<u>Monthly Recipient Project Status Report</u> (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.

Form FHWA-1585, Monthly Recipient Project Status Report has been modified to capture Disadvantage Business Enterprise (DBE) information for each project. The data elements are for project specific DBE goal, prime contractor commitment at the time of award, and the actual dollars paid to the DBEs. Recovery Act specifically states that the DBE requirements apply and thus by reference the authority to collect data collection is grounded in the DBE regulations.

This document describes the reporting requirements and data analysis processes that FHWA will implement. States will be responsible for providing the data that are not currently available at the national level. Please note that this document does not address every data element that is required to be reported but rather the data that needs to be specifically collected because it is not currently being reported. To the maximum extent possible, FHWA will utilize existing data programs to meet the Recovery Act reporting requirements. For example, for the requirement to report aggregate expenditures of State funds, FHWA will use existing reports submitted by States and data collected in the Financial Management Information System (FMIS). The following diagram shows a conceptual overview of the flow of data between the existing data programs and the new data to be reported by the States, which will all be fed into a new FHWA data system for integrating, analyzing, and reporting the data. While the reporting obligations in the Recovery Act are only applicable to the grant recipients, the States may need to obtain certain information from their contractors, consultants, and other funding recipients in order to provide the FHWA with all of the required information.

Due date: By the 4th of each month, until September 2012. Please provide the report as soon as the Advertised, Awarded and the Notice to Proceed (Executed Contract Date) is completed. Please do not wait until the 4th.

Due to: ADOT

BOX 1. **State:** 04 - Arizona.

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. **State project number or identification number:** Select appropriate project number from drop down. 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 4. **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.

Design:

- ⇒ Local Agency Administered Project – Unique number assigned by Local Agency.
- ⇒ ADOT Management Consultant – ECS Contract Number

Construction:

- ⇒ ADOT Administered Project – Unique 7-digit contract number assigned by C & S.
- ⇒ Local Agency Administered Project – Unique number assigned by Local Agency.
- ⇒ **Management Consultant** – If ADOT Administered use unique 7-digit contract number assigned by C & S. This is for 1585 "Construction" reporting only. Continue to use your ECS Contract Number for billing.

  Management Consultant - If Local Agency Administered Project use unique number assigned by Local Agency.

BOX 5. **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 6. **Federal-aid project number:** Select appropriate federal-aide number from drop down. The State assigned federal-aid project number, consistent with the seven digit format reported in FMIS. For example, the project STM-0(122)A should be reported as "*STM0122.*" **Do not enter multiple federal-aid project numbers; this field can only contain one project number.**

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 for construction; 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 for construction; do not enter future dates.**

BOX 9. **Notice to proceed date:**

Design: This is the Federal Authorization Date for Preliminary Engineering**.**

Construction: This is the date the contract is executed

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:

Design:

The total amount of Recovery Act (R.A.) funds approved by FHWA for the Preliminary Engineering.

Construction:

The total amount of Recovery Act (R.A.) funds awarded to the construction 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". Use 0% until further notice from FHWA or a locally defined goal is established.*

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. Reported as *999999999.9999.* All prime contractors must have or obtain a DUNS number. All US Government contractors, grantees and loan recipients can request a DUNS number or modification to an existing DUNS record by using the online webform process at http://fedgov.dnb.com/webform (for US and International locations) or they can call 866-705-5711, option 3. The toll free number is for US locations only. Registrants will be asked for their entity name, address, city, state, country, postal code, highest ranking individual's name and title, line of business, # of employees and legal structure (ie: corporation, non profit, etc.) and socio economic data (veteran owned, women owned, etc) If they use the webform, there is a mailing address area, SIC code and annual revenue data lines but these are optional.

BOX 19. **E-mail address:** The official e-mail address for the contractor. Leave blank if the contractor does not have one.

When form is complete go to the following link:

ftp: //ftp.azdot.gov/

Log In
User Name: Arra
Password: Arrafull_2009

Name and save file:

Agencyname_templatenumber_date

Example: CityofChandler_1585_051509

Copy and paste FHWA Form 1589 onto site. These forms are due to ADOT by the 4th of every month.

If you have any questions please contact:

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