



Purpose: This form serves as written certification that the elements of work performed by a Disadvantaged Business Enterprise (DBE) contractor were monitored and evaluated according to the Commercially Useful Function and counting requirements of 49 Code of Federal Regulation Part 26.55. This form also contains data and questions to supplement monitoring of payments, termination of work, or changes in contract scope that may require prompt action to ensure final compliance.

This form is to be completed once the subconsultant is actively engaged in their scope of work, anytime there is a significant change in the DBE/UDBE's work scopes, yearly for multi-year project, and for each primary scope of work. This form must be submitted to Region Local Programs Engineer within 15 calendar days of its completion. If the form is submitted with missing/incomplete information, it will be returned to the Local Agency for completion.

This form is to be completed based upon the reviewer's determination through observations and review of pertinent documents.

For DBE Firms located out of state, interview with DBE will likely need to be accomplished by available technology or telephone.

Section I: Project and Payment Data - To be filled out by Local Agency

1. Federal Aid Number		2. Prime Consultant	
3. Project Name			
4. DBE Goal		5. Local Agency	
6. DBE Subconsultant \$		7. DBE Commitment \$	
8. % of DBE Work Completed			
9. DBE Start Date		10. DBE Total Payment to Date	
11. DBE Company Name		12. DBE Company Owner	
13. DBE Representative		14. DBE Representative Title	
15. DBE is performing as:			
	Prime Consultant	Sub-consultant	
16. Certification Type:			
	DBE	Federal Small Business Enterprises (FSBE)	
17. Consultant Type:			
	Architectural	Engineering	Surveying
	Real Estate Appraisal	Right of Way Appraisal	Other:
18. Provide a brief description of the DBE's scope of work as observed:			

19. The following questions pertain only to DBE participation submitted to meet a commitment goal:

a. Is the description of work in the DBE's subconsultant agreement/contract consistent with the prime's DBE commitment?

Yes

No, if "No", how was this resolved?

N/A

b. Was the amount of work performed by the DBE, to include any changes, able to meet the original DBE commitment amount? *Please describe/explain the changes and process followed to address the situation (e.g., termination, substitution, change order documenting change, etc.).*

Section II: Observation - To be filled out by the Local Agency

YES

NO

N/A

1. Is the DBE Project Manager exclusively employed by the DBE firm?

If no, please provide explanation below:

2. Is the DBE Project Manager or classification of the DBE Staff shown on the monthly invoice or Payroll? (Request for copies of monthly invoices/payroll)

If no, please provide explanation below:

3. Is the DBE Project Manager shown on any other firms' invoice?

If yes, please explain:

4. Does the DBE Project Manager effectively manage the job without interference from other consultants/contractors?

If no, please explain:

5. Who does the DBE's Project Manager report to within his/her organization?

Name

Title

Local Agency

6. On-Site Review conducted by:

Printed Name/Title

Signature

Date

7. Local Agency Project Manager

Printed Name/Title

Signature

Date

Section III: To be filled by OEO

YES

NO

N/A

1. Provide the value of any DBE work that was either terminated by the prime or performed by another firm, if not applicable, state N/A (*applies to commitment/non commitment DBEs*):

2. Did the prime obtain written concurrence from OEO before terminating the DBE or reducing its work (*applies to commitment/non commitment DBEs*)?

If no, please provide explanation below:

3. Did the prime make every good faith effort to replace the value of work (*applies to commitment/non commitment DBEs*) not performed by the DBE for any reason (other than state-initiated changes in scope)?

If no, please provide explanation below:

4. Does the DBE have control over the methods it uses to perform work? *Ask for copies of applicable documents (e.g., designs, plans, surveys, ROW appraisals, stamped with the DBE firms' certified/licensed professional's name, signature, and date).*

If no, please provide explanation below:

5. Do the DBE employees have adequate knowledge/training/experience to perform the subcontract work without assistance from the prime consultant or any other consultant, Local Agency employee?

If no, please provide explanation below:

6. Is the DBE the only consultant providing pay and other compensation (i.e. benefit plans) to personnel?

If no, please provide explanation below:

7. Are the DBE's employees working on a distinct element of work, independently without assistance of other participating consultants?

