"This collection of information is voluntary and will be used to determine eligibility of project for possible Federal funding. Public reporting burden is estimated to average 1 hour per response, including the time for reviewing instructions searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Please note that an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number for this collection is 2125-0623 with an expiration date of 9/30/2009. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Highway Administration, 1200 New Jersey Ave SE, Washington, DC 20590".

#### MONTHLY RECIPIENT PROJECT STATUS REPORT AMERICAN RECOVERY AND REINVESTMENT ACT PROJECT DATA 5. State Project Contract Amount Contractor Information 14. DBE Report . Advertisemen 9. Notice to 13. DBE 15. 4. Federal-aid Number or 8. Award Date 12. DBE Goal 6. Contract Number 1. State Month 3. Contracting Agency Date Proceed Date Commitment Actual Percent 17. Address 10. R.A. 11. Total Project Number Identification (mm/dd/yyyy) (percent) 16.Contractor Name 18. DUNS Number 19. E-mail Address (mm/yyyy) (mm/dd/yyyy) (mm/dd/yyyy) Funds (\$) Funds (\$) (percent) Payment (\$) Complete Street Zip Code Number

Form FHWA-1585 (Rev. 4-21)

"This collection of information is voluntary and will be used to determine eligibility of project for possible Federal funding. Public reporting burden is estimated to average 1 hour per response, including the time for reviewing instructions searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Please note that an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number for this collection is 2125-0623 with an expiration date of 9/30/2009. Send comments regarding this burden estimate or any other aspect this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Highway Administration, 1200 New Jersey Ave SE, Washington, DC 20590".

### Initial Recovery Act Project Plan **American Recovery and Reinvestment Act** PROJECT DATA Location: Report 3. State/County 4. Congressional 6. State Project Number 7. Project 8. Project Name Project 11. Total 13. Scheduled 14. Project 15. EDA 16. NEPA 17. NEPA 19. Number 20. Status 21. Federal 22. Route 23. Begin 24. End 25. Length NEPA District Project Number or Identification number Type Description Project Amount of Estimated Completion Rationale (Y/N) Class of Milestone Mile Point | Mile Point (miles) (mm/dd/yyyy) ARRA Funds Total Project Month Purpose Action Completed Completion Permits Permits Completion (CE, EA, Cost (\$) (mm/yyyy) Date (mm/dd/yyyy) EIS) (mm/dd/yyyy) 1201(c)(2)(A) OMB guidance for CEQ data

Form FHWA - 1586 (Rev. 4-21)

"This collection of information is voluntary and will be used to determine eligibility of project for possible Federal funding. Public reporting burden is estimated to average 1 hour per response, including the time for reviewing instructions searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Please note that an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this collection is 2125-0623 with an expiration date of 9/30/2009. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Highway Administration, 1200 New Jersey Ave SE, Washington, DC 20590".

## **Monthly Summary Employment Report American Recovery and Reinvestment Act** Summary Data 8. Status of 9. Total 2. Report 4. State Project Number or 7. Contractor Name / Contractor Employment 10. Total 6. Project Description 11.Total Payroll (\$) 1. State Month 3. Federal-aid Project Number 5. Contract Number Identification Number (number of State or Local Agency Employment Hours (mm/yyyy) Reports employees)

Form FHWA-1587 (Rev. 4-21)

"This collection of information is voluntary and will be used to determine eligibility of project for possible Federal funding. Public reporting burden is estimated to average 30 minutes per response, including the time for reviewing instructions searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Please note that an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this collection is 2125-0623 with an expiration date of 9/30/2009. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Highway Administration, 1200 New Jersey Ave SE, Washington, DC 20590".

### PERIODIC GROUPED PROJECT REPORT AMERICAN RECOVERY AND REINVESTMENT ACT PROJECT DATA 11. Scheduled 13. Economically 12. Project 2. Report Date 4. Congressiona 6.State Project Number or 8. Project 9. Total R.A. 14. Route 15. Beginning Mile 17. Award Date 5. Federal-aid Project Number 7.Project Description 10. Total Cost 16. Ending Mile Point 1. State 3. County **Completion Month** Distressed Area (mm/dd/yyyy) District Identification Number Rationale Point (mm/dd/yyyy) Purpose Funds Number (Y/N) (mm/yyyy)

Form FHWA - 1588 (Rev. 4-21)

# MONTHLY EMPLOYMENT REPORT AMERICAN RECOVERY AND REINVESTMENT ACT

1. Report Month: (mm/yyyy)	2. Contracting Agency			
3. Federal-Aid Project Number	4. State Project Number or ID Number 5. Project Lo Region			State, County or Federal
6. CONTRACTOR NAME AND ADDRESS				
Name:				
Address:				
City:	State:			
Zip: 7. Contractor/Subcontractor DUNS Number:				
8. Employment Data				
		EMPLOYEES	HOURS	PAYROLL
Prime Contractor Direct, On-Project Jobs (see gu	uidance for definitions)			
Subcontractor Direct, On-Project Jobs				
Subcontractor Name				
Prime a	and Subcontractor Totals	0	0	0.00
9. PREPARED BY CEO or Payroll Official:				DATE:
Name:				
Title:				
Form FHWA-1589				