

Project Office DBE On-Site Review for Architect & Engineering/Professional Services Firms

This document provides guidelines for reviewing Architect & Engineering (A & E)/Professional Services Disadvantage Business Enterprise (DBE) firms to verify compliance with the Commercially Useful Function (CUF) requirements of 49 CFR 26.55 which states in part:

“A DBE performs a CUF when it is responsible for execution of the work of the contract and is carrying-out its responsibilities by actually performing, managing, and supervising the work involved...A DBE does not perform a CUF if its role is limited to that of an extra participant in a transaction, contract, or project thru which funds are passed in order to obtain the appearance of DBE participation....”

WSDOT/Local Agency will perform onsite reviews on DBE A & E Consultants, and Professional Services firms. Project owner staff are required to perform a minimum of one review for each DBE for each project, for each construction season (Calendar Year) and for each primary scope of work.

NOTE: If the DBE firm is not located on the project site or is out of state, then this review needs to be accomplished by telephone.

1. Prime Contractor/Consultant:		2. Federal Aid Number:	
3. DBE Firm:		4. Contract Agreement Number:	
5. WSDOT Project Engineer:		6. WSDOT Region/Local Agency:	
7. Project Title:			
INDICATE THE DBE WORK OBSERVED THIS DATE			
8. Scope of Work	9. Approximate % Complete	10. Actual work being performed. <i>If more lines are needed use a continuation sheet</i>	11. DBE Dollar Amount
12. Have you checked the Office of Minority & Women's Business Enterprises Website (www.omwbe.wa.gov) to ensure firm is certified in the above work? If no, please explain: <input type="checkbox"/> Yes <input type="checkbox"/> No			
13. DBE Firm's Start Date:		14. WSDOT Contract Percent Complete:	15. DBE Anticipated Completion Date:
DBE PROJECT MANAGER/SUPERVISOR			
16. First Name:		17. Last Name:	18. Phone Number:
19. Is the DBE Project Manager/Site Supervisor exclusively employed by the DBE? If no, please explain:			<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Is the DBE Project Manager/Site Supervisor shown on the monthly invoice or Certified Payroll?			<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Is the DBE Project Manager/Site Supervisor shown on any other firms invoice? If yes, please explain:			<input type="checkbox"/> Yes <input type="checkbox"/> No

22. Who does the DBE's Project Manager/Site Supervisor report to within his/her organization? Name: _____ Title: _____	
23. Does the work described in block #10 match the type of work listed on the executed contract/agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Who is paying this DBE firm?	
24(a). What are the negotiated rates?	
25. Are any of the DBE firm's employees assigned to this project working for any other firm's on this project? If yes, please explain: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No	
26. Has another firm performed work in place of the DBE for the scope of work identified exclusively for the DBE? If yes, please explain: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No	
27. Is the DBE owner personally involved in the day to day operations of the company? <input type="checkbox"/> Yes <input type="checkbox"/> No	
28. Does the DBE firm appear to have control over their contracted scope of work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
29. Review Conducted By (Print Name): _____	30. Title (Print): _____
31. Signature _____	32. Date of This Review: _____
<p>This form must be completed in its entirety and submitted to WSDOT Office of Equal Opportunity within two (2) weeks of its completion. If the form is submitted with missing/incomplete information, it will be returned to the PE Office for completion.</p>	

Distribution: Region EEO Officer, WSDOT Office of Equal Opportunity