

Arizona Department of Transportation
DBE Commercially Useful Function (CUF) Determination
Report Construction Project – CONTRACTOR/TRUCKER

Project No./TRACS:	Date of Review:
Prime Contractor:	BECO Reviewer:
DBE Firm's Name:	DBE's Start Date:
District: Unit:	DBE's Anticipated Completion Date:
Purpose: To document DBE Contractors' compliance with CUF requirements for DBE participation (<i>per 49 CFR 26.55, et seq.</i>)	

INITIAL DESK REVIEW			
1. Is there a legal contract executed by the DBE to perform a distinct element of work?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Type of Operation: <input type="checkbox"/> Contractor <input type="checkbox"/> Trucker			
2. Date Subcontract is approved:			
3. Description of DBE's Scope of Work: <i>(must include Pay Item Numbers)</i>			
4. Does the Type of Operation match what is in the DBE's contract?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
5. Did the DBE subcontract any items or portion of the work to any other firm?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, what dollar amount and % was subcontracted?		\$	%
If yes, name of the firm DBE subcontracted to:			
6. Has inspector completed a CUF Field Review Form?		<input type="checkbox"/> YES	<input type="checkbox"/> NO

CONTRACTOR/TRUCKING	FIELD REVIEW FORM QUESTIONS	
	After reviewing the CUF Field Review form completed by the field inspector, do you have any questions? (If no comment write "None")	
	FIELD REVIEW FORM OBSERVATIONS	
	After reviewing the CUF Field Review form completed by the field inspector, do you have any observations? (If no comment write "None")	

DESK REVIEW CONTINUED			
1. Is the DBE maintaining its own payroll?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
2. Who prepares the DBE's certified payroll?			
3. In LCPTracker, do the employees listed in the inspector's CUF Field Review report appear on the certified payroll for the corresponding date?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
4. Has any of the crew ever shown up on any other contractors' payroll?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
5. EQUIPMENT: If leased, is there a formal lease/rental agreement identifying the terms and parties?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A If NO, explain:
6. MATERIALS (Furnish/Install): Is the DBE contracted to furnish and install for the contract item(s) listed above in the Scope of Work?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
7. MATERIALS (Furnish/Install): Is the quality and quantity of the materials controlled by the DBE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
8. MATERIALS: If joint checks are used, has the request been approved by the BECO Compliance Manager?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
9. MATERIALS: Request copies of delivery tickets or invoices for the materials. Who are the material invoices made out to?			

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10. MATERIALS: Is the DBE in control of where the material is obtained and at what price?" <i>(In lieu of Prime dictating/interfering)</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
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PERFORMANCE REVIEW		
What type of documentation did you use to determine the CUF performance? <i>(check all that apply)</i> <input type="checkbox"/> Subcontract <input type="checkbox"/> Daily Diaries <input type="checkbox"/> Payrolls <input type="checkbox"/> Delivery Tickets/Invoices <input type="checkbox"/> Leases <input type="checkbox"/> Copies of cancelled checks		
RED FLAG Questions: <i>(A YES to any of the following will warrant further review.)</i>	YES	NO
1. Is work being done jointly by the DBE and another contractor?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the work to be performed by the DBE outside of the DBE's known experience or capability?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is any portion of the work designated to be performed by a DBE subcontractor being performed by the prime contractor or any other firm?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the DBE working without a subcontract approved by the Department?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is the DBE performing less than 30% of its Scope of Work?	<input type="checkbox"/>	<input type="checkbox"/>
6. Does the agreement between the prime contractor and DBE firm artificially inflate the DBE participation?	<input type="checkbox"/>	<input type="checkbox"/>
7. Does the subcontract agreement erode the ownership, control or independence of the DBE's work?	<input type="checkbox"/>	<input type="checkbox"/>
8. Does this DBE firm work for only one prime contractor, or a large portion of the DBE contracts are with one contractor?	<input type="checkbox"/>	<input type="checkbox"/>
9. Is the volume of work beyond the capacity of the DBE firm?	<input type="checkbox"/>	<input type="checkbox"/>

BECO DETERMINATION SUMMARY		
I have reviewed the project records and monitored the worksite <i>(if applicable)</i> and determined that the DBE is ... <input type="checkbox"/> Performing a Commercially Useful Function. <input type="checkbox"/> Not performing a Commercially Useful Function, for these reasons <i>(check all applicable):</i> <div style="margin-left: 20px;"> <input type="checkbox"/> Unable to verify that DBE performed at least 30% of its contract using its own workforce (49 CFR § 26.55 (C)(3)). <input type="checkbox"/> Unable to verify that DBE actually performed the work involved (49 CFR § 26.55 (C)(1)). <input type="checkbox"/> Unable to verify that DBE actually managed the work involved (49 CFR § 26.55 (C)(1)). <input type="checkbox"/> Unable to verify that DBE actually supervised the work involved (49 CFR § 26.55 (C)(1)). <input type="checkbox"/> Other: Specify _____ </div>		
Additional Comments?		
Assigned BECO Representative:		
BECO Representative Signature:		Date:

APPEAL		
Appeal filed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Prime Representative:		Date:
DBE Representative:		Date: