



# Civil Rights for Certified Local Public Agencies

- This virtual session will be recorded and may be made available to all attendees
- Please mute your microphone
- If you have any questions, please raise your hand or put it in the chat and we will answer questions at topic transition points





# Civil Rights for Certified Local Public Agencies

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Presented by: ODOT Office of Equity &  
Civil Rights and Certification Program  
Office

April 9 and 17, 2024

# Welcome

## Introductions

Certified LPAs

Consultants

ODOT

FHWA

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# Knowledge Check

**Question:** Where can I find information about civil rights policies and procedures applicable to federal-aid projects?

- A. In my agency's Quality Program Plan for Federal-aid Projects
- B. Local Agency Guidelines (LAG) manual, Section C, Chapter 8
- C. On the ODOT Office of Equity & Civil Rights website
- D. All of the above





# Knowledge Check

**Answer:** All of the above





# Overview & Resources

Why ODOT Civil  
Rights  
programs?

Local Agency  
Certification  
Program  
Structure

Certification  
Program  
Resources



# Why ODOT civil rights programs?

## Roles and Responsibilities



FHWA

Overall Civil Rights  
Program Approval



ODOT Civil  
Rights

Oversight: develop,  
implement, monitor  
programs



Certified  
LPAs

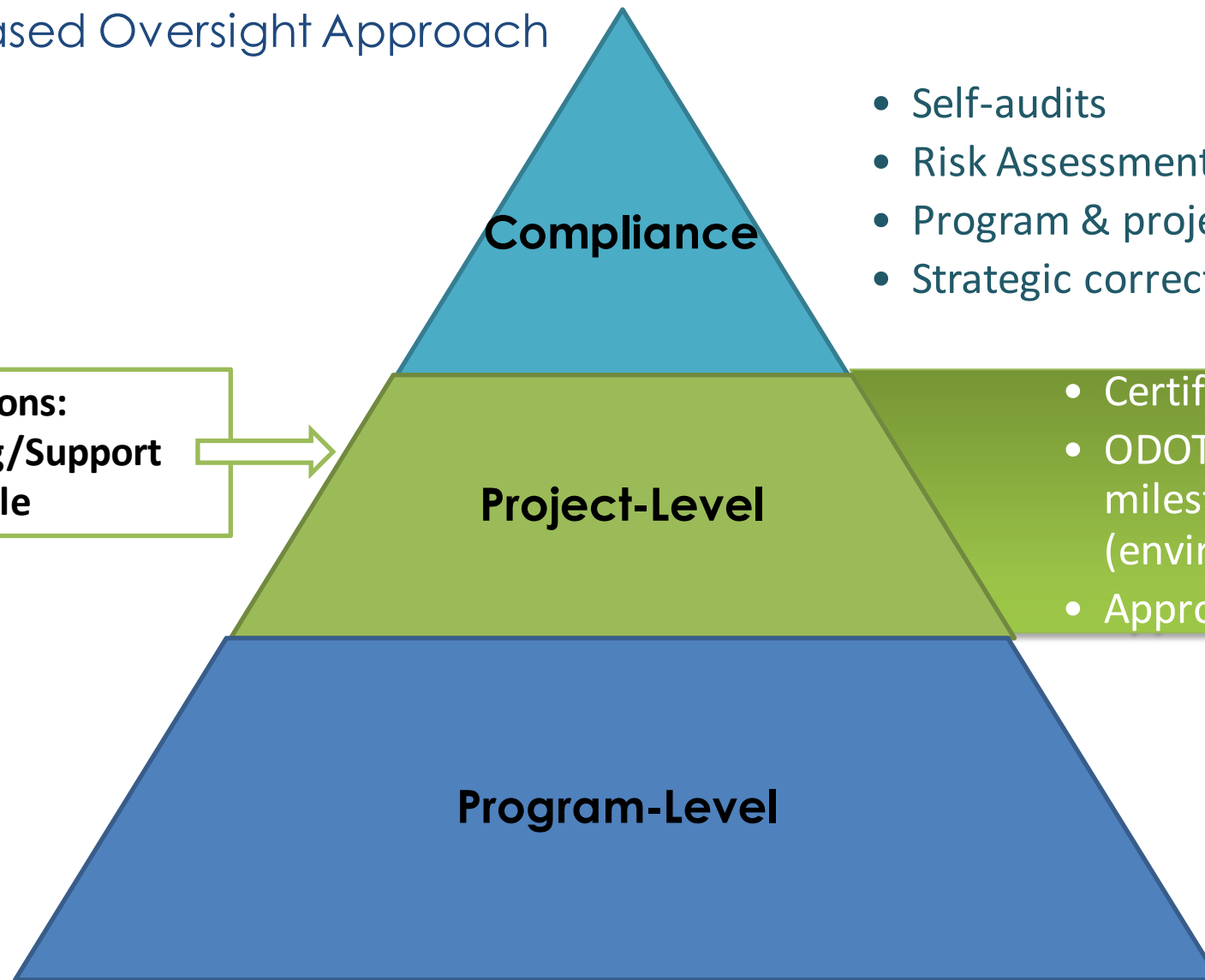
Sub-recipients: comply  
& enforce ODOT civil  
rights programs

Condition of federal funding  
CFR Titles 23 & 49



# Certification Program Structure

Risk-Based Oversight Approach



HQ/  
Program  
Roles

- Self-audits
- Risk Assessments
- Program & project reviews
- Strategic corrective action

Regions:  
Partnering/Support  
Role

- Certified LPA delivers
- ODOT risk-based oversight: key milestones & programs (environmental, ROW, civil rights)
- Approval Authority Matrix

- Foundational Documents
- Qualified staff
- Training
- Certification Agreement







# Certification Program Resources

## LAG Manual

- Sec. B: Title VI Plan and ADA Title II Transition Plan
- Sec. C, Ch. 8: DBE, EEO, OJT/Apprenticeship Civil Rights Programs
- Sec. C, Ch. 12: Consultant Selection, LPA A&E Requirements Guide
- Sec. D Resources: Links checklists and forms

## LPA Foundational Documents

- Title VI and ADA Title II Transition plans
- Quality Program Plans
- Consultant and Construction Contracting Templates

## Compliance Plan

- Self-audits
- Core Questions & Civil Rights Compliance Review Guides





# Certification Program Contacts

Program Mailbox:  
odotcertification@odot.oregon.gov

Tiffany Hamilton  
Certification Program Manager  
tiffany.hamilton@odot.oregon.gov  
503-551-6277

Hanne Eastwood  
Certification Compliance  
Coordinator  
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503-428-9748

Melissa Flores  
Certification Coordinator  
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503-480-5018





# Certified LPA Civil Rights Responsibilities

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- Comply with ODOT's civil rights programs and enforce program requirements with contractors.
- Request goals and include the applicable goal and civil right provisions in the bid book.
- Submit required forms and provisions to OECR for review and processing.
- Copy the ODOT Local Agency Liaison on each submission.
- Track project civil rights compliance by using the sample Civil Rights Tracking log or one or more of the following checklists provided in Section D of the LAG for Certified LPAs (or similar ODOT-approved LPA checklist(s)):
  - PS&E Submittal & Completeness Checklist
  - Ad, Bid, and Award Checklist
  - Construction Contract Administration Checklist

# ODOT Office of Equity & Civil Rights – Programs



Disadvantaged Business Enterprise (DBE)

Workforce Development / On-The-Job Training (OJT) / Apprenticeship Programs

Equal Employment Opportunity (EEO)

Title VI / Environmental Justice / ADA / Limited English Proficiency (LEP)

Tribal Employment Rights Ordinance (TERO)

Emerging Small Business (ESB)





