



# DBE COMMERCIALLY USEFUL FUNCTION REPORT (for Federally Funded Projects Only)

ECMS Project Number	District	SR	Sec.
Prime Contractor:			
DBE Firm:		Date DBE began work	
Date CUF Review Conducted by District		Review type: <input type="checkbox"/> Initial <input type="checkbox"/> Follow-up	
Work type (e.g., Earthwork –Clearing and Grubbing)			

**\*\*Please note that not all questions apply to all work items. If the question is not applicable simply check 'N/A.'**

	YES	NO	N/A
1. Was the DBE firm that performed the work the same firm originally committed to in ECMS for this work item? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If no, briefly explain _____			
2. Were materials drop shipped? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, briefly explain _____			
3. Were materials delivered after hours? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, briefly explain _____			
4. If materials shipped to the project site by a third party, was lease agreement provided? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If no, briefly explain _____			
5. Did the DBE provide necessary paperwork (e.g., certifications, delivery tickets, permits, etc.) as required? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If no, briefly explain _____			
6. Did the DBE have a superintendent or other representative assigned to the project who was responsible for ensuring effective control of the work? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If no, briefly explain _____			
7. Did you observe the DBE firm using any equipment or tools that appeared to be the property of another company (e.g., magnetic signs, stamps, etc.)? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, briefly explain _____			
8. Was the DBE's work suspended, in whole or in part, because the firm failed to comply with specifications or with the provisions of the contract? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, briefly explain _____			
9. Did the DBEs employees appear to be knowledgeable of the necessary construction methods related to this item of work? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If no, briefly explain _____			
10. Is the DBE self-performing work without assistance from the prime or another subcontractor? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If no, briefly explain _____			

11. Based on your observations, did the DBE demonstrate that it was responsible for execution of the work of the contract and carried out its responsibilities by actually performing, managing, and supervising the work involved? .....

If no, explain in 'Comments' below:

**COMMENTS** (As appropriate, explain any steps taken to resolve any issue(s) identified above at the project level. Also, indicate whether resolution was achieved.)

\*(IF ADDITIONAL SPACE IS NEEDED, PLEASE ATTACH A SEPARATE SHEET)

**Inspector-in-Charge Only**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

1. Did any work committed to the DBE get eliminated and if so, were appropriate adjustments made to the commitment in ECMS? .....

YES NO N/A

If no, briefly explain \_\_\_\_\_

2. If this DBE firm was a replacement, was the required documentation received? .....

If no, briefly explain \_\_\_\_\_

3. If a shortfall exists, describe any steps taken to avoid or minimize it.

Briefly explain \_\_\_\_\_

4. Based on your review of the above information, did the DBE demonstrate that it was responsible for execution of the work of the contract and carried out its responsibilities by actually performing, managing, and supervising the work involved? .....

If no, explain in 'Comments' below:

**COMMENTS**

**ACE (or designee) Only**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

**BEO Only**

Based on our review of this CUF Report:

Concur  Do not concur

Comment: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Phone Number