

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION

# 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
		<input type="checkbox"/> NON-FAP		
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. Name of DBE firm		12. NAICS Specialty Codes (from FDOT DBE Directory-list up to 10)		
13. DBE's phone & mailing address as used for project communication				
Street		City/State/Zip		Phone
14. What is the DBE's function on this Contract?				15. DBE'S FEID Number
<input type="checkbox"/> Subcontractor <input type="checkbox"/> Trucking Co. <input type="checkbox"/> Rental Agreement without operator <input type="checkbox"/> Rental Agreement with operator <input type="checkbox"/> Supplier				
16. If DBE is a Subcontractor, Identify tier and attach Certification of Sublet (700-010-36) and Schedule A			17. Name of contractor DBE is subordinate to (or 'Prime' if 1 <sup>st</sup> tier)	
<input type="checkbox"/> 1 <sup>st</sup> Tier <input type="checkbox"/> 2 <sup>nd</sup> Tier <input type="checkbox"/> 3 <sup>rd</sup> Tier			<input type="checkbox"/> Prime	

## SECTION 3: OBSERVATION OF DBE'S WORK & WORKFORCE

18. Date observed	19. Observer's Name:	20. Description of work being performed		
21. Number & type of workers	22. Number & type of equipment & tools used	23. Does it appear that the DBE firm is:		
	<input type="checkbox"/> None	A. Controlling and supervising their own work	<input type="checkbox"/> No <input type="checkbox"/> Yes	
		B. Employing their own workers	<input type="checkbox"/> No <input type="checkbox"/> Yes	
		C. Performing work with their own workers	<input type="checkbox"/> No <input type="checkbox"/> Yes	
		D. Using/renting own equipment and tools	<input type="checkbox"/> No <input type="checkbox"/> Yes	
24. Was a foreman or superintendent directing the workers? If yes, give full name and company employed by		25. What organization name was on the equipment?		
<input type="checkbox"/> No <input type="checkbox"/> Yes    Name: _____    Employer: _____				
26. Comment				

## SECTION 4: DBE ADMINISTRATIVE REVIEW

27. Date	28. Name of Reviewer	29. DBE's ADBEPS amount	30. Payments to DBE in EOR System?	31. DBE's Begin date
			<input type="checkbox"/> No <input type="checkbox"/> Yes	
32. (FAP only) DBE Required to Submit Payrolls?	33. (FAP only) Payrolls reflect number & type of workers, and foreman indicated in #20 to 23?		34. (FAP only) If # 31 is 'Yes', Name and Title of person(s) signing the Payroll Certification	
<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes			
35. Does prime issue 2-party checks to the DBE & another co.?	36. Does it appear that the DBE employs, pays & administers its own work force?	37. Do the DBE's workers & foreman appear on the payrolls of other contactors?		
<input type="checkbox"/> Not Known <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not Known		
38. Is the work listed on the sublet and the work described in #20 included in the NAICS Specialty Codes listed in #12?				
<input type="checkbox"/> No <input type="checkbox"/> Yes    If YES, -Which NAICS codes: _____				
39. Has the DBE subcontracted work to others?		40. If #38 is Yes, name of subcontractor		41. Is Contractor in #38 a DBE?
<input type="checkbox"/> No <input type="checkbox"/> Yes				<input type="checkbox"/> No <input type="checkbox"/> Yes

## SECTION 5: RECORD OF REPORT REVIEW

42. Project Administrator Name	43. Signature and date	44. Dist. Compliance Manager Name	45. Signature and Date

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

General: The purpose of this form is to record data evidencing compliance or non compliance with DBE program requirements. One DBE is recorded on a form. Project staff ( RCS, Office Manager, Inspectors, etc) complete Sections 1 to 4. The Project Administrator and District Contract compliance Manger review completed forms and confer regarding any subsequent action to be taken.