# **Disadvantaged Business Enterprise Program**



# What is a Disadvantaged Business Enterprise (DBE)?

- A DBE is a business owned by historically, socially and economically disadvantaged individuals.
- DBE Program is a federal requirement
- Certified through COBID\*
- ODOT Office of Equity & Civil Rights monitors and reports DBE program compliance

The firm's **management** and **daily operations** must be **controlled by the historically socially and economically disadvantaged owners** (49 CFR 26.5)





# Policy Statement

## **ODOT's Director's Office sets DBE Policy with intent to ensure:**

- Non-discrimination on the basis of race, color, sex, disability or national origin
- Narrowly tailored program
- Level playing field for DBEs to compete
- Only eligible firms participate
- Help remove contracting barriers
- Assist in development of firms to compete outside the DBE program

**The DBE program is given the same priority as compliance with all other equal obligations incurred by ODOT under USDOT agreements.**

# DBE Program Goals

## DBE Contract Goals

Any contract that includes \$1 or more of FHWA funding will be assessed for a goal assignment

- Race Conscious: If a goal is assigned to that contract the DBE performance used to meet the goal as a condition of award is “race conscious”
- Race Neutral: Any performance by a DBE beyond the original commitment on a contract or a DBE that was never committed to the project is “race neutral”



# DBE Program Goals

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## ODOT Overall Annual Goal

- The current state-wide Annual Goal is 23.43%
- Race-conscious Goal is 17.33%
- Race-neutral Goal is 6.10%

## ODOT Individual Contract Goals

- Are set by the DBE manager prior to project advertisement for construction projects.
- Are set by the PM prior to RFP for A&E projects.
- Prime must commit sufficient work to DBE subcontractors to meet the individual contract goal

# **A&E and Non- A&E Consultant Contracts**

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# A&E V. NON-A&E CONSULTANT CONTRACTS: DBE REQUIREMENTS OVERVIEW

Applicable to both A&E and non-A&E contracts (see LPA Requirements Guides Section 3, LAG pgs B-16-17 and Section C, Ch 12):

Requirement	A&E	Non-A&E
<b>DBE Goal Setting</b>	Goal Setting: Follow LPA A&E Requirements Guide Section 3.4	“No goal” is standard assignment. See LPA Non-A&E Requirements Guide Section 3.4.1.
<b>DBE Provisions in Solicitation and Contract</b>	Include applicable DBE goal and DBE provisions (even if ‘no goal’)	
<b>Documents Sent to OECR</b>	If goal is greater than 0: Committed DBE Breakdown form All consultant contracts: Notice of Award and executed contract	
<b>Paid Summary Reports</b>	PSRs are required if there are any subcontractors (whether DBE or not)	

# A&E Consultant Contract Goals

LPA A&E  
Requirements Guide  
Section 3.4.1

- Set DBE goal before release of RFP
- DBE goal questions for A&E contracts go to OECR **PSK** Inbox:  
[ocr.psk@odot.oregon.gov](mailto:ocr.psk@odot.oregon.gov)
- Include ODOT Liaison on all Civil Rights communications

# A&E Goal Standards

For any contract that includes \$1 or more of FHWA funding:

## 0% Goal –

If any of the following applies:

- Under \$100,000 (includes any anticipated amendments)
- Single discipline contracts, any \$ amount
- Emergency Repair (ER) contracts to restore essential travel, minimize damage, or protect the remaining facilities

## 3% Goal –

If any of the following applies:

- \$100,000 or more AND includes 2-4 disciplines

## 8.5% Goal –

If any of the following applies:

- \$100,000 or more AND includes 5 or more disciplines
- Reference *DBE Goal Calculation Worksheet* to determine disciplines.

## Goal Exception Request –

- For phased projects, contact OECR
- To request a different goal, contact OECR via [ocr.psk@odot.oregon.gov](mailto:ocr.psk@odot.oregon.gov)

A&E Goal questions and request for exceptions go to OECR **PSK** inbox:  
[ocr.psk@odot.oregon.gov](mailto:ocr.psk@odot.oregon.gov)

# A&E Goal Standards

For any contract that includes \$1 or more of FHWA funding:

## 0% Goal –

If any of the following applies:

- Under \$100,000 (includes any anticipated amendments)
- Single discipline contracts, up to a certain amount
- Emergency Repair contracts, up to a certain amount to restore minimum standards

## 3% Goal –

If any of the following applies:

- \$100,000 or more (includes 2-4 disciplines)

## 8.5% Goal –

If any of the following applies:

- \$1,000,000 or more
- Multiple disciplines
- High-risk projects

**Heads-up!**  
Changes to A&E goal setting thresholds are coming in 2024.  
Be sure to review the current versions of the LPA Requirements Guides. (The Certification Program Office will issue a bulletin to notify Certified LPAs upon the change.)

## Request –

For projects, contact OECR  
To request a different goal,  
contact OECR via  
[ocr.psk@odot.oregon.gov](mailto:ocr.psk@odot.oregon.gov)

A&E Goal questions and request for exceptions go to OECR **PSK** inbox:  
[ocr.psk@odot.oregon.gov](mailto:ocr.psk@odot.oregon.gov)



# Consultant Contracts: Solicitation

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- Include the DBE “Goal” or “No-Goal” in the solicitation (if applicable) and in the sample contract
- Ensure solicitation documents and sample contract include the applicable “Goal” or “No-Goal” **DBE provisions**
- If there is a DBE goal, review and submit the completed Committed DBE Breakdown Form # 734-5235 – A&E to OECR PSK mailbox at [ocr.psk@odot.oregon.gov](mailto:ocr.psk@odot.oregon.gov)
- Once the project has been awarded, email the Notice of Award (form 734-2849) to the OCR PSK mailbox [ocr.psk@odot.oregon.gov](mailto:ocr.psk@odot.oregon.gov) within 3 days of contract award.
- Email a copy of all executed A&E contracts (this includes “Goal” and “No-Goal” contracts) to: [ocr.psk@odot.oregon.gov](mailto:ocr.psk@odot.oregon.gov)

# Consultant Contracts: Committed DBE Breakdowns

- Form # 734-5235 – A&E
- Submit prior to contract execution to OECR
- Goal greater than “0”
- Complete form for each DBE subcontractor (at any tier) whose work is committed toward meeting the assigned contract goal.
- “cc” ODOT Liaison
- This form is also required for any proposed substitution of DBE subcontractors
- Submit Most updated version of the Breakdown of Cost (BOC) with the Committed DBE Breakdown Form

Submit Forms to ***PSK*** Inbox: [ocr.psk@odot.oregon.gov](mailto:ocr.psk@odot.oregon.gov)

**OECR Forms:** <https://www.oregon.gov/odot/Business/OCR/Pages/Forms.aspx>





# Knowledge Check

## Question:

There is no difference between the ODOT annual DBE goal and a contract DBE goal.

True or False?





# Knowledge Check

## Answer:

False, the annual goal is the overall goal for DBE participation statewide on federally funded projects. The contract goal is the goal for DBE participation on a specific project and is enforced on a contract basis. The DBE participation on all projects and contracts are added up towards meeting the overall annual goal.





# Consultant Contracts: Paid Summary Reports

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## Paid Summary Reports

- Form # 734-2882
- Complete form for each payment period (*payments made to subs from previous Agency payment*)
- Report on all projects with subcontractors, regardless of goals
- Include all subs, DBE or not

Submit Forms to ***PSK*** Inbox: [ocr.psk@odot.oregon.gov](mailto:ocr.psk@odot.oregon.gov)

**OECR Forms:** <https://www.oregon.gov/odot/Business/OCR/Pages/Forms.aspx>

# Consultant Contracts: Commercially Useful Function (CUF)

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Review DBE work frequently to ensure they are performing a commercially Useful Function (CUF). The five criteria that determine if a CUF is being performed are:

- **Management**
- **Equipment**
- **Workforce**
- **Materials**
- **Performance**

We will go over CUF in detail in the construction section.

**BREAK (10 minutes)**

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# Construction Contracts



# Pre-Construction Timeline

## Goal Setting → 90% PS&E

- Goal Request Form #731-0663, Construction Schedule & Estimate

## Bid Book Review → 100% PS&E

## Bid Notification → Date of Bid Opening

- Civil Rights Bid Notification for Certified Agency Projects Form #734-2848
- DBE Commitment Certification & Utilization Form (Form 1) #734-2785
  - ← Goals Result Report from OECR to CLPA
- SSUR Form #734-2721

## Award → Within 3-10 days of Notice of Award

- Civil Rights Award Notification for Certification Agency Projects #734-2849
- Include Agency's Contract Number (if possible)
- Certified LPA's Notice of Award to Contractor
- Committed DBE Breakdown & Certification Form (Form 2) #734-2531, Due within 10 days of Notice of Award

## Civil Rights PreCon Letters → Prior to the PreCon meeting

- OECR provides to Certified Agency
- Certified Agency distributes to Contractors

# Construction: Goal Setting

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## Documents needed:

- Goal request form (Form 731-0663) (sometimes referred to as the Yellow page/form)
- Construction Schedule
- Engineers Cost Estimate (Certified LPA Cost estimate form # 734-5096)
- \*For an Emergency project the Emergency Declaration is also needed\***

## Goal request resubmission required if any of the following occurs:

- The goal is stale (more than 6 months old);
- There have been significant changes in the estimate (greater than 10% +/-);
- The funding source changes (Fed/State);
- Significant addenda add a major scope or a significant amount of work proportional to the project.

Submit all three documents to:

[OCRGOALSREQUEST@odot.oregon.gov](mailto:OCRGOALSREQUEST@odot.oregon.gov)



Submit at 90% PS&E allow at least 5 days for goal setting.



## Things to note when completing the goal request form:

- ✓ Mark the **Certified Agency** Box
- ✓ Pavement Preservation project? Check the box!
- ✓ Date submitted is the day you are turning in the goal request
- ✓ Date needed is when you need the Goals
- ✓ Date of Estimate - Date on the Certified LPA Cost estimate form # 734-5096
- ✓ Estimated Bid Date - Date the project will be going to bid (estimated)
- ✓ Estimated Completion - Date the project will be complete (estimated)
- ✓ Don't forget item 17 - we need to know your ODOT Local Agency Liaison/ Transportation Project Manager name

**\*Emergency projects – add a note in "type of work"\***



Yellow Sheet **CIVIL RIGHTS REQUEST FOR GOALS** Yellow Sheet

At 90% PS&E send e-mail to [pergoalsrequest@odot.oregon.gov](mailto:pergoalsrequest@odot.oregon.gov)  
 For guidance and goal setting issues, please click here [Goal Setting Issues](#)  
 Attach completed engineer's estimate and estimated project schedule.

Copy the Project Manager & Area Manager on the email, alerting them that if they would like input on the DBE goal, they need to initiate contact with the DBE Program Manager prior to the Date Needed.

1 Key No	.....	
2 Funding:	<input type="checkbox"/> Federal	<input type="checkbox"/> State/Other <input type="checkbox"/> JTA
3 Project is:	<input type="checkbox"/> Local Agency	<input type="checkbox"/> Cert Agency <input type="checkbox"/> ODOT
4 Pavement Preservation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5 Date Submitted	← .....	See line-specific instructions below.
6 Date Needed*	← .....	
7 Date of Estimate	← .....	
8 Project Name	.....	
9 County	.....	
10 Total Estimate including contingencies	.....	
11 Type of Work	.....	
12 Estimated Bid Date	← .....	
13 Estimated Completion	← .....	
14 Spec Writer	.....	15 Project Manager
E-mail	.....	E-mail
Phone	.....	Phone
16 Area Manager	.....	17 Local Agency Liaison
E-mail	.....	← .....
Phone	.....	E-mail
		Phone

# Construction: Bid Book Review

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- Submit bid book to ODOT LAL/TPM upon completion of bid book, who submits to OECR for review
- See Section C. Chapter 8 for the civil rights Bid Book checklist
- A new approval of the bid book is required when changes to the bid book are made (quantities, etc.)
- OECR will send a response to Certified LPA and LAL containing the Bid Book checklist as well as any requests or Bid Book approval.
  - Bid book approval must be obtained before ODOT can issue NTP to advertise for bid.

Submit Bid Book documents to OECR *Info Request*:

[OCRINFOREQUEST@odot.oregon.gov](mailto:OCRINFOREQUEST@odot.oregon.gov)

# Construction: Bid Notification & Goal Results Report

## Bid Notification

### Documents Needed for all projects:

- Civil Rights Bid Notification for Certified Agency Projects #734-2848

### For Projects with a DBE Goal that is greater than 0%:

- DBE Commitment Certification and Utilization Forms #743-2785 (DBE Form 1)
  - Required for ALL BIDDERS

## Goal Results Report

### For Projects with a DBE Goal that is greater than 0%:

- The office of Equity and Civil Rights will issue a DBE Goal Results report generally within five business days of receipt of the bid notification and DBE commitment certification and Utilization forms. OECR may request supplemental information from the LPA as-needed.

**Note:** The LPA *shall not* issue the Notice of Award until the allotted time to request administrative reconsideration has passed and there are no outstanding appeals.



Submit documents to OECR *Info Request:*

[OCRINFOREQUEST@odot.oregon.gov](mailto:OCRINFOREQUEST@odot.oregon.gov)



# Construction: DBE Commitment Certification and Utilization form

Completed by the contractor, please ensure the following is complete:

- ✓ Form has been submitted within two working days of bid opening
- ✓ Project name
- ✓ Bid Opening Date
- ✓ Printed and signed name of representative
- ✓ Date
- ✓ Name of contractor
- ✓ Name of DBE Firm
- ✓ Type of work
- ✓ Subcontract amount
- ❖ Good Faith Efforts documentation (if goal not met)

OECR will complete the grey areas to determine goal participation percentage.

Submit documents to OECR **Info Request:**

[OCRINFOREQUEST@odot.oregon.gov](mailto:OCRINFOREQUEST@odot.oregon.gov)



Project Name \_\_\_\_\_ Bid Opening Date \_\_\_\_\_

## DBE COMMITMENT CERTIFICATION AND UTILIZATION FORM

Are you a DBE prime contractor?

Yes  No

This DBE Certification and Utilization Form applies solely to meeting the assigned DBE contract goal for DBE participation. If the assigned DBE contract goal is greater than zero, each Bidder, including DBE prime Bidders, shall complete and submit this form with their Bid. SHOULD THE BIDDER FAIL TO COMPLETELY FILL OUT, SIGN, AND SUBMIT THIS FORM WITH THE BID WHEN THE ASSIGNED DBE CONTRACT GOAL IS GREATER THAN ZERO, THE BIDDER WILL BE CONSIDERED NON-RESPONSIVE. This certification shall be deemed a part of the resulting contract.

The Bidder acknowledges and certifies that this form accurately represents receipt of and consent from the listed DBE firm as to the use of the referenced itemized quote below for the performance of this project. Bidder certifies that it had direct contact with the named DBE firms regarding participation of this project. Bidder certifies, if awarded this project, that it shall award subcontracts to or enter into agreements with the named DBE. DBE Prime Contractor will receive a minimum 30% credit to be applied to the DBE goal. Part I of the form is not required if the Bidder is a DBE, the DBE contract goal is greater than zero, and the DBE meets the goal by self-performing the minimum required 30% of the work. If the DBE is self-performing more than 30%, it must include any additional work to receive appropriate DBE credit for the goal.

