

COMMERCIALLY USEFUL FUNCTION (CUF) DBE MONITORING REPORT**SECTION 1: PROJECT IDENTIFICATION**

1. Financial Project No.	2. F.A.P. No.	3. Contract No.	4. County	5. District
6. Prime Contractor	7. FEID No.	8. Contract Begin Date	9. Est. Completion Date	10. Is Prime a DBE? <input type="checkbox"/> No <input type="checkbox"/> Yes

SECTION 2: DBE IDENTIFICATION

11. DBE's FEID No.	12. DBE Co. Name
13. Mailing address & phone number used for project communication Phone ()	
14. NAICS / Specialty Codes (from DBE's Profile in FDOT DBE Directory)	NAICS/ Specialty Code
15. DBE's function on this Contract <input type="checkbox"/> Subcontractor <input type="checkbox"/> Rental Agreement without operator <input type="checkbox"/> Rental Agreement with operator	16. DBE's Begin date
17. If DBE is a Subcontractor, Identify tier. <input type="checkbox"/> 1 st Tier <input type="checkbox"/> 2 nd Tier <input type="checkbox"/> 3 rd Tier	17a. DBE Contract amount: \$
17b. DBE CUF or 30% is met at: \$	
18. Name of company DBE is subordinate to (or 'Prime' if 1 st tier)	<input type="checkbox"/> Prime DBE hired by:

SECTION 3: OBSERVATION OF DBE'S, WORK, WORKFORCE & EQUIPMENT

19. Date Observed:	20. Observer's Name (first & last)				
21. Description of work being performed					
22. Foreman's name (first/last) & employer	Name Employer				
23. Number & type of workers (exclude foreman)					
24. Number and type of equipment & tools used <input type="checkbox"/> None					
TRUE	FALSE	25. WORKFORCE OF THE DBE:	TRUE	FALSE	26. EQUIPMENT OF THE DBE:
<input type="checkbox"/>	<input type="checkbox"/>	A. Uniforms have DBE's Co. name <input type="checkbox"/> No uniforms	<input type="checkbox"/>	<input type="checkbox"/>	A. Name is painted or a permanent decal <input type="checkbox"/> No name on any <input type="checkbox"/> No name on some
<input type="checkbox"/>	<input type="checkbox"/>	B. Only Workers/Foremen from the DBE company are performing the work	<input type="checkbox"/>	<input type="checkbox"/>	B. Name on equipment is DBE Co. name (box 12)
<input type="checkbox"/>	<input type="checkbox"/>	C. DBE appears to control/supervise their own work	<input type="checkbox"/>	<input type="checkbox"/>	C. DBE appears to be using their own equipment
27. Observer's comments: <input type="checkbox"/> N/A					

SECTION 4: DBE ADMINISTRATIVE REVIEW

28. Review Date:	29. Reviewer Name:	30a. DBE Payments: \$	30b. Commitment: \$		
TRUE	FALSE	31. Observ. VS Payrolls, Daily Work Report	TRUE	FALSE	32. DBE Subcontract & Data
<input type="checkbox"/>	<input type="checkbox"/>	A. DBE's Payroll reflects no. & type or workers in #23	<input type="checkbox"/>	<input type="checkbox"/>	A. Observed work is included in DBE's certified areas (Box 14)
<input type="checkbox"/>	<input type="checkbox"/>	B. Daily Diary reflects foreman (#22) and workers (#23)	<input type="checkbox"/>	<input type="checkbox"/>	B. DBE has not subcontracted to other companies. If False (DBE has subcontracted work to others) List the companies DBE – Y or N
<input type="checkbox"/>	<input type="checkbox"/>	C. Payrolls from other contractors do not include the names of the DBE's employees or the DBE's foreman	<input type="checkbox"/>	<input type="checkbox"/>	C. DBE self performed 30% or more of their total contract \$ to date? If not, additional CUF report(s) required.
<input type="checkbox"/>	<input type="checkbox"/>	D. Payments to DBE in EOC = their work performed <input type="checkbox"/> Too close to DBE's begin date (see Box 16)	<input type="checkbox"/>	<input type="checkbox"/>	D. Did Final DBE CUF validate 30% of total contract \$ was self performed? (If not, no DBE credit can be counted)
33. Reviewer's Comments <input type="checkbox"/> None					
34. Attachments: Mark 'Y', 'NA' or 'Verified'		Daily Work Report	DBE's Certified Payroll Notice of Rental Agreements DBE Directory-print out of DBE's Photos of DBE's work		
		Certification of Sublet Work w/Schedule A			
		Notification for Use of Temporary Employment Agency			
		EOC payment screens			

SECTION 5: RECORD OF REPORT REVIEW

Title	35. First & last name-print/type	36. Signature	37. Date	38. Recorded data reflects CUF
Proj Adm.				<input type="checkbox"/> more investigation <input type="checkbox"/> Yes
DCCM				<input type="checkbox"/> more investigation <input type="checkbox"/> Yes

State of Florida Department of Transportation Commercially Useful Function (CUF) DBE Monitoring Report Instructions for Completing Form

Scope: This form is used on Federally Assisted Construction Projects, including ARRA & LAP, to affirm the commercially useful function characteristics of Disadvantaged Business Enterprise ('DBE') subcontractors.

