

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. <input type="checkbox"/> NON-FAP	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 used for project communication	
14. NAICS / Specialty Codes (from FDOT DBE Directory-list up to 10) (referred to in #21 & #34)	
Phone ( )	
15. DBE's function on this Contract <input type="checkbox"/> Subcontractor <input type="checkbox"/> Trucking Co. <input type="checkbox"/> Leased Truck. <input type="checkbox"/> Supplier <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. Attach Certification of Sublet (700-010-36) and Schedule A <input type="checkbox"/> 1 <sup>st</sup> Tier <input type="checkbox"/> 2 <sup>nd</sup> Tier <input type="checkbox"/> 3 <sup>rd</sup> Tier	
18. Name of contractor DBE is subordinate to (or 'Prime' if 1 <sup>st</sup> tier) <input type="checkbox"/> Prime	

**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. Was a foreman or superintendent directing the workers? <input type="checkbox"/> No First/last name & employer	
<input type="checkbox"/> No <input type="checkbox"/> Yes	23. This work has/ is not performed by other subs or prime. If yes, Co's name:
<input type="checkbox"/> No <input type="checkbox"/> Yes	24. Foreman is not directing workers/crews of other subs
25. Number & type of workers (exclude foreman)	
26. Number and type of equipment & tools used <input type="checkbox"/> None	
<b>27. WORKFORCE OF THE DBE:</b>	
<input type="checkbox"/> No <input type="checkbox"/> Yes	A. Uniforms have DBE's Co. name <input type="checkbox"/> No uniforms
<input type="checkbox"/> No <input type="checkbox"/> Yes	B. Workers of other subs/ prime not involved in the work
<input type="checkbox"/> No <input type="checkbox"/> Yes	C. DBE appears to control/supervise their own work
<input type="checkbox"/> No <input type="checkbox"/> Yes	D. DBE appears to be performing work with own workers
<input type="checkbox"/> No <input type="checkbox"/> Yes	E. DBE appears to employ their own workers
28. EQUIPMENT OF THE DBE:	
<input type="checkbox"/> No <input type="checkbox"/> Yes	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"/> No <input type="checkbox"/> Yes	B. Name on equipment is DBE Co. name (box 12)
<input type="checkbox"/> No <input type="checkbox"/> Yes	C. Name is not easily removed/replaced
<input type="checkbox"/> No <input type="checkbox"/> Yes	D. Using/renting own equipment and tools
29 Observer's comments: <input type="checkbox"/> N/A	

**SECTION 4: DBE ADMINISTRATIVE REVIEW**

30. Date Reviewed	31. Reviewer's Name:	32. ADBEPS amount
33. Verification of DBE data per Payrolls, Daily Diaries & Bizweb		34. DBE data on Sublet & ADBEPS Forms
<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> NON-FAP	A. DBE's Payroll reflects no. & type or workers in #25 (FAP projects only)	<input type="checkbox"/> No <input type="checkbox"/> Yes
<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> NON-FAP	B. The person signing the Payroll Certification appears to be an employee of the DBE (FAP projects only)	<input type="checkbox"/> No <input type="checkbox"/> Yes
<input type="checkbox"/> No <input type="checkbox"/> Yes	C. DBE's workers /foreman are not on other co. payrolls	<input type="checkbox"/> No <input type="checkbox"/> Yes
<input type="checkbox"/> No <input type="checkbox"/> Yes	D. Daily Diary reflects foreman (#22) and workers (#25)	<input type="checkbox"/> No <input type="checkbox"/> Yes
<input type="checkbox"/> No <input type="checkbox"/> Yes	E. Payments to DBE are in EOR System <input type="checkbox"/> Too close to begin date _____ (M/D/Y began)	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N-A
35: Reviewer's Comments <input type="checkbox"/> None		A. Sublet Work Description & #21 work is included in #14 Codes? Circle those codes in #14
		B. The DBE has not subcontracted to other Companies. If yes, name of company subletted. DBE? <input type="checkbox"/> No <input type="checkbox"/> Yes
		C. The latest ADBEPS lists this DBE
		D. The Dollar Amount stated on the latest ADBEPS for this DBE appears reasonable

