EXHIBIT N

For a current, fillable version of this form, see the DBE Program Forms page at:
http://www.oregon.gov/ODOT/CS/CIVILRIGHTS/Pages/dbe_form.aspx

COMMERCIALLY USEFUL FUNCTION REPORT – FORM 3B

INSTRUCTIONS

WHAT IS A COMMERCIALLY USEFUL FUNCTION (CUF)?

A DBE performs a **commercially useful function** 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**. To perform a commercially useful function, the DBE must also be responsible, with respect to materials and supplies used on the contract, for negotiating price, determining quality and quantity, ordering the material, and installing (where applicable) and paying for the material itself.

To determine whether a DBE is performing a commercially useful function, you must evaluate the amount of work subcontracted, industry practices, whether the amount the firm is to be paid under the contract is commensurate with the work it is actually performing and the DBE credit claimed for its performance of the work, and other relevant factors.

See 49 CFR 26.55 for additional information on how a Commercially Useful Function is to be evaluated and how DBE work is to be credited toward meeting DBE goals.

An ***electronic*** CUF Report - Form 3B review must be completed at least once for each subcontract where a Disadvantaged Business Enterprise (DBE) firm is performing work on the project. For projects on which the DBE's work lasts longer than twelve months, a CUF review shall be completed at least once for each twelve month period. Also, whenever a significant change in the operation of the DBE occurs or a significant Change Order affects the work to be accomplished by the DBE, a CUF review shall be completed. If any CUF issues are found, the Project Manager must consult with the Civil Rights Field Coordinator to determine if any corrective action or reduction in crediting toward the DBE Goal is required. See ODOT Construction Manual Chapter 18 for additional details.

This form is designed to be completed and submitted by e-mail for review and data collection purposes.

ALL BOXES ON THIS FORM ARE REQUIRED AND MUST BE COMPLETED.

Contractor and Contract Information:

1. Enter the name of the DBE firm as registered with the IRS. *This is **not** the name of the owner.*
2. - 4. Enter the requested information

Disadvantaged Business Enterprise Information:

5. Enter the name of the DBE Firm's owner(s): If the CUF reviewer finds the DBE owner named in the OMWESB Directory of Certified Firms is different than the owner named by personnel in the field or shown as signer on the DBE contract or subcontract documents, record the inconsistency as a red flag in the "Comments" field and bring this to the attention of the Project Manager and Civil Rights Field Coordinator for follow-up.
6. - 8. Enter the requested information.

DBE Work:

9. - 11. Enter the requested Bid Item information regarding the DBE work observed for this CUF review.

NOTE TO CUF REVIEWER ABOUT EACH "YES" OR "NO" QUESTION:

Explain what you observed in the field or the documentation relied upon in the office in determining the answer to each "yes" or "no" question. Information about DBE work performance, personnel, materials, or equipment may be recorded on other project documents such as Inspector Daily Reports, Certified Payrolls, Trucking Logs, photos, etc.; please record the date(s) of the report(s) that correspond with and support your determination in the applicable explanation box.

Personnel Required:

12.- 13. Check the appropriate boxes and explain.

14. List the names and crafts of the crew employed by the DBE firm along with the name of the person they report to.
The DBE must be responsible for payroll and labor compliance requirements for all employees performing on its contract. The DBE must perform at least 30% of its contract work with its own workforce and must not subcontract out more work than would be expected under normal industry practices in that type of work.

Information on whether DBE employees appear knowledgeable and in control of their work may help determine whether the DBE firm rather than the prime or some other firm is actually performing the DBE's work.

Information on the DBE foreman or superintendent may help identify arrangements in which another business or individual is performing the DBE's work or is interfering with the DBE owner's control and management of the firm. “Exclusively employed” means the foreman or superintendent is employed only by the DBE firm and otherwise has no competing or related business interests.

Equipment Required:

15. List major equipment used by the DBE firm to complete the bid items under this subcontract. Indicate the bid item, the make/model of equipment, whether it is leased, owned, or rented, and who leased or rented from. For additional lines, click the “Add Another” button.
16. Check the appropriate box and explain how you made this determination.

    A DBE may lease or rent specialty equipment (including operated equipment) consistent with normal industry practices and provided it is in full control of the DBE. Leased non-specialty equipment must be operated by the DBE's own workforce. No DBE credit is allowed for the value of a lease/rental when equipment is leased or rented from the prime.

    If equipment is leased and/or rented, attach copies of the lease/rental agreements, unless previously submitted with the DBE Work Plan Proposal Form 3A.

Supplies and Materials Required:

17. List any material suppliers for bid items under this subcontract. Indicate the bid item and the name, address, and phone number of the supplier. For additional lines, click the “Add Another” button.

Prime/Other Resources:

18. Check the appropriate box and enter explanation.
    An independent business is one in which the viability does not depend on its relationship with another firm(s).

SUBMISSION INSTRUCTIONS

1. Save the report on your computer by clicking the “SAVE AS” button at the bottom of the form.
2. Select the “SUBMIT BY E-MAIL” button at the bottom of the form.
3. Open a new e-mail message and attach the saved form
4. Enter the following information in the subject line: “CUF”_ODOTContractNo_DBE Business Name_ProjectInspectorDate (YYYY-MM-DD)
   Example: CUF_14299_A and B Dozing Inc_2014-09-05
   Example: CUF_16000_4S Signs LLC_2013-04-23
5. **CUF Reviewer**: Send the completed copy of the form to your Project Manager.

   Project Manager: Open e-mail and attachment. Complete the section for Project Manager. CLICK SAVE! Then click “Save As” to save a copy to your files. Forward the original e-mail to your Field Coordinator to keep the e-mail chain intact.

