

Monthly Recipient Project Status Report (Form: FHWA-1585)

On this form the State will provide information on the status of all Recovery Act projects. These data will be used for meeting the reporting requirements of Sections 1201 and 1512. The following information is required for each Recovery Act project.

Format: The State can use the FHWA provided form, or submit the information as an MS Excel spreadsheet.

Due date: Within 10 calendar days after the end of every month until September 2012.

Due to: To be sent by the State to the official FHWA Division Office mailbox (state.fhwa@dot.gov). Within 2 days of receiving the State's submittal, the Division Office will send the file as an e-mail attachment to ARRA.Submittal@dot.gov.

Submittal: Please use the following naming convention "AA_1585_date.xls" where AA=2 character State abbreviation (New York = NY) and date=the date of submittal as "mmdyy." When e-mailing your file, please use the 2 character State abbreviation and form number in the subject.

Coding instructions

- BOX 1. **State:** Enter the 2 digit State FIPS code. If the form is being filled out for Federal Lands, provide the FLH Division or Federal Land Managing Agency (FLMA) region code. See Appendix A for a list of the State FIPS and FLMA region codes.
- BOX 2. **Report month:** The month and year covered by the report, as *mm/yyyy* (e.g. "May 2009" would be coded as "05/2009").
- BOX 3. **Contracting agency:** The name of the contracting agency. Enter "State" for State DOT projects. For non-State DOT projects, enter the name of the contracting agency (other State agency, Federal agency, tribe, MPO, city, county, or other funding recipient).
- BOX 4. **Federal-aid project number:** The State assigned federal-aid project number, consistent with the seven digit format reported in FMIS. For example, the project STM-1222(12) should be reported as "1222012." Enter "TBD" if no federal-aid project number has been assigned yet. **Do not enter multiple federal-aid project numbers; this field can only contain one project number.**
- BOX 5. **State project number or identification number:** The State project number or ID as assigned by the State or its funding recipient, consistent with the format reported in FMIS. Federal Lands will use this column to assign the "State" where the project is located. **Do not enter multiple State project numbers or identification numbers; this field can only contain one project number.**
- BOX 6. **Contract Number:** If multiple contracts exist on individual projects then list the contract numbers. Note that the combined State Project Number and Contract Number must be unique. Do not enter multiple contract numbers in one cell, each contract number must be a new line in the form.

- BOX 7. **Advertisement date:** The date that the Recovery Act project was advertised, reported as *mm/dd/yyyy* (e.g. "May 1, 2009" would be coded as "05/01/2009"). If the project is re-advertised, enter the new date. **Leave blank if the project has not yet been advertised; do not enter future dates.**
- BOX 8. **Award date:** The date that the Recovery Act project was awarded, reported as *mm/dd/yyyy* - (e.g. "May 1, 2009" would be coded as "05/01/2009"). **Leave blank if the project has not yet been advertised; do not enter future dates.**
- BOX 9. **Notice to proceed date:** The notice to proceed date for the Recovery Act project, reported as *mm/dd/yyyy* - (e.g. "May 1, 2009" would be coded as "05/01/2009"). **Leave blank if the project has not yet been advertised; do not enter future dates.**
- BOX 10. **Contract Amount R.A. Funds:** The total amount of Recovery Act (R.A.) funds on the awarded contract. **Enter the cost as whole dollars; do not provide costs in thousands or millions of dollars.**
- BOX 11. **Contract Amount Total Funds:** The total amount of the awarded contract. **Enter the cost as whole dollars; do not provide costs in thousands or millions of dollars.**
- BOX 12. **DBE Goal:** *The DBE Goal established by the recipient for the project as a percentage (XX.XX%) of the total estimated project cost. If there is no established goal for the project, report as "0".*
- BOX 13. **DBE Commitment:** *The DBE commitment made by the prime contractor at the time of award as a percentage (XX.XX%) of the total contract amount.*
- BOX 14. **DBE Actual Payments:** *Cumulative actual dollars paid to DBEs for labor, materials, equipment, etc., from the start of the project (\$XX,XXX.XX) Include payments to DBEs for projects with race neutral or "0" goal.*
- BOX 15. **Percent complete:** The status of the project; the amount of elapsed time since work begun relative to the estimated total time to complete the project. Reported as a decimal equivalent i.e. 25% complete = 0.25.
- BOX 16. **Contractor name:** The official business name of the contractor or consultant awarded the Recovery Act project.
- BOX 17. **Address:** The official business address of the contractor or consultant. Enter the street address, City, State, and zip code separated by commas. For example the address for the U.S. Department of Transportation would be entered as "1200 New Jersey Ave., SE, Washington, DC, 20590." **Do not enter each individual part of the address in separate columns** e.g. one column each for the street address, city, state, and zip code.
- BOX 18. **DUNS number:** The unique nine-digit number issued by Dun & Bradstreet followed by the optional 4 digit DUNS Plus number. All prime contractors must have a DUNS number. Reported as 999999999.9999
- BOX 19. **E-mail address:** The official e-mail address for the contractor. Leave blank if the contractor does not have one.