If the Bidder is submitting evidence of good faith efforts to secure participation, Bidder certifies that the good faith efforts documentation is true, accurate and correctly reports the actions taken by the Bidder.

\_\_\_\_\_  
Bidder's Authorized Representative (PRINT)

\_\_\_\_\_  
Bidder's Authorized Representative (SIGN)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Contractor (Company Name)

### PART I

These columns to be completed by Bidder				These columns to be completed by Agency	
Name of DBE Firm	Type of Work *	Function ** (example: Sub., Supp., DBE Man., Serv., Brok.)	Subcontract Amount (or expenditure amount or fee/commission amount)	Goal Participation % ***	DBE Amount ****

\* From " Certification Office of Business Inclusion and Diversity " \*\* From "Function" column below. \*\*\* From "Goal Participation %" column below. \*\*\*\* (Subcontract Amount x Goal Participation %)

Function	Goal Participation %	This section to be completed by Agency	
Subcontractor	100% (of subcontract amount)	ASSIGNED DBE CONTRACT GOAL %	
Supplier (Regular Dealer)	50% (of supply expenditure amount)	TOTAL DBE AMOUNT	\$
DBE Manufacturer	100% (of material expenditure amount)	TOTAL BID AMOUNT	\$
Service Provider	100% (of fee or commission)	DBE COMMITMENT	%
Broker	100%	(TOTAL DBE AMOUNT + TOTAL BID AMOUNT) (calculated to two decimal places (0.01))	

# Construction: Goal Results Report – Example



## DBE Goal Results Report

Bid Date: 10/24/2023  
Evaluation Date: 11/13/2023

KEY # / CONTRACT #	PROJECT						DBE GOAL
20169 / 234024	Commercial St: Oxford St SE to Madrona Ave SE (Salem)						7.00%
BIDDER	DBE CERTIFIED	PRIME BID	COMMITTED	%	CREDIT TO GOAL	DBE %	RESPONSIVE
EMERY & SONS CONSTRUCTION		\$743,086.22	\$52,999.00		\$52,999.00	7.13%	Yes
sub: ANDERSONS EROSION CONTROL INC	YES		\$3,499.00	100%	\$3,499.00		
sub: D & H FLAGGING INC	YES		\$29,500.00	100%	\$29,500.00		
sub: EGAMI CONSTRUCTION INC	YES		\$20,000.00	100%	\$20,000.00		
BIDDER	DBE CERTIFIED	PRIME BID	COMMITTED	%	CREDIT TO GOAL	DBE %	RESPONSIVE
R & R GENERAL CONTRACTORS INC	NO	\$783,000.00	\$0.00		\$0.00	0.00%	No
BIDDER	DBE CERTIFIED	PRIME BID	COMMITTED	%	CREDIT TO GOAL	DBE %	RESPONSIVE
BROWN CONTRACTING INC		\$867,503.00	\$60,866.00		\$60,866.00	7.02%	Yes
sub: ANDERSONS EROSION CONTROL INC	YES		\$3,499.00	100%	\$3,499.00		
sub: EGAMI CONSTRUCTION INC	YES		\$20,717.00	100%	\$20,717.00		
sub: IMN TRAFFIC SPECIALTIES LLC	YES		\$36,650.00	100%	\$36,650.00		
BIDDER	DBE CERTIFIED	PRIME BID	COMMITTED	%	CREDIT TO GOAL	DBE %	RESPONSIVE
AAKEN CORPORATION ELECTRIC		\$880,370.12	\$62,506.00		\$62,506.00	7.10%	Yes
sub: ANDERSONS EROSION CONTROL INC	YES		\$3,499.00	100%	\$3,499.00		
sub: D & H FLAGGING INC	YES		\$38,290.00	100%	\$38,290.00		
sub: EGAMI CONSTRUCTION INC	YES		\$20,717.00	100%	\$20,717.00		
BIDDER	DBE CERTIFIED	PRIME BID	COMMITTED	%	CREDIT TO GOAL	DBE %	RESPONSIVE
HP CIVIL INC		\$1,171,232.72	\$82,200.00		\$82,200.00	7.02%	Yes
sub: CANYON CONTRACTING LLC	YES		\$24,200.00	100%	\$24,200.00		
sub: CARTELLO CONSTRUCTION INC	YES		\$52,000.00	100%	\$52,000.00		
sub: HIGH QUALITY TRAFFIC CONTROL LLC	YES		\$6,000.00	100%	\$6,000.00		
Reviewed by: Diponker Mukherjee							

# Construction Contract Award

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Required documentation within 3-10 business days:

- **Civil Rights Award Notification for Certification Agency Projects #734-2849**
  - For ALL projects
- **Committed DBE Breakdown and Certification #734-2531**
  - For Projects with a DBE Goal that is greater than 0%





# Knowledge Check

## Question:

Can a prime contractor terminate a DBE subcontractor without the consent of the contracting agency?

Yes or No



# Knowledge Check

## Answer:

No, a prime contractor cannot terminate a DBE subcontractor without the consent of the contracting agency.



# Construction Phase

# Internal Pre-Construction Conference

- Internal Pre-Construction meetings are held for each project, prior to Pre-construction Conference
- This meeting is where we identify roles and responsibilities, specific to the project
- **Key Participants:** Project Manager/Resident Engineer/Consultant PM, Contract Administration, Inspector, ODOT OECR Field Coordinator and LAL/TPM



# DBE Work Plan 3A Proposal

## Required from all DBE subcontractors prior to DBE starting work

- Tells us how the DBE will perform work – include details
- Opportunity to identify and head off potential CUF and crediting issues. Is compared to the Subcontract & DBE Breakdown Certification Form (if committed)
- Identify potential CUF issues, correct problems before they happen and provide feedback to Prime & DBE
- Baseline to compare CUF Review - Form 3B





### DISADVANTAGED BUSINESS ENTERPRISE (DBE) WORK PLAN PROPOSAL (FORM 3A)

PRIME CONTRACTOR/CONSULTANT
CONTRACT NUMBER

PROJECT NAME		REVISED? <input type="checkbox"/> Yes <input type="checkbox"/> No		REVISION NUMBER	
DBE NAME			DBE OWNER NAME		
ADDRESS				PHONE	FAX
CITY		STATE OR	ZIP	E-MAIL ADDRESS	

**A. DBE Work**

List the types of work the DBE Subcontractor will perform.  
Complete all fields for each bid item. (To add another line, click the "+" button. To delete a line, click the "-" button.)

BID ITEM NUMBER	BID ITEM DESCRIPTION	PARTIAL?	IF YES, EXPLAIN	EST. START DATE	EST. COMPL. DATE	
-		-				+

**B. Personnel Required**

1. Supervisor or foreman: Indicate whether the DBE on-site supervisor or foreman is exclusively employed by the DBE (i.e., is not on another company's payroll and does not have ownership in another business.) If the answer is No, explain.