   Field Coordinator: After review and approval, convert the e-mail string to PDF and save it in ocronly/FC_Uploads/Regionx/CUF folder. The Field Coordinator should provide the Project Manager with a copy of the final, approved form.

COMMERCIALLY USEFUL FUNCTION REPORT – FORM 3B (CUF)

Disadvantaged Business Enterprise

Contractor and Contract Information

1. DBE BUSINESS NAME	2. SUBCONTRACT ID	3. CONTROLLING CONTRACTOR (IF APPLICABLE)	4. ODOT CONTRACT NO.

Disadvantaged Business Enterprise information

5. DBE PRIMARY OWNER	6. PHONE	7. DBE START DATE	8. EST DBE COMPLETION DATE

A. DBE Work

9. BID ITEM	10. BID ITEM DESCRIPTION	11. EST % COMPLETE

B. Personnel Required

12. Do DBE employees appear to have knowledge of and control over the methods of work on their bid items observed on-site?	☐ Yes ☐ No	IF NO, EXPLANATION REQUIRED
13. Is the superintendent or foreman employed exclusively by the DBE?	☐ Yes ☐ No	NAME OF SUPERINTENDENT/FOREMAN EMPLOYED EXCLUSIVELY BY DBE NAME AND TITLE OF PERSON TO WHOM SUPERINTENDENT/FOREMAN REPORTS

14. List the names and craft classifications of the DBE crew observed on the site:

LAST NAME	FIRST NAME	CRAFT CLASSIFICATION	TO BE COMPLETED IN OFFICE		REPORTS TO (LAST, FIRST)
			ON DBE PAYROLL?	PRIME/OTHER PAYROLL?	

LIST THE CONTRACTOR NAMES AND DATES OF EACH PAYROLL REVIEWED. PROVIDE ADDITIONAL INFORMATION IF NEEDED

C. Equipment Required

15. List major equipment used by the DBE to complete bid items observed. If not already provided with Work Plan Form 3A, attach rental/lease agreements and/or registrations.

BID ITEM	EQUIPMENT	OWNED?	LEASED? LEASED FROM	RENTED? RENTED FROM
		☐	☐	☐

16. Are all personnel and equipment under the direct supervision of the DBE owner or a superintendent/foreman who reports to the DBE owner?	☐ Yes ☐ No	EXPLAIN WHY OR WHY NOT (REQUIRED)

D. Supplies and Materials Required

17. List material suppliers for bid items observed:

BID ITEM	SUPPLIER NAME	ADDRESS, CITY, STATE, ZIP	PHONE

E. Prime/Other Resources

18. Has any contractor performed, on behalf of the DBE, a substantial amount of work designated to the DBE? ☐ Yes ☐ No	IF YES, EXPLANATION REQUIRED

F. Additional Information

CUF Reviewer:

Ensure you listed any document(s) you reviewed in determining your findings (e.g., payrolls, invoices, delivery tickets, etc.). Compare the completed CUF Report – Form 3B with the DBE Work Plan Form 3A to determine if there was deviation from what was proposed by DBE firm and make notes accordingly. Ensure you complete your section and comments as appropriate. If previously entered content needs to be updated or corrected, please return the form to that person for updating. Do not change anything that you did not enter.

By entering your name in the box below, you certify that the information contained in this report is true and accurate to the best of your knowledge and that you have not altered any previously entered content. You further agree that entering your name in the box and submitting this report using a password-protected e-mail account is the equivalent of a manual signature for the purposes of this report.

Does the DBE owner appear to have operational control over the work contracted? ☐ Yes ☐ No				EXPLAIN WHY OR WHY NOT (REQUIRED)
CUF REVIEWER COMMENTS				
CUF REVIEWER NAME	TITLE	DATE	CREW NUMBER	E-MAIL

Project Manager:

Ensure you reviewed the CUF Reviewer findings and that the findings are supported by observations and documentation, and determine whether you believe the DBE is in compliance with the requirements to perform a commercially useful function. Review the completed CUF Report - Form 3B and the DBE Work Plan Form 3A and make notes accordingly. Ensure you complete your section and comments as appropriate. If previously entered content needs to be updated or corrected, please return the form to that person for updating. Do not change anything that you did not enter.

By entering your name in the box below, you certify that the information contained in this report is true and accurate to the best of your knowledge and that you have not altered any previously entered content. You further agree that entering your name in the box and submitting this report using a password-protected e-mail account is the equivalent of a manual signature for the purposes of this report.

PROJECT MANAGER COMMENTS			
CUF COMPLIANCE – Based on the known DBE work activities on the project and information contained herein, I believe the DBE listed above is: ☐ In Compliance ☐ Not in Compliance with CUF requirements. If it is believed the DBE is not performing a CUF on this project, contact the Office of Civil Rights Field Coordinator for further guidance.			
PROJECT MANAGER NAME	DATE	PHONE	E-MAIL

Field Coordinator:

Ensure you reviewed the CUF Reviewer findings and Project Manager's determination, note whether you are in agreement, and make any additional comments as needed. If in doubt, request to review supporting documents and to receive clarification from the Project Manager. Contact the DBE Program Manager for additional guidance if needed. Ensure you complete your section and comments as appropriate. If previously entered content needs to be updated or corrected, please return the form to that person for updating. Do not change anything that you did not enter.

By entering your name in the box below, you certify that the information contained in this report is true and accurate to the best of your knowledge and that you have not altered any previously entered content. You further agree that entering your name in the box and submitting this report using a password-protected e-mail account is the equivalent of a manual signature for the purposes of this report.

FIELD COORDINATOR COMMENTS

FIELD COORDINATOR NAME	DATE	PHONE	E-MAIL

32. SAVE AS... | **33.** PRINT FORM | **34**. SUBMIT BY E-MAIL | CLEAR FORM DATA