

DISADVANTAGED BUSINESS ENTERPRISE **COMMERCIALLY USEFUL FUNCTION FORM 3B**

CONTRACT NUMBER	PRIME CONTRACTO	R		
PROJECT			DBE START DATE	DBE COMPLETION DATE
DBE NAME			-	
ADDRESS				
TELEPHONE NUMBER		NAME OF DBE SUPERVISOR		

NOTE: Attach any documents pertinent to the review, ie, invoices, photographs, daily receipts, lease/rental agreements, etc.

BID ITEM	BID ITEM DESCRIPTION	ESTIMATED % COMPLETE

- 1. Does the DBE Owner appear to have operational control over the work subcontracted? YES NO Explanation:
- 2. Do the DBE Employees appear to have knowledge of, and control over, the methods of work on their bid items? YES NO Explanation:
- 3. Is there a Superintendent/Foreman exclusively employed by the DBE Owner?
 - YES NO

To whom does the Superintendent/Foreman report?

4. List the names and craft classification of the DBE crew observed (use additional sheets if necessary).

NAME	CRAFT CLASSIFICATION	TO WHOM DO THEY REPORT
Are all employees listed above include	d on the DBE firm's certified payroll?	

4a

YES NO

If NO, explain

4b.	Are any	employees listed	above included	on the Pri	ime Contractor's	s certified	payroll?
	YES	NO					
	If YES ex	plain					

5. List major equipment used by the DBE to complete bid items. Indicate if equipment is owned, leased or rented:

EQUIPMENT	OWNED		LEASED		RENTED	
	YES	NO	YES	NO	YES	NO

7. List material suppliers for these bid items:

NAME	ADDRESS	TELEPHONE

8. Has any contractor performed, on behalf of the DBE, a substantial amount of work designated to the DBE?

Explanation

Project Inspector/DBE Field Coordinator Response/Recommendation(s):

SUBMITTED BY

Additional comments/remarks:

Project Managre's Final Action:

REVIEWED BY

DATE