**SECTION 5: RECORD OF REPORT REVIEW**

36. Title	37. First &- last name-print/type	38. Signature	39. Date	40. Recorded data reflects CUF
Proj Adm.				<input type="checkbox"/> No <input type="checkbox"/> more investigation <input type="checkbox"/> Yes
DCCM				<input type="checkbox"/> No <input type="checkbox"/> more investigation <input type="checkbox"/> Yes

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION

**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 Manager 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’ or check off ‘ non-FAP’

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

**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 tier. Attach Certification of Sublet (form 700-010-36) and Schedule A**

**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

**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 form is a record of activity observed throughout one work day. Equipment and labor data is recorded as it is done for the Weekly Report.**

**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: Was a foreman or superintendent directing the work?** If there was no foreman, mark ‘no’; otherwise record their full name and name of the employer as stated.

**Box 23: This work has/is not performed by other subs or prime** Mark yes or no. If yes, name the contractor

**Box 24: Foreman not directing the workers/crew of other subs?** Mark yes or no

**Box 25: 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 26: 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-straight edge, 2-hammers,

**Box 27: WORKFORCE OF THE DBE?** Five questions are asked to determine if the DBE appears to be employing their own workers Mark yes or no to each

- A. **Uniforms have DBE's co. name** –may also mark 'no uniforms'
- B. **Workers of other subs/prime not involved in the work**
- C. **DBE appears to control/supervise their own work**
- D. **DBE appears to be performing work with their own workers**
- E. **DBE appears to employ their own workers**

**Box 28: EQUIPMENT OF THE DBE.** Four questions are asked to determine if the DBE appears to have it's own equipment. Mark yes or no to each

- 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. **Name is not easily removed / replaced.** Mark yes or no to indicate if the name on the equipment cannot be easily replaced. Names that are applied using a magnetic sign can be easily replaced
- D. **Using/renting own equipment and tools**

**Box 29: Observer comments:** Mark 'None' or clarify data or note concerns

#### **Section 4: DBE Administrative Review**

**General: The Project Staff (RCS on FAP Projects) completes this section after Section 3 has been completed and after payrolls have been received for the week during which the observation occurred as shown in Box 19.**

**Box 30: Date Reviewed:** month/day/year Section 4 is being completed

**Box 31: Reviewer's Name:** first and last name of person completing Section 4. On FAP projects, this is the RCS

**Box 32: ADBEPS Amount:** The dollar amount for this DBE on the most recent Anticipated DBE Participation Statement (ADBEPS)

**Box 33: VERIFICATION OF DBE DATA PER PAYROLLS, DAILY DIARIES, BIZWEB.** Five questions are asked to determine if other project records correlate to the observation. Mark yes or no

- A. **Payroll reflects no. & type of workers in #25(FAP only)**
- B. **The person signing the Payroll Certification appears to be an employee of the DBE (FAP only)**
- C. **DBE's workers/foreman are not on other company payrolls**
- D. **Daily diary reflects foreman (#33) and workers (#25)**
- E. **Payments to DBE are in EOR System:** Mark 'too close to begin date' if there are no payments and work DBE began work 60 to 90 days before this observation. Record that begin date as month/day/year

**Box 34: DBE DATA ON SUBLET AND ADBEPS FORMS.** Four questions are asked to determine if the DBE is doing the work intended in the sublet. Mark yes or no

- A. **Sublet work description (form 700-010-36) and #21 work is included in #14 NAICS codes. If yes, circle the code or codes in box 14.'**
- B. **The DBE has not subcontracted to other companies.** If yes, name the company and indicate if that company is a DBE
- C. **The latest ADBEPS form lists this DBE**
- D. **The Dollar Amoun stated on the latest ADBEPS for this DBE appears reasonable**

**Box 35: Reviewer's Comments** Mark 'None' or clarify data or note concerns

#### **Section 5: Record of Report Review**

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. The Project Administrator and the District Contract Compliance Manager may confer to determine if special action/reviews may be warranted. Separate lines are provided for the Project Administrator and District Contract Compliance Manager

**Box 36: Title: identifies the data line** for the Proj. Adm. (Project Administrator) and the DCCM (District Contract Compliance Manager)

**Box 37: First initial and last name**

**Box 38: Signature**

**Box 39 Date** Month/day/year report was reviewed and signed

**Box 40: Recorded data reflects CUF (commercially useful function)-** mark yes, no or if uncertain or questionable, mark 'more investigation' required in order to make a determination.