NAME OF DBE ON-SITE SUPERVISOR OR FOREMAN	EXCLUSIVELY EMPLOYED BY DBE? <input type="checkbox"/>
IF NO, EXPLAIN	

2. Other personnel: List the names and craft classifications for all personnel. Indicate whether each individual is regularly employed by the DBE and/or the source from which the individual was/is to be recruited. Complete all fields for each employee. If names are not known, provide the number of employees in each craft in the "employee name" field:

EMPLOYEE NAME	CRAFT CLASSIFICATION	REGULARLY EMPLOYED?	IF NO, RECRUITMENT SOURCE	
		-		+

Optional: Instead, attach a list of employee information. Check here if list is attached:

**C. Equipment Required**

1. List the primary items, implements, or tools that will be used to perform the work of the DBE's subcontract on the project. Equipment includes motorized vehicles such as bulldozers, tractors, concrete rollers, cars, pickups, etc. It also includes flagging signs, radios, and paddles, or other smaller tools if primary to performance of the work. If rented or leased, agency consent to the agreement must be obtained prior to work beginning. Complete all fields for each equipment item:

TYPE OF EQUIPMENT	OWNED, LEASED, RENTED?	LEASE/RENTAL AGREEMENT ATTACHED?	
	-	-	+

Optional: Instead, attach an equipment list with the required information. Check here if equipment list is attached:

2. Trucks: When the DBE has been subcontracted to perform trucking on the project, provide the following additional information regarding all trucks the DBE will use to perform the work. Complete all fields for each truck:

LIC. PLATE NO.	MAKE / MODEL	OWNER NAME	DRIVER NAME	OWNED/LEASED	DBE/NON-DBE	
				-	-	+

Optional: Instead, attach a truck list with the required information. Check here if truck list is attached:

Attach agreement(s) for any leased or rented equipment, including trucks. Check here if agreement(s) attached:

**D. Supplies and Materials Required**

List the supplies and materials to be used on the project. Indicate the source from which the supplies and materials will be obtained. For a DBE supplier committed to meet a DBE goal, attach documentation showing how the DBE meets manufacturer, regular dealer, or broker requirements, as applicable to the credit being claimed. Complete all fields for each supply or material item:

TYPE OF SUPPLY OR MATERIAL	BUSINESS NAME OF SOURCE	SOURCE CONTACT PERSON NAME	SOURCE PHONE NO.	
				+





# DBE Commercially Useful Function (CUF)

Certified LPA designated staff (*usually a Project Inspector*) evaluates whether a DBE performs a CUF.

- DBE goals are intended to provide contracting opportunities only to *eligible* DBE program participants
- FHWA requires ODOT to monitor DBE program compliance
- Form 734-2165 is submitted by the CLPA to the Field Coordinator
- Field Coordinator reviews findings and coordinates with Certified LPA on *any required* corrective action

## Fraud / Abuse Consequences

**Failure to properly monitor DBE program compliance could result in FHWA withholding funds and possible federal fraud conviction!**





# CUF Reviews

5 factors must be evaluated when determining whether a DBE is performing a Commercially Useful Function:

- **Management**
- **Equipment**
- **Workforce**
- **Materials**
- **Performance**



# DBE – CUF Review, Form 3B

**The RE/PM or designated representative must perform at least one CUF review per DBE:**

- For each 12-month period the DBE works on the Project (***peak work*** for the DBE – *not* peak work for the project)
- When a significant change in the operation of the DBE occurs (new equipment is used or work crews change)
- When a significant Change Order affects the DBE's Work (for example, a new type of work is added)
- After termination and substitution of a DBE (for the new DBE)





# COMMERCIALLY USEFUL FUNCTION REPORT – FORM 3B (CUF)

[Show Instructions](#)[Hide Instructions](#)

## 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>ADD ANOTHER</b>		

### 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	IF NO, EXPLANATION REQUIRED
13. Is the superintendent or foreman employed exclusively by the DBE?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	
			<input type="checkbox"/>	<input type="checkbox"/>	
<b>ADD ANOTHER</b>					

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
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<b>ADD ANOTHER</b>					

16. Are all personnel and equipment under the direct supervision of the DBE owner or a superintendent/foreman who reports to the DBE owner?	<input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	EXPLAIN WHY OR WHY NOT (REQUIRED)			
CUF REVIEWER COMMENTS (FIELD EXPANDS AS YOU TYPE. CLICK TAB TO SEE TEXT IN EXPANDED FIELD.)				
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 (FIELD EXPANDS AS YOU TYPE. CLICK TAB TO SEE TEXT IN EXPANDED FIELD.)				
CUF COMPLIANCE – Based on the known DBE work activities on the project and information contained herein, I believe the DBE listed above is:				
<input type="checkbox"/> In Compliance <input type="checkbox"/> 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 EXPANDS AS YOU TYPE. CLICK TAB TO SEE TEXT IN EXPANDED FIELD.)
--

# CUF Reviews

**If a DBE Firm is merely an extra participant in a transaction, contract, or project through which funds are passed to obtain the appearance of DBE participation they do not perform a Commercially Useful Function**



# CUF Summary

- The eligible DBE owner must control and manage the daily operations of the DBE firm
- DBE must perform, manage and supervise work involved on project
- DBE must be responsible for negotiating price, determining quality and quantity, ordering, installing (if applicable) and paying for materials and supplies
- Evaluate amount of work subcontracted, industry practices and other relevant factors

**ODOT may only credit payments toward DBE goals if the DBE performs a CUF**



# Knowledge Check

## Question:

What firms require a Commercially Useful Function review (Form 3-B)?

- A. All firms, whether DBE or not, if there is a DBE goal assigned.
- B. Committed DBE firms only
- C. All DBE firms (both committed and non-committed).



# Knowledge Check

**Answer:**

C. A Commercially Useful Function (CUF) review must be completed for **ALL** DBE firms, both committed and non-committed.





# DBE Trucking





# DBE Trucking – Trucking Log

- Must maintain daily DBE trucking log of all trucks used on the project
- ODOT form or approved equal must include all information, including certification
- Complete daily DBE truck log form(s) every day a DBE Trucking subcontractor works on site
- Submit within 14 days of the first recorded date of the log
- Required for committed DBE Trucking Subcontractors





# DBE Trucking – CUF and Full Shift Verification

- CUF review and Work Plan still required
- Independent verification of all trucks DBE uses on the Project
- Reviews are random
- Review at least 10% of total DBE trucking



# DBE Trucking – CUF Evaluation

- DBE must own and operate at least one truck
- DBE may lease trucks from:
  - Other DBEs (including Owner Operators) for full credit
  - Non-DBEs (including Owner Operators) for credit, but not to exceed the value of work by DBE trucks
- No DBE credit for work by trucks leased from Prime
- DBE Daily Trucking Log required
- **Contractor receives credit only for the fee or commission it receives as a result of the lease arrangements**



# DBE Trucking – Lease Agreement

- The lease must indicate that the DBE has exclusive use of and control over the truck
- Lease gives the DBE absolute priority for use of the leased truck
- Leased trucks must display the name and identification number of the DBE
- Owner/operator requirements also apply
- Lease Must Indicate: Lessors Names, List of Trucks to be Leased, VIN, Agreed Upon Amount of the Cost and Method of Payment



# Knowledge Check

## Question:

Should you notify the prime contractor prior to performing a DBE trucking review?