If no, please provide explanation below:

8. Does the description of DBE's scope of work observed match the executed subcontract/agreement?

If no, please provide explanation below:

9. Is the DBE firm certified in the work they are performing? If no, please provide explanation below:

Commercial Useful Function (CUF) Determination – To be signed by OEO

10. Date of Review	11. Printed Name and Title of OEO Reviewer	
12. OEO Reviewer Signature		Date
13. Printed name and title of final OEO Reviewer		
14. Final OEO Reviewer Signature		Date

YES NO

15. Based on work observed and records reviewed, I have determined that the DBE listed on Page 1 performed a CUF in accordance with the requirements of 49 CFR §26.55 and any commitment by the prime to utilize the DBE.

For "NO" Response: (Explain adjustments in credit, enforcement action, or other remedies taken):

INSTRUCTION GUIDE

The responses to the questions represent the reviewers' observations and knowledge following review of documentation. In other words, the reviewer is not checking the boxes based on what the DBE is telling them. Rather, the reviewer is checking the boxes based on what he/she has observed on-site and in review of the project documentation/DBE's records.

Section I: Project and Payment Data – To be filled out by Local Agency

Block #1: Enter the Federal Aid Number

Example: #9999(001)

Block #2: Enter the business name of the prime contractor/consultant for this project.

Example: Two Brothers Consulting

Block #3: Enter the name of this project.

Example: Design I-209 Flyover Ramp

Block #4: Enter the DBE Goal percentage established on the project.

Example: 9%

Block #5: Enter the local agency responsible for this project.

Example: Spokane County

Block #6: Enter the contracted dollar amount the DBE will receive for performing this work. (This amount should be obtained from the subcontract. It may include work the DBE is not certified in.)

Example: \$195,000.00

Block #7: Enter the contracted dollar amount the DBE will receive for performing this work. (This amount should be obtained from the Written Confirmation form.)

Example: \$185,000.00

Block #8: Enter the approximate percentage of work completed by the DBE for each line item scope of work.

Example: 80% completed

Block #9: Enter the date the DBE started working on its contracted scope of work.

Example: 12/20/2018

Block #10: Enter the total dollar amount paid to date to the DBE.

Example: \$15,000.00

Block #11: Enter the business name of the DBE firm being reviewed.

Example: Chavez Engineering, Inc.

Block #12: Enter the name of the DBE Owner(s).

Example: Jane Smith, President

Block #13: Enter the first and last name of the designated DBE project manager or supervisor, as appropriate.

Example: John Wright

Block #14: Enter the of the designated DBE representative.

Example: Project Manager or Project Engineer

Block #15: Check the box that applies.

Example: Prime Consultant Sub-consultant

Block #16: Check the box that applies.

Example: UDBE DBE FSBE

Block #17: Check the box that applies.

Example: Architectural Engineering Surveying etc.

Block #18: Specifically describe the actual work being performed by this DBE on the day you are conducting this onsite interview.

Example: Operating belly dump trucks over the project site to haul bituminous pavement material to the dump site; drafting plan sheets for Bridge A1; running hydraulic models for storm sewer system Z, etc.

Block #19a: The following questions pertain only to DBE participation submitted to meet a contract commitment goal.

Example: Check the following box that applies. If no, provide explanation on how it was resolved.

YES NO, if "NO", how was this resolved? N/A

Block #19b: Provide an explanation of the changes to the DBE's scope of work causing the DBE commitment shortfall. Describe/explain the changes and process followed to address the situation (e.g., termination, substitution, change order documenting change, etc.).

Section II: Evaluation – To be filled out by the Local Agency

Block #1: Check mark the appropriate "yes" or "no" or "N/A" block to acknowledge whether or not you believe the DBE Project Manager is exclusively employed by this DBE (not working for another contractor on this project).

Example: "Yes" or "No" or "N/A" (as appropriate. If "no," provide an explanation as to why not.

Block #2: Check mark the appropriate "yes" or "no" or "N/A" block to acknowledge whether or not the DBE Project Manager is listed on the monthly invoice or payrolls (If payrolls are applicable). (Note: If this is a Local Agency contract there may not be certified payroll. In this situation, FHWA has indicated we need to obtain a copy of the firm's internal payroll documents)

Example: "Yes" or "No" or "N/A" (as appropriate. If "no," provide an explanation as to why not.