**Section 1: Project Identification**

**This section is completed by the Project staff (RCS on FAP Projects) and the form copied for use throughout the project. Only box 9 Estimated Completion Date may require updates**

**Box 1: Fin. Proj No.** – The Financial Project Number

**Box 2: FAP No.** – The Federal Aid Project Number assigned to federally funded projects or ‘non-FAP’

**Box 3: Contract No.-** the project contract number

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

**Box 5: District** – The Department’s 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

**Box 10: Is Prime a DBE?** Refer to DBE Directory and indicate yes or no

**Section 2: DBE Identification**

**This section is completed by the Project staff (RCS on FAP Projects) and the form copied for use throughout the project.**

**Box 11: Name of DBE Firm** – name of the DBE firm.

**Box 12: NAICS Specialty Codes:** Refer to the DBE Directory data for the DBE firm and record each of their NAICS Specialty codes ( up to 10)

**Box 13: DBE’S phone and mailing address as used for project communication:** Streetm, city, state, zip code and full phone number of DBE

**Box 14: What is the DBE’s Function?** Mark the appropriate function

**Box 15: DBE’s FEID No.** – The DBE’s contractor’s Federal Identification Number

**Box 16: DBE Subcontractor** Identify the subcontracting tier of this DBE and attach their Certification of Sublet (#700-010-36) and Schedule A

**Box 17: Contractor DBE is Subordinate** to Mark prime or indicate the name of the firm the DBE is subordinate to

**Section 3: Observation of DBE’s Work and Workforce**

**General: Several observations , spread over time, should be done of the DBE’s work during the course of the project. Each observation is recorded on a separate form. This is a record of activity observed during throughout one work day. Equipment and labor data is recorded as it is done for the Weekly Report.**

**Box 18: Date observed:** Month/day/year work was observed

**Box 19: Observer’s Name:** first and last name of observer for the Department

**Box 20: Description of Work Performed:** brief statement of the DBE’s work on the day of the observation

**Box 21: Number and type of workers for DBE** List the number and type of workers engaged in the work e.g. common, skilled, foremen etc

**Box 22: 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 pickup trucks, 2-straightedge,2-hammers,

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**Box 23: Does it appear that the DBE Firm is:** Based on your observation of work during that day, answer yes or no to each question

**Box 24: Was a foreman or superintendent directing the workers?** Mark yes or no and if yes, ask that person their name and who they work for. Record their full name and name of the employer as stated

**Box 25: Organization Name on Equipment;** record the contractor or company name shown on the equipment ( do not record brand name of equipment)

**Box 26: Comments:** clarify data or note concerns

**Section 4: DBE's Administrative Review**

**General: The Project Staff ( RCS on FAP Projects) completes this section after Section 3 has been completed**

**Box 27: Date:** month/day/year Section 4 is being completed

**Box 28: Name of Reviewer:** first and last name of person completing Section 4. On FAP projects, this is the RCs

**Box 29: DBE's ADBEPS Amount:** The dollar amount for this DBE on the most recent Anticipated DBE Participation Statement (ADBEPS)

**Box 30: Payments to DBE in EOR system?** Are payments to this DBE in the EOR System?

**Box 31: DBE's Begin Date:** month/day/year the DBE began work on this project

**Box 32: (FAP CONTRACTS ONLY)** Is the DBE required to submit certified payrolls?

**Box 33: (FAP CONTRACTS ONLY)** Do the payrolls reflect the number and type of workers and foremen indicated in questions # 20 to 23?

**Box 34: (FAP CONTRACTS ONLY)** First/last name and title of person signing the certified payrolls.

**Box 35: Are two- party checks issued to the DBE and another company?** Mark yes or not known

**Box 36: Does it appear that the DBE employs, pays and administers its' own work force?**  
Mark no or yes

**Box 37: Do workers & foreman appear on the payrolls of other contractors?** Mark no, yes or not known

**Box 38: Is the work listed on sublet and the work described in #30 included in any of the DBE's NAICS Specialty codes?** Mark no or yes. if yes list the specialty code(s)

**Box 39: Has the DBE subcontracted work to others-**Mark no or yes

**Box 40: If #38 is yes, name the Subcontractor**

**Box 41 Is contractor a DBE?** Refer to the DBE Directory and indicate if DBE

The completed form is forwarded to the Project Administrator

**Section 3: Record of Report R**

**General:** This section is completed by the Project Administrator and District Contract compliance Manager to affirm that the data recorded on this Monitoring Report has been reviewed. Those two person may confer and decide on a course of action, if so warranted.

**Box 42: Project Administrator's name-** First/last name of Project Administrator

**Box 43: Signature and Date of Project Administrator reviews report**

**Box 44: District Contract Compliance Manager's Name-**First/last name of DCCM

**Box 45: Signature and Date of District Compliance manager**