When is form 275-021-18 used?	DBE Prime or DBE Subcontractor (any tier)	DBE Trucker- (any tier)	DBE Material Supplier or DBE Manufacturer
Federally funded ('FAP') Construction Project	Yes	No	No
State Funded Construction Project	No	No	No
Professional Services Company on: State funded or FAP Construction Project	No	No	No
Professional Services Company on State funded or FAP Professional Services Contract	No	No	No

General:

- The purpose of this form is to record data evidencing compliance or noncompliance with DBE program requirements. One day's observation of one DBE company is recorded on a form.
- If observation covers more than one day, a form is used for each day.
- If more than one DBE firm is observed on a day, a form is completed for each DBE company each day.

Form Preparation:

- The RCS should complete Sections 1 and 2 and Box 36 in Section 5 as soon as a DBE is listed on an Anticipated DBE Participation Statement (Forms 275-030-12 or 275-030-11A).
- At least three (3) copies should be made of the prepared form and they should be organized in such a manner that the RCS can readily distribute a copy of the form to a field inspector as soon as it is determined the DBE is active on the project.
- Following the first observation, the RCS distributes the form at least two more times (each succeeding month) so that a minimum of three (3) forms are completed during the DBE's first three active months.

Field Observation:

- The inspector (or other FDOT representatives in the field) completes Section 3 of the form based on their actual observation of the DBE's workforce, supervisor, equipment and work performed on a single day.
- The completed form is returned to the RCS.

Administrative Review:

- The RCS should promptly review the Observation section when the report is turned in and request any clarification.
- Section 4 is completed by the RCS once the DBE's certified payroll for the date observed is received; which may be up to two weeks after the observation.
- Several project records (Box 34) are referenced by the RCS in completing Section 4 and they are attached to the completed form when it is referred to the Project Administrator and District Contract Compliance Manager for signature and review.

Section 1: Project Identification

Box 1: Fin. Proj No. – the Financial Project Number

Box 2: FAP No. – the Federal Aid Project Number assigned to federally funded projects

Box 3: Contract No. - the project's contract number.

Box 4: County – county or counties project work is being performed in

Box 5: District – the FDOT District number designation where the project is located (Districts are 1-7, and the Turnpike District).

Box 6: Prime Contractor Name – the name of the prime contractor.

Box 7: FEID No. – the Prime Contractor's Federal Identification Number

Box 8: Contract Begin Date – starting month/day/year

Box 9: Estimated Completion Date- month/day/year the contract is expected to be complete

Note: this box may require updating during the term of the project

Box 10: Is Prime a DBE? - refer to DBE Directory and indicate yes or no

Section 2: DBE Identification

Box 11: DBE's FEID No. -the DBE contractor's Federal Identification Number

Box 12: DBE Co. Name – name of the DBE firm.

Box 13: DBE'S mailing address and phone used for project communication- street, city, state, zip code and full phone number of DBE

Box 14: NAICS / Specialty Code- refer to the DBE Directory data for the DBE firm and record each of their NAICS Specialty codes (up to 6)

Box 15: DBE's function on this contract- mark the appropriate function

Box 16: DBE's Begin Date –month/day/year DBE began work on the contract

Box 17: If DBE is a subcontractor, identify their tier- (1st tier is directly under the prime)

a: DBE's Contract dollar amount.

b: The dollar amount the DBE must self-perform to meet the CUF's (30% or more of their contract) requirements.

Box 18: Name of Contractor DBE is Subordinate to- mark prime if first tier or indicate the name of the firm the DBE is subordinate to

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION

Section 3: Observation of DBE's Work and Workforce

This is a record of activity observed throughout one work day or at single time on one day.

OBSERVATION OF WORK

Box 19: Date observed- month/day/year work was observed

Box 20: Observer's Name- first and last name of observer for the Department

Box 21: Description of Work Performed- brief statement of the work the DBE was seen performing.

Box 22: Foreman's name (first/last) and their employer-ask the foreman for this information. If there is no foreman, provide the name of the individual directing the work.

Box 23: Number and type of workers (exclude the foreman)-list the number and type of workers engaged in the work e.g. common, skilled, equipment operator.

Box 24: Number and type of equipment and hand tools in use- mark none or list the number and type e.g., 1-concrete vibrator, 1-water truck, 2-hammers etc.

Box 25: OBSERVATION OF DBE'S WORKFORCE Three questions are asked to determine if the DBE appears to be employing their own workers Mark true or false to each.

- A. The Uniforms have DBE's Co. name? – may also mark 'no uniforms'
- B. Only Workers/foreman of the DBE Company is performing the work; Workers, foremen and/or superintendents of other subs or the prime are not involved in the work of the DBE?
- C. DBE appears to control/supervise its own work?

Box 26: OBSERVATION OF EQUIPMENT DBE IS USING Three questions are asked to determine if the DBE appears to have its own equipment and is not using the equipment of the prime or another subcontractor. Mark True or False

- A. Name is painted or a permanent decal? –may also mark 'no name on any equipment' or 'no name on some'
- B. Name (on equipment) is the DBE's company name (box 12)?
- C. DBE appears to be using its own equipment?

Box 27: Observer comments-mark 'None' or clarify data/ note concerns

Section 4: DBE Administrative Review

Box 28: Date Reviewed- month/day/year Section 4 is being completed

Box 29: Reviewer's Name- first and last name of person completing Section 4; usually, the RCS

Box 30a: DBE Payments- the CURRENT total dollar amount of Payments accepted in EOC for the DBE at time of Administrative review.

Box 30b: Commitment- the CURRENT DBE Commitment entered in EOC at the time of the Administrative review.

Box 31: OBSERVATION VS PAYROLLS, DAILY WORK REPORT Four questions are asked comparing the observation to project records. Mark true or false to each. The following records are needed for this section: DBE's payroll that includes observation date, Daily Work Report for observation date, EOC screen print for payment period(s) associated with observation date.

- A. DBE's Payroll reflects no. & type of workers in #23?
- B. Daily diary reflects foreman (#22) and workers (#23)?
- C. Payrolls from other contractors do not include the names of the DBE's employees or the DBE's foreman?
- D. Payments in EOC System equal DBE Work performed? DBE's work done. Mark 'too close to begin date' if there are no payments. Note that payments may start 30-90 days after the DBE's begin date.

Box 32. DBE Sublet Data Three questions are asked to determine if the DBE is doing the work intended in the sublet. Mark yes or no

- A. Observed work is included in DBE's Certified Areas- compare observed work (box 21, 23, 24) with NAICS code description
- B. The DBE has not subcontracted to other companies.
If the DBE has subcontracted to other companies, mark FALSE and name the company and indicate if that company is a DBE
- C. Did the DBE self-perform 30% or more of their total subcontract as of the date of this report?
If the DBE has not self-performed 30% or more of their contract dollars, additional CUF reporting is required.
- D. Did the Final DBE CUF report (Final = work completion or 30% confirmed) validate DBE self-performed 30% of total contract dollars?
If not, no DBE Credit will be counted. Inform DCCM and provide details of results.

Box 33 Reviewer's Comments -mark 'None' or clarify data/ note concerns

Box 34: Attachments -collect pertinent documents. Note that some, such as the Rental Agreement or Temporary Agency forms may not apply.

Daily Work Report (from Site manager or Construction Dashboard) or Daily Report of Construction (700-010-13)
Certification of Sublet Work involving DBE' with Schedule A (700-010-36)
Notification for Use of Temporary Employment Agency/Day Laborers Involving DBE (275-021-15)
EOC payment screens for months following Observation Date- including screens showing zero payment
DBE's certified payroll/Wage and Hour record (700-010-69)
Notice of Rental Agreements involving DBE (700-010-11)
DBE Directory- print out of DBE's 'Profile' screen

	Daily Work Report
	Certification of Sublet Work w/ Schedule A
	Notification for Use of Temporary Employment Agency
	EOC payment screens

	DBE's Certified payroll
	Notice of Rental Agreements
	DBE Directory- print out of DBE's
	Photos of DBE's work

Photos of DBE's work on Observation date (if available)

Mark Y (yes) or NA to indicate if the document is or is not attached.

Section 5: Record of Report Review

Box 35: The RCS completes box 38 – names of reviewers-Project Administrator and the District Contract Compliance Manager,

Once all data in Sections 1 through 4 are complete, submit the CUF form along with the attachments marked Y in Box 34 to the Project Administrator and then to the District Contract Compliance Manager. When the form and its attachments are returned and signed by both, retain the form and the attachments as one document package. If either party marks "more investigation" in Box 38 coordinate a review meeting with the Project Administrator and DCCM.