Block #3: Check mark the appropriate "yes" or "no" or "N/A" block to acknowledge whether or not the DBE Project Manager is listed on any other contractor's monthly invoice/payroll.

Example: "Yes" or "No" or "N/A" (as appropriate. If "yes," provide an explanation as to why.

Block #4: Check mark the appropriate "yes" or "no" or "N/A" block to acknowledge whether or not the DBE Project Manager is effectively managing without assistance from other consultants/contractors.

Example: "Yes" or "No" or "N/A" (as appropriate. If "yes," provide an explanation as to why not.

Block #5: Provide the name of the individual the DBE's Project Manager report to.

Example: John Smith, Vice President

Local Agency

Block #6: Enter the name/title of the individual who conducted this review, sign and date the review was conducted.

Example: Pleasant Paul Love, Project Manager

Block #7: Enter the name/title of the Local Agency Project Manager sign and date the review.

Example: George Washington, Project Engineer

Section III: To be filled out by region OEO

Block #1: Provide the value of any DBE work (under commitment) that was either terminated by the prime or performed by another firm, if not applicable, state N/A.

Block #2: Check mark the appropriate “yes” or “no” or “N/A” block to acknowledge whether or not the prime obtain written concurrence from OEO before terminating or reducing DBE work under commitment.

Example: “Yes” or “No” or “N/A” (as appropriate). If “no,” provide an explanation as to why not.

Block #3: Check mark the appropriate “yes” or “no” or “N/A” block to acknowledge whether or not the prime make every good faith effort to replace the value of work under commitment not performed by the DBE for any reason other than state initiated changes in scope.

Example: “Yes” or “No” or “N/A” (as appropriate). If “no,” provide an explanation as to why not.

Block #4: Check the appropriate “yes” or “no” or “N/A” block to acknowledge whether or not this DBE firm has control over its contracted scope of work.

Example: Yes” or “No” or “N/A” (as appropriate). If “no,” provide an explanation as to why not.

Block #5: Check the appropriate “yes” or “no” or “N/A” block to acknowledge whether or not have adequate knowledge/training/experience to perform the subcontract work without assistance from the prime consultant or any other consultant, Local Agency.

Example: Yes” or “No” or “N/A” (as appropriate). If “no,” provide an explanation as to why not.

Block #6: Check the appropriate “yes” or “no” or “N/A” block to acknowledge whether or not this DBE firm providing pay and other compensation to personnel.

Example: Yes” or “No” or “N/A” (as appropriate). If “no,” provide an explanation as to why not.

Block #7: Check the appropriate “yes” or “no” or “N/A” block to acknowledge whether or not DBE’s employees working on a distinct element of work, independently without assistance of other participating consultants.

Example: Yes” or “No” or “N/A” (as appropriate). If “no,” provide an explanation as to why not.

Block #8: Check the appropriate “yes” or “no” or “N/A” block to acknowledge whether or not DBE’s scope of work, matches the executed subcontract/agreement.

Example: Yes” or “No” or “N/A” (as appropriate). If “no,” provide an explanation as to why not.

Block #9: Check the appropriate “yes” or “no” or “N/A” block to acknowledge whether or not DBE is certified in the work they are performing.

Example: Yes” or “No” or “N/A” (as appropriate). If “no,” provide an explanation as to why not.

Commercially Useful Function (CUF) Determination – To be signed by OEO

Block #10: Enter the date of this review.

Example: December 25, 2014

Block #11: Print the name/title of the OEO individual who conducted this review.

Example: Sarah Someone, DBE Compliance Lead

Block #12: Sign and date this document as the region OEO reviewer.

Example: Sarah Someone

Block #13: Print the name/title of the WSDOT OEO final OEO reviewer.

Example: Sam Crush, DBE Program Manager

Block #14: Sign and date this document as the region OEO reviewer.

Example: Sam Crush

Block #15: Check mark the appropriate “yes” or “no” block to acknowledge whether or not this DBE performed independently in accordance with 49 CFR §26.55 and commitment by the prime. If no, provide an explanation in box provided

Example: “Yes” or “No” (as appropriate)