Yes or No

# Knowledge Check

**Answer:**

No, reviews should be performed at random



# Paid Summary Reports (PSRs)



DBE Regulations require monitoring to ensure prompt payment to all subcontractors

**ODOT is required to report DBE/MWESB/VBE utilization and payment to:**

- FHWA
- Governor's Office
- Legislature





# Paid Summary Reports - Requirements

**Required for all projects** – with and without DBE goals

**Required from Prime and Subcontractors at every tier**

Certifying payments have been made to each of the following:

- all subcontractors
- committed DBE suppliers
- non-committed DBE suppliers and service providers with estimated total payments for the project over \$10,000

**Committed DBE Trucking Firms**

- Submit Paid Summary Reports showing payments to leased trucks





## PAID SUMMARY REPORT

This summary report is required for all projects even if there are no goals or aspirational targets assigned

Please read instructions before completing this form

1. PROG EST NO. / INVOICE NO.

2. PROG EST/INVOICE DATE PAID

### Contractor and contract information

3. CONTRACTOR NAME	4. SUBCONTRACT ID	5. AGENCY CONTRACT NO.	6. PROJECT NAME	7. REPORT DATE YYYYMMDD	8. NEW / REVISED	9. REV. NO.	FINAL
						0	<input type="checkbox"/>

### Subcontractor/subconsultant paid

SUBCONTRACT INFORMATION				THIS PERIOD					TO DATE	
10. SUBCONTRACTOR / SUBCONSULTANT PAID	11. PAID TO SUB ID	12. SUBCONTRACT AMOUNT	13. DBE COMMITTED AMOUNT	14. BID /TASK ITEMS PAID	15. RETAINAGE WITHHELD	16. RETAINAGE PAID	17. TOTAL AMOUNT PAID (THIS PERIOD)	18. DATE PAID	19. AMOUNT PAID TO DATE	20. COMMITTED BALANCE THIS PERIOD
			\$0.00							\$0.00 X
ADD ANOTHER LINE										

### Submission

By entering my name in the signature block(s) below, I certify that the information contained in this report is true and accurate to the best of my knowledge, and that I am authorized to submit this report on behalf of this firm. I further agree that typing my name in the signature box and submitting this report using a password-protected e-mail account is the equivalent of a manual signature for the purposes of this form.

21. NAME OF PERSON SUBMITTING REPORT	22. TITLE	23. PHONE	24. DATE

**BOX 3 & 10 NEED TO BE THE CONTRACTOR'S LEGAL NAME**

**Make note of the Revision date in the bottom left corner, use the most recent version. All forms can be found on the OECR website under "forms"**



# Example Completed PSR

A&E Instructions

Construction Instructions

Hide Instructions



## PAID SUMMARY REPORT

This summary report is required for all projects even if there are no goals or aspirational targets assigned  
Please read instructions before completing this form

1. PROG EST NO. / INVOICE NO.	16
2. PROG EST/INVOICE DATE PAID	20220726

### Contractor and contract information

3. CONTRACTOR NAME	4. SUBCONTRACT ID	5. AGENCY CONTRACT NO.	6. PROJECT NAME	7. REPORT DATE YYYYMMDD	8. NEW / REVISED	9. REV. NO.	FINAL
WILDISH STANDARD PAVING	00	15210	Union County Curb Ramps	20221231	New	0	<input type="checkbox"/>

### Subcontractor/subconsultant paid

SUBCONTRACT INFORMATION				THIS PERIOD					TO DATE		
10. SUBCONTRACTOR / SUBCONSULTANT PAID	11. PAID TO SUB ID	12. SUBCONTRACT AMOUNT	13. DBE COMMITTED AMOUNT	14. BID /TASK ITEMS PAID	15. RETAINAGE WITHHELD	16. RETAINAGE PAID	17. TOTAL AMOUNT PAID (THIS PERIOD)	18. DATE PAID	19. AMOUNT PAID TO DATE	20. COMMITTED BALANCE THIS PERIOD	
CARTELLO CONSTRUCTION INC	04	\$87,850.00	\$87,850.00	40,50					\$114,137.50	(\$26,287.50)	X
CERTIFIED PERSONNEL SERVICE AGENCY INC	07	\$57,052.60	\$57,052.60	160					\$86,558.40	(\$29,505.80)	X
JAMES CHALLIS CONSTRUCTION INC	01	\$1,299,380.60		500	\$0.00	\$0.00	\$15,716.80	20221212	\$1,336,653.66	\$0.00	X
ROGERS ASPHALT PAVING CO	05	\$372,600.00	\$0.00	410					\$276,567.24	\$0.00	X
ROSS-BRANDT ELECTRIC INC	02	\$137,610.00	\$0.00	640,660,670	\$0.00	\$0.00	\$8,886.81	20221208	\$176,069.74	\$0.00	X
SPECIALIZED PAVEMENT MARKING INC	03	\$71,741.05	\$0.00	100,110,120,5					\$64,101.24	\$0.00	X
TENNESON ENGINEERING CORP	06	\$37,750.00	\$0.00	270					\$42,608.08	\$0.00	X
A-CORE OF WASHINGTON	08	\$1,850.00	\$0.00	750					\$15,580.00	\$0.00	X
GRASS GROWERS INC	09	\$7,654.50	\$0.00	690					\$7,085.34	\$0.00	X
WALTER PLUMBING	10	\$2,000.00	\$0.00	300					\$975.00	\$0.00	X
ADD ANOTHER LINE											

### Submission

By entering my name in the signature block(s) below, I certify that the information contained in this report is true and accurate to the best of my knowledge, and that I am authorized to submit this report on behalf of this firm. I further agree that typing my name in the signature box and submitting this report using a password-protected e-mail account is the equivalent of a manual signature for the purposes of this form.

21. NAME OF PERSON SUBMITTING REPORT	22. TITLE	23. PHONE	24. DATE
Stacy Roth	Contract Administrator	541-683-7703	20230106

SAVE AS...

SUBMIT BY E-MAIL

CLEAR FORM



# Paid Summary Reports

## Timing

- For every estimate/progress payment in which payments are made to subcontractors, submit within 20 days of receipt of payment from the agency or controlling contractor

## Submit to

- Contractors submit to the email address **provided by Certified Agency to the contractor** at the Preconstruction Conference. Subcontractors submit to the controlling contractor, and prime submits to the agency. Certified Agency submits to OECR Field Coordinator
- Keep email chain intact (Certified Agency)





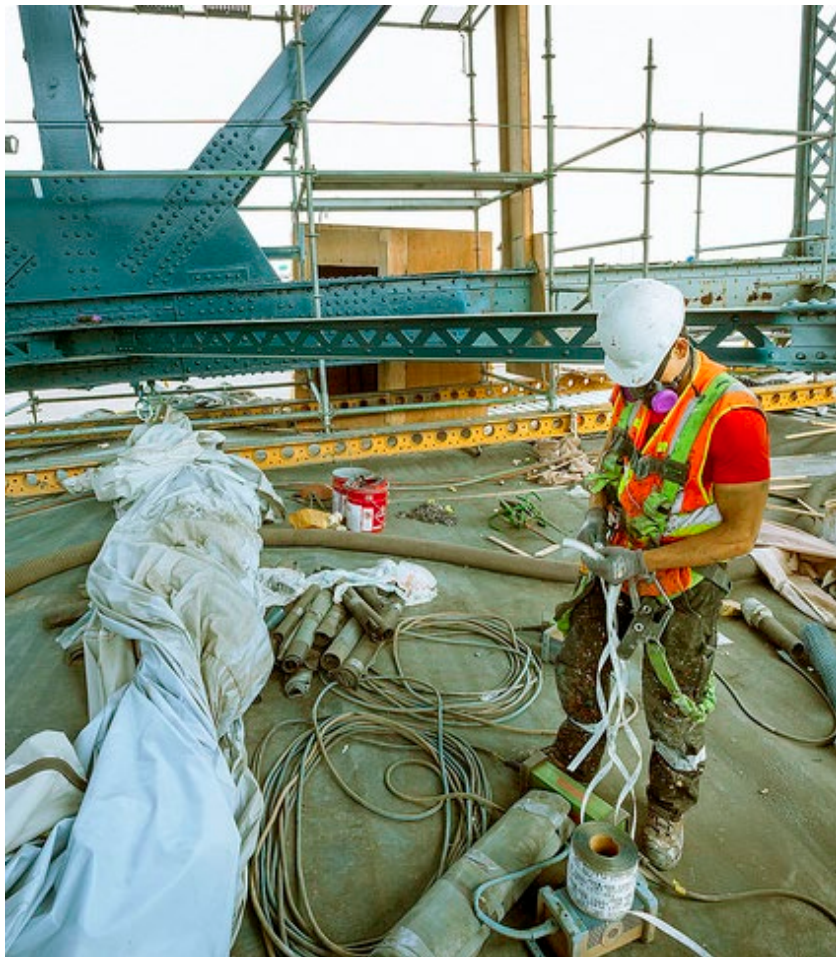
# Prompt Payment

- **Subs must be paid within 10 days from receipt of payment to the prime by the Certified LPA**
- **All forms and other documents must be complete**
- **Applies to all subcontractors (DBE or non-DBE)**



# Monthly Employment Utilization Report

- Per Contract, submit MEURs monthly for all contractors and subcontractors that require certified payrolls
- Due each month from the first month to last month of work, *even if work was not performed*
- Data is reported to FHWA, Legislators, ad-hoc requests, etc.





# MONTHLY EMPLOYMENT UTILIZATION REPORT

This report is due monthly. Refer to the project contract for the recurring monthly due date.

Show Instructions Hide Instructions

Please read instructions before completing this form. If no work was performed during the reporting period, complete only items 1-14 and 29-33. If work was performed during the reporting period, complete items 15-26 as well.

1. CONTRACTOR NAME		2. SUBCONTRACTOR TO			3. ODOT CONTRACT NO.	4. SUBCONTRACT ID	5. REPORT FOR MONTH / YEAR		6. NEW / REVISED	FINAL		
7. ADDRESS							8. PHONE		9. COUNTY IN WHICH WORK WAS PERFORMED			
10. CITY			11. STATE	12. ZIP	13. E-MAIL			14. No work performed this month <input type="checkbox"/>				
15. LAST NAME	16. FIRST NAME	17. M.I.	18. SSN LAST 4	19. CITY	20. ZIP	21. ETHNICITY	22. GENDER	23. CONSTRUCTION TRADE	24. CLASSIFICATION	25. HOURS TOTAL	26. BASE RATE	27. X

28. ADD ANOTHER EMPLOYEE

By entering my name in the signature block below, I certify that the information contained in this report is true and accurate to the best of my knowledge, and that I am authorized to submit this report on behalf of this firm. I further agree that typing my name in the signature block and submitting this report using a password-protected e-mail account is the equivalent of a manual signature for the purposes of this report.

29. SIGNATURE		30. PRINT TITLE			31. DATE
---------------	--	-----------------	--	--	----------

32. PRINT FORM

33. SUBMIT BY E-MAIL

**BOX 1 & 2 NEED TO BE THE CONTRACTOR'S LEGAL NAME**

**Check the revision date in the bottom left corner, use the most recent version.**

**All forms can be found on the OECR website under "forms"**



# Completed MEUR Example

Show Instructions Hide Instructions



## MONTHLY EMPLOYMENT UTILIZATION REPORT

This report is due monthly. Refer to the project contract for the recurring monthly due date.

Please read instructions before completing this form. If no work was performed during the reporting period, complete only items 1-14 and 29-33. If work was performed during the reporting period, complete items 15-26 as well.

1. CONTRACTOR NAME Brothers Concrete Cutting Inc		2. SUBCONTRACTOR TO Carter & Co		3. ODOT CONTRACT NO. PW-4937-22		4. SUBCONTRACT ID 16		5. REPORT FOR MONTH / YEAR 202401		6. NEW / REVISED New		FINAL <input type="checkbox"/>
7. ADDRESS 1721 Fescue St SE								8. PHONE (541) 928-2502		9. COUNTY IN WHICH WORK WAS PERFORMED Marion		
10. CITY Albany			11. STATE OR	12. ZIP 97322		13. E-MAIL caleb@brothersconcretecutting.com						14. No work performed this month <input checked="" type="checkbox"/>

15. LAST NAME	16. FIRST NAME	17. M.I.	18. SSN LAST 4	19. CITY	20. ZIP	21. ETHNICITY	22. GENDER	23. CONSTRUCTION TRADE	24. CLASSIFICATION	25. HOURS TOTAL	26. BASE RATE	27.
Hagan	Richard	P	5860	Lebanon	97355	CA - Caucasian (W)	Male	Power Equipment Oper	Journey Work			X
Sanchez	Jonathan	A	0837	Mt Angel	97362	CA - Caucasian (W)	Male	Laborer	Journey Work			X
Beck	Jocelyn	L	4570	Lebanon	97355	CA - Caucasian (W)	Fema	Laborer	Journey Work			X
MacDonald	Chad		8319	Corvallis	97330	CA - Caucasian (W)	Male	Laborer	Journey Work			X

28. ADD ANOTHER EMPLOYEE

By entering my name in the signature block below, I certify that the information contained in this report is true and accurate to the best of my knowledge, and that I am authorized to submit this report on behalf of this firm. I further agree that typing my name in the signature block and submitting this report using a password-protected e-mail account is the equivalent of a manual signature for the purposes of this report.

29. SIGNATURE Caleb Beck		30. PRINT TITLE Payroll Admin		31. DATE 03-26-2024	
-----------------------------	--	----------------------------------	--	------------------------	--

32. PRINT FORM 33. SUBMIT BY E-MAIL



# Knowledge Check

## Question:

Are MEURs due if no work was performed that month?

Yes or No



# Knowledge Check

## Answer:

Yes, MEURS are due from each subcontractor, every month – even if no work was performed.



**BREAK (10 minutes)**

---

# **Equal Employment Opportunity & On the Job Training**



# On-The-Job (OJT) / Apprenticeship Program

When an OJT Goal is assigned the following documents are required (in this order):

1. Form 734-2880 Training Program Approval Request (TPAR)
2. Form 734-2878 Apprentice/Trainee Approval Request (ATAR)
3. Form 734-2879 Apprentice/Trainee Monthly Progress Report (MPR)



# Training Program Approval Request (TPAR)

Show Instructions

Hide Instructions



## TRAINING PROGRAM APPROVAL REQUEST (TPAR)

Prime Contractor (PC) shall submit this form by e-mail to the Project manager (PM) prior to or at the pre-construction conference.

**Only e-mail submittal is acceptable.**

Do not add extra spaces or zeroes to any field with the exception of Box 2. Box 2 must be a minimum of two characters, such as 00 for the prime and 01, 02C, 03, etc., for the subcontractors.

### Contractor and contract information

1. CONTRACTOR NAME	2. SUBCONTRACT ID	3. CONTROLLING CONTRACTOR	4. AGENCY CONTRACT NO. / PROJECT NAME	5. REPORT FOR YEAR/MONTH Not Applicable	6. NEW / REVISED	7. REV. NO. 0
--------------------	-------------------	---------------------------	---------------------------------------	--	------------------	------------------

**Approval Request** – Approval is requested to provide training, as required by contract, in the following area(s):

8. CRAFT *	9. BOLI ID**	10. TYPE	11. TOTAL HOURS ASSIGNED TO CRAFT	12. TRAINING START DATE YYYY-MM-DD
13. ADD ANOTHER LINE				

\* If this is an in-house training program, attach a copy of the training program to the e-mail generated for submittal of this form.

\*\* If this program is BOLI-approved, the BOLI program ID number is required.

### Certification and submission

By entering my name in the signature block(s) below, I certify that the information contained in this report is true and accurate to the best of my knowledge, and that I am authorized to submit this report on behalf of this firm. I further agree that typing my name in the signature box and submitting this report using a password-protected e-mail account is the equivalent of a manual signature for the purposes of this form.

14. NAME OF PERSON SUBMITTING THIS REQUEST	15. TITLE OR POSITION	16. E-MAIL ADDRESS	17. PHONE	18. DATE
--	-----------------------	--------------------	-----------	----------

### Prime Contractor

19. NAME OF PRIME CONTRACTOR REPRESENTATIVE	20. TITLE OR POSITION	21. E-MAIL ADDRESS	22. PHONE	23. DATE
---	-----------------------	--------------------	-----------	----------

SAVE AS...

SUBMIT BY E-MAIL

### Project Manager

NAME OF PROJECT MANAGER	APPROVAL RECOMMENDED? <input type="checkbox"/> Yes <input type="checkbox"/> No	DATE	COMMENT
-------------------------	---	------	---------

### OCR Field Coordinator

NAME OF OCR FIELD COORDINATOR	APPROVED? <input type="checkbox"/> Yes <input type="checkbox"/> No	DATE	COMMENT
-------------------------------	---	------	---------



# Apprentice/Trainee Approval Request (ATAR)



## APPRENTICE/TRAINEE APPROVAL REQUEST (ATAR)

See instructions on pages 2-3

This electronic form shall be completed and submitted for each apprentice or trainee for whom the Prime Contractor (PC) is requesting payment toward the training bid item. The form shall be submitted to the Project Manager (PM) prior to the apprentice or trainee beginning work on the project. Hours worked prior to submitting this form may be disallowed under the training bid item.

**Submittals in any other format are not acceptable.**

Do not add extra spaces or zeroes to any field with the exception of Box 2. Box 2 must be a minimum of two characters, such as 00 for the prime and 01, 02C, 03, etc.

### Contractor and Contract Information

1. CONTRACTOR NAME	2. SUBCONTRACT ID	3. CONTROLLING CONTRACTOR	4. AGENCY CONTRACT NO. / PROJECT NAME	5. REPORT FOR YEAR / MONTH	6. NEW / REVISED	7. REV. NO.
				Not Applicable		0
8. APPRENTICE LAST NAME	9. FIRST NAME	10. M.I.	11. LAST 4 DIGITS OF SSN	12. BOLI REG. NO.	13. CRAFT	
			XXX-XX-			

### Apprentice/Trainee Information

14. ADDRESS	15. CITY	16. STATE	17. ZIP
18. GENDER	19. ETHNICITY *	20. STATUS	21. TYPE **
		<input type="checkbox"/> New hire <input type="checkbox"/> Transfer	
			22. EST. HOURS
			23. DATE

\* If Native American is selected, a tribal identification card may be requested.

\*\* If "in-house" is selected: Good-faith-effort (GFE) documentation must be included if neither a minority nor a woman is proposed for training. Failure to provide GFE documentation could result in denial of this request. Attach documentation to the e-mail generated when you submit this request.

**Termination Information** (Complete this section when the apprentice or trainee is no longer working on this project and is not expected to return.)

24. TERMINATION DATE	25. TOTAL HOURS THIS PROJECT	26. REASON FOR TERMINATION
		<input type="checkbox"/> Graduated <input type="checkbox"/> Laid off <input type="checkbox"/> Transferred to project no. <input type="checkbox"/> Other (explanation required if checked)

### Certification and Submission

By entering my name in the signature block(s) below, I certify that the information contained in this report is true and accurate to the best of my knowledge, and that I am authorized to submit this report on behalf of this firm. I further agree that typing my name in the signature box and submitting this report using a password-protected e-mail account is the equivalent of a manual signature for the purposes of this form.

28. NAME OF PERSON SUBMITTING THIS REQUEST	29. TITLE OR POSITION	30. E-MAIL ADDRESS	31. PHONE	32. DATE

### Prime Contractor

33. NAME OF PRIME CONTRACTOR REPRESENTATIVE	34. APPROVAL RECOMMENDED?	35. DATE	36. COMMENT
	<input type="checkbox"/> Yes <input type="checkbox"/> No		

37. SAVE AS...

SUBMIT BY E-MAIL

### Project Manager

39. NAME OF PROJECT MANAGER	40. APPROVAL RECOMMENDED?	41. DATE	42. COMMENT
	<input type="checkbox"/> Yes <input type="checkbox"/> No		

### OCR Field Coordinator

43. NAME OF OCR FIELD COORDINATOR	44. APPROVED?	45. DATE	46. COMMENT	47. APPROVED START DATE
	<input type="checkbox"/> Yes <input type="checkbox"/> No			







# On-The-Job Training (OJT) / Apprenticeship Program

## Program Purpose

- Provide career opportunities
- Develop skilled workforce
- Increase workforce diversity
- Support construction industry development needs



# Workforce Supportive Services

## SUPPORT IS AVAILABLE TO HELP APPRENTICES



ARE YOU AN APPRENTICE IN THE  
HIGHWAY CONSTRUCTION TRADES?

ARE YOU APPLYING TO BE ONE?

FINANCIAL ASSISTANCE IS AVAILABLE  
TO HELP YOU BE SUCCESSFUL.

No career transition is easy, but we're here to make it a bit less stressful.

### JOB READINESS SUPPLIES

SO YOU CAN HIT THE GROUND RUNNING!

- \$ for work tools
- \$ for work gear/boots
- \$ for rain gear

### CHILD CARE SUPPORT

TO BUILD YOUR FAMILY AND CAREER!

- Assistance to pay for childcare while you work as an apprentice
- You choose your own qualified childcare provider

### OTHER SUPPORTS

- Mentoring/coaching
- Information and referral
- Help getting to remote jobs
- Hardship assistance

If you are an applicant or an apprentice in one of these programs, you should call Penny:

carpenters (including pile drivers, scaffold erectors, etc.), cement masons, ironworkers, laborers, operating engineers, or painters.

Note: We also provide services to construction apprentices in other trades if you are actively working on a road or bridge project.

### DON'T WAIT! CONTACT:

**Penny Painter** (at Akana)\*

Tel: 503.205.4769

Email: penny.painter@akana.us

<http://bit.ly/apprenticesupports>

\*Services provided through ODOT/BOLI





# Resources

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## **OEER Homepage:**

<https://www.oregon.gov/odot/business/ocr/pages/index.aspx>

## **OEER Forms Page:**

<https://www.oregon.gov/ODOT/Business/OCR/Pages/Forms.aspx>

## **Local Agency Guide (LAG) Manual:**

<https://www.oregon.gov/ODOT/LocalGov/Pages/LAG-Manual.aspx>

## **LPA A&E and Non-A&E Requirements Guides:**

<https://www.oregon.gov/ODOT/Business/Procurement/DocsLPA/IpaARequirements.pdf>

<https://www.oregon.gov/odot/Business/Procurement/DocsLPA/IpaNonAReq.pdf>

## **Certification Homepage:**

<https://www.oregon.gov/ODOT/LocalGov/Pages/Certification.aspx>

## **Accessibility Page:**

<https://www.oregon.gov/ODOT/About/Pages/ADA.aspx>

## **Construction Contract Provisions:**

<https://www.oregon.gov/odot/Business/Pages/Special-Provisions.aspx#Part00000>



# Contact Us

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**DBE Program Manager – Diponker Mukherjee**

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**Title VI/EJ/ADA Programs Manager – Brenda Gessner**

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**Title VI Mailbox:** [odot.titlevi@odot.oregon.gov](mailto:odot.titlevi@odot.oregon.gov)

**A&E Mailbox:** [ocr.psk@odot.oregon.gov](mailto:ocr.psk@odot.oregon.gov)

**Goal Setting Mailbox:** [ocrgoalsrequest@odot.oregon.gov](mailto:ocrgoalsrequest@odot.oregon.gov)

# Thank you!

For full participation credit, please complete the post-learning knowledge check  
Link to knowledge check will be sent to all registered attendees via email.

City/County Link: <https://forms.office.com/g/Lq3dtw92Bg>

MPO Link: <https://forms.office.com/g/SSPmxLmvps>

Civil Rights Training for Certified  
LPAs Knowledge Check 2024  
(City/County version)



Civil Rights Training for Certified  
LPAs Knowledge Check 2024 (MPO  
version)

