

## The American Recovery and Reinvestment Act Reporting Requirements