|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| This document is used to ensure compliance with the Commercially Useful Function requirements by Minority, Small, Veteran, and Women Business Enterprises.  WSDOT staff will perform MSVWBE On-Site Reviews on each MSVWBE A&E Consultant, and Professional Services firm certified by the Office of Minority and Women Business Enterprises (OMWBE) or registered with the Department of Enterprise Services (DES) through WEBS performing work on the project. If the MSVWBE is not on the project site, this review will be conducted via phone.  The MSVWBE On-Site Review will be performed once during the project and yearly on multi-year projects, and must be conducted prior to the completion of the MSVWBE firm’s work on the project. Please provide as much information as possible when completing the review. | | | | | |
| **1.** Project Title | | | | | **2.** Contract Number |
| **3.** MSVWBE Firm Name | | | **4.** Prime Contractor | | |
| **5.** WSDOT Project Engineer | | | **6.** Region | | |
| **7.** Description of Work Being Performed | | | | | |
|  | | | | | |
| **8.** Is the MSVWBE firm certified by OMWBE or registered with DES to perform the above listed work?  If No, please explain.  Yes  No | | | | | |
|  | | | | | |
| **9.** MSVWBE Start Date | **10.** MSVWBE Anticipated Completion Date | | | **11.** Date of On-Site Review | |
| **MSVWBE Project Manager / Supervisor Interview Information** | | | | | |
| **12a.** First Name | | **12b.** Last Name | | **12c.** Phone Number | |
| 13. Who does the MSVWBE Project Manager / Supervisor report to within their organization?  Name: Title: | | | | | |

|  |
| --- |
| 14. Is the MSVWBE Project Manager / Supervisor exclusively employed by the MSVWBE firm?  If No, please explain.  Yes  No |
|  |
| 15\*. Is the MSVWBE Project Manager / Supervisor shown on the MSVWBE firm’s monthly invoice or certified payroll?   Yes  No  N/A |
| 16\*. Is the MSVWBE Project Manager / Supervisor shown on any other firm’s invoice?  If Yes, please explain.  Yes  No |
|  |
| 17. Does the work described in box #7 match the type of work listed in the executed contract/agreement?   Yes  No |
| 18. Are any of the MSVWBE employees who are working on this project also performing work for any other firms on this project?  If Yes, please explain.  Yes  No |
|  |
| 19. Has another firm performed work that was supposed to be performed exclusively by the MSVWBE firm?  If Yes, please explain.  Yes  No |
|  |
| 20. Does the MSVWBE firm appear to have the necessary knowledge, skills, and abilities to perform their work scopes?  If No, please explain.  Yes  No |
|  |
| 21. List any additional comments or observations relevant to this review. |
|  |
| **\*Check instruction guide for additional information on filling out this section** |

|  |  |  |
| --- | --- | --- |
| 22. Review Conducted By (Print Name) | 23. Title (Print) | |
| 24. Signature | | 25. Date |
| **This form must be completed in its entirety and submitted to Region OEO Staff within two (2) weeks of completion. If the form is submitted with missing or incomplete information, it may be returned to the WSDOT Project Engineer Office for correction or completion.** | | |

|  |  |
| --- | --- |
| **Instruction Guide** | |
| Architect & Engineering and Professional Services Firms | |
| **Block #1:** | Enter the full project name. |
| **Block #2:** | Enter the WSDOT contract number with or without leading zeroes, i.e. 009206 or 9206. |
| **Block #3:** | Enter name of the MSVWBE firm that is the subject of the on-site review. |
| **Block #4:** | Enter the name of the Prime Contractor. |
| **Block #5:** | Enter the name of the WSDOT Project Engineer responsible for this project. |
| **Block #6:** | Enter the WSDOT Region where the project is located. |
| **Block #7:** | Enter a description of the actual work being performed or, for Design-Build projects, a description of the work activity. |
| **Block #8:** | MSVWBE firms are certified by OMWBE or registered by DES. Check Office of Minority and Women's Business Enterprises or the WEBS websites for certified firms and associated NAICS/Commodity codes. |
| **Block #9:** | Enter the date the MSVWBE firm began working on the project. |
| **Block #10:** | Enter the date the MSVWBE firm is projected to be finished with its contract work. |
| **Block #11:** | Enter the date the on-site review was conducted. If additional information is to be provided by the WSDOT Project Engineer Office, list the date the MSVWBE employee was interviewed for this review. |
| **Block #12:** | Provide the name and contact phone number of the MSVWBE firm employee being interviewed for this on-site review. |
| **Block #13:** | Ask the MSVWBE Project Manager/Supervisor who supervises them. |
| **Block #14:** | Ask the MSVWBE Project Manager/Supervisor if they work for any other firms and note any other firms they work for. |
| **Block #15:** | Check the MSVWBE firm payroll to ensure the employee is listed. On Design-Build contracts, there may not be certified payrolls if the work does not require it. |
| **Block #16:** | Check certified payrolls to see if any of the MSVWBE employees are on any other certified payrolls. On Design-Build projects, there may not be certified payrolls so this question may not apply. |
| **Block #17:** | The work actually being performed by the MSVWBE firm should match that detailed in any executed contract or agreement. |
| **Block #18:** | Ask the MSVWBE employee being interviewed for this review if they are performing work for any other contractors/consultancts/architecture and engineering firms connected with this project. |
| **Block #19:** | Indicate the names of any other firms that have performed work for the MSVWBE firm and provide a reason for the other firm’s performance of the work. |
| **Block #20:** | In your opinion, do the MSVWBE employees have the appropriate skills and knowledge to perform their subcontracted work to contract standards? |

|  |  |
| --- | --- |
| **Block #21:** | List any observations or comments you feel is relevant to the review. There is no such thing as too much information. |
| **Block #22:** | Print the name of the person performing the MSVWBE On-Site Review. |
| **Block #23:** | Print the title of the person performing the MSVWBE On-Site Review. |
| **Block #24:** | Signature associated with Block #23. |
| **Block #25:** | Date the form was signed. |