipment?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
1. Is there a formal lease agreement identifying terms and parties?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
C. Does the DBE have direct supervision over their equipment?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
1. If NO, explain:			
D. Is the operator of the equipment a DBE employee?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
1. If NO, explain:			
E. List the major self-propelled equipment used by the DBE:			
3. Workforce & Performance			
A. Does the DBE's workforce/crew <u>only</u> appear on the DBE payroll for this project?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
1. If NO, explain:			
B. List the DBE crew as observed on the project:			
A. Does the DBE appear to have control over methods of work on its contract items?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
1. If NO, explain:			
B. Does the DBE's workforce perform all of the work specified in the DBE contract?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
1. If NO, explain:			

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Section A: (Continued)

4. Materials	
A. Does the DBE furnish and install the materials? 1. If NO, explain:	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
B. Does the DBE control the quality of the materials? 1. If NO, explain:	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
C. Who makes arrangements for delivery of materials?	
D. Name of the company/person billed on the invoice?	
E. Does the DBE obtain/purchase material without interference or direction from the prime contractor? 1. If NO, explain:	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
F. Does the DBE's employees unload the delivery trucks? 1. If NO, explain:	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
G. (ECR Only) If two party checks are used, who are the parties identified as payable to?	<input type="checkbox"/> N/A

Section B: Suppliers and Brokers

A. Does the dealer have an established storage facility and inventory? 1. If NO, explain:	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
B. Does the dealer have a business that sells to the public on a routine basis in the product being supplied? 1. If NO, explain:	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
C. Does the business stock the product for the use on the project as a normal stock item? 1. If NO, explain:	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
D. Is the quality of the materials controlled by the DBE? 1. If NO, explain:	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
E. In whose name are the materials shipped?	
F. Who is delivering and unloading the material?	
G. Does the distribution equipment used in delivering the product belong to the DBE? 1. If NO, explain:	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
H. Is the primary function of the business to manufacture construction products? 1. If NO, explain:	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A

Section C: Commercially Useful Function Determination

A. Does the DBE contractor appear to have control over methods of work on its contract items? 1. If NO, explain:	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
B. Is the DBE an independent business, executing a distinct element of work, performing, managing, and supervising the work? 1. If NO, explain:	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
C. Describe what actions are taken to correct any deficiencies found during the review:	<input type="checkbox"/> N/A

DBE Contractor Representative:	Title:
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MoDOT Representative:	Title:
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Signature:	Date:
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