

MoDOT Disadvantaged Business Enterprise (DBE) Job-Site Review

Commercially Useful Function (CUF) Determination

(Must Be Completed By MoDOT Inspector or RE Only)

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: <input type="checkbox"/>		
*IF NO IS CHECKED IN ANY OF THE BOXES--CONTACT ECR		
DBE Representative:	DBE Representative reports to:	
DBE is performing as:	<input type="checkbox"/> Prime Contractor <input type="checkbox"/> Subcontractor <input type="checkbox"/> 2nd Tier Subcontractor <input type="checkbox"/> Manufacturer <input type="checkbox"/> Supplier <input type="checkbox"/> Broker <input type="checkbox"/> Trucker	

PERFORMANCE

1. Does the DBE have its own employees on the job to perform the work? If NO, explain: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
2. Does the DBE own the equipment being utilized to perform its work? A. Are the DBE's markings/emblems on the equipment? If NO, explain: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
3. Is the DBE self performing the subcontract defined task for a specific item of work (distinct element) on the contract? A. Does the DBE performed 100% of their work? B. 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 <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
4. Is the operator of the equipment a DBE employee?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
5. Does the DBE maintain it's own payroll?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
6. Does the DBE hauling firm own and/or lease their trucks? <i>(review ownership/vehicle registration and/or lease documents to verify)</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
7. Is the driver employed by the DBE Hauling Firm? If NO, explain: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
8. Do the haul tickets and/or bills of lading associated with the project confirm that hauling is being performed by the DBE? If NO, explain: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
9. If the DBE has any materials drop shipped to the project site, was the invoice addressed to the DBE? If NO, explain: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A

MANUFACTURES OR SUPPLIER

10. Does the DBE's name appear on all applicable invoices, haul tickets, and/or bills of lading? If NO, explain: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
11. Does the DBE furnish and install the materials? A. Did the DBE deliver material to the site with their own and/or leased trucks? If NO, explain: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
12. Does the DBE have an established storage facility and inventory? If NO, explain: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A

SUPERVISION

13. Is the DBE providing supervision of it employees and their work? If NO, explain: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
14. Is the supervisor a full-time employee of the DBE If NO, explain: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A

COMMERCIALLY USEFUL FUNCTION DETERMINATION

15. Does the DBE contractor appear to have control over methods of work on its contract items? If NO, explain: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
16. Is the DBE an independent business, executing a distinct element of work, performing, managing, and supervising the work? If NO, explain: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A

***QUESTIONS IN COMPLETING CUF FORM CONTACT ECR**

DBE Contractor Representative:	Title:
Signature _____ Please Print	Date: _____
INSPECTOR	Title:
Signature _____ Please Print	Date: _____
RE	Title:
Signature _____ Please Print	Date: _____