



Committed DBE Trucking



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DBE Trucking – Work Plan 3A

Ensure Work Plan has all necessary information on all trucks


- **Driver's Information**
 - Name
 - Craft Classification
 - Regular Employee of DBE Firm
- **Owner/Operator must still comply with 00170.65(b-4)**
- **Truck Information**
 - License Plate
 - Truck Number
 - Who owns the truck? DBE vs Non-DBE
 - Type of Truck, i.e. End dump, Belly dump, etc.
 - Make & Model
 - Owned or Leased by the DBE – Leased trucks on project site need to have a sign or identification of who they are working for listed on the truck – i.e., magnetic sign of DBE over leased truck name, etc.
 - Copy of Lease Agreement(s) for any trucks leased by the DBE firm



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

PRIME CONTRACTOR/CONSULTANT
 CONTRACT NUMBER
 REVISION 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	PARTIALLY	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"/> Yes <input type="checkbox"/> No

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
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

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?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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.



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E. Prime Contractor Resources
Describe any plans for the DBE to share any resources of the prime contractor. Prior consent required. Complete all fields for each resource:

DO YOU PLAN TO USE ANY OF THESE PRIME CONTRACTOR RESOURCES?	YES/NO	IF YES DESCRIBE
Personnel	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Tools	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Facilities	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Materials	<input type="checkbox"/> Yes <input type="checkbox"/> No	

F. Additional Information
Provide comments or explanation of any information provided above. Include any plans the DBE has to subcontract work to a lower tier or perform work through a specialty contractor.


COMMENTS OR EXPLANATIONS		

The work plan must be signed by the prime contractor and the DBE subcontractor.
By signing below, you certify that the information contained in this report is true and accurate to the best of your knowledge, and that you are authorized to submit this report on behalf of your firm.

DBE SUBCONTRACTOR PRINT NAME AND TITLE	DBE SUBCONTRACTOR SIGNATURE	DATE
	X	
PRIME CONTRACTOR PRINT NAME AND TITLE	PRIME CONTRACTOR SIGNATURE	DATE
	X	

Reviewers: Identify any concerns with the proposed activities meeting DBE program regulations and, if needed, recommend any corrective action required to comply with the regulations.

PROJECT MANAGER COMMENTS		
PROJECT MANAGER PRINT NAME	PROJECT MANAGER SIGNATURE	DATE
	X	
OCR FIELD COORDINATOR COMMENTS		
OCR FIELD COORDINATOR PRINT NAME	OCR FIELD COORDINATOR SIGNATURE	DATE
	X	



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First Step Calculate 10% of the Committed DBE Trucking

Contract Number
Project Name

- 1) \$1,500,000 Committed to DBE Trucking Firm
10% = \$150,000.00
- 2) \$150,000.00 divided by \$156/hour (Average Trucking Rate)
= 961.54hr/8 = 120.19 needed to verify 10%
- 3) **Full Shift Verifications**
For this example: A minimum of 961.54 trucking hours or
120.19 days of full shift verification



**** Reference Construction Manual**

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Committed DBE Trucking - 10% Full Shift Verification

- 1) Have Prime identify high volume days DBE Trucks will be working (could be short notice). **DO NOT INFORM** the prime or subcontractors **WHEN** verifying DBE trucking.
- 2) **Have a plan** for collecting DBE truck tickets
- 3) **During a Full Shift Verification**, all inspectors should note or photograph all trucks daily on the General Daily Project Reports (GDPR). Best Practices:
 - **Taking Time Stamped Pictures** - door panel w/numbers, license plates, etc.
 - Bringing a list/chart of trucks from DBE's Work Plan to check-off arrival times
 - Ensure you take lots of photos and put information in dailies to use as a data source
 - Ensure you verify name of who is driving truck. Ask who is paying their wages, etc. Same information as Work Plan.
- 4) Assign DBE Trucking Verification to a Project Inspector, Office Coordinator, or Project Coordinator... just as you would Electrical, Drainage, or another aspect.



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DBE Trucking Credit

Credit is determined by the total value of DBE trucks the Committed DBE Trucking firm provides, plus the equal value of the non-DBE trucks that performed work on the Project.

- 1) If the trucks are leased from a non-DBE firm but driven by employees of the Committed DBE firm, then they receive full value for the leased transportation services and they will be counted towards the goal without regard to ratio.
- 2) Continuous monitoring is necessary of the DBE trucking operation throughout the project. Not just during the verification process.
- 3) Compare DBE Trucking Logs, inspectors' documentation, spreadsheet and photos or videos. If discrepancies are identified, request Prime provide all invoices from DBE Trucking Company as part of the verification process. This is a reasonable request that PM offices utilize.



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Daily DBE Trucking Log

- Must maintain Daily DBE trucking log of all trucks used on the project by and for the Committed DBE
- Must use ODOT form or approved equal must include all information on ODOT form, including certification
- DBE trucking subcontractor must complete a daily DBE truck log each day they work on site
- Submit within 14 days of the first date of work and then on a weekly basis thereafter
- Required for Committed DBE Trucking Subcontractors, it can be requested for Non-Committed DBE(s)



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DBE Trucking – CUF and Full Shift Verification

- Work Plan and CUF are required
- Independent verification of all trucks Committed DBE used on the Project
- Reviews are random
- Review at least 10% of total Committed DBE trucking
- This is one of the ways we GET and KEEP federal funding



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 COMMERCIALLY USEFUL FUNCTION REPORT – FORM 3B (CUF) Disadvantaged Business Enterprise		SHOW INSTRUCTIONS HIDE INSTRUCTIONS
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
<input type="button" value="ADD ANOTHER"/>		
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
		ON DBE PAYROLL? <input type="checkbox"/> PRIME/OTHER PAYROLL? <input type="checkbox"/>
		REPORTS TO (LAST, FIRST)
<input type="button" value="ADD ANOTHER"/>		
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? <input type="checkbox"/> LEASED? <input type="checkbox"/> LEASED FROM
		RENTED? <input type="checkbox"/> RENTED FROM
<input type="button" value="ADD ANOTHER"/>		
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 NOT (REQUIRED)
D. Supplies and Materials Required		
17. List material suppliers for bid items observed:		
BID ITEM	SUPPLIER NAME	ADDRESS, CITY, STATE, ZIP
		PHONE
<input type="button" value="ADD ANOTHER"/>		

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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 (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:

☐ 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 EXPANDS AS YOU TYPE. CLICK TAB TO SEE TEXT IN EXPANDED FIELD.)

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Questions?



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Workforce Programs



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Workforce Program Purpose

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



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Check your Special Provisions

First, check your Special Provisions to see what is required. On January 1, 2024, ORS 279C.533 became law. New requirements.

Apprenticeship Goal setting processes

- Most Public Works Projects \$3 million or more at the time of award, advertised after January 1, 2024, has a 12% Apprenticeship Goal
- The 12% Apprenticeship goal applies to only the Prime Contractor's workforce and any Subcontractor with a subcontract of \$750,000 or more at the time of subcontract, (check your specs some have lower minimums)

New Requirements

- **Outreach, Retention, and Recruitment Plan** is required to be submitted 10 days prior to the Preconstruction Conference by the Prime Contractor and at the time of subcontract for any subcontractor to which the 12% goal applies
- A **Final report** is due from the Prime Contractor *prior to third note and any affected subcontractors*
- NO Incentive or Training Bid Item for projects with the 12% goal
- RE reduces final payment when the 12% Goal is not achieved



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Contact Us

Region Field Coordinators:

Region 1

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OECR Website

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Contact Us

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Program Support:

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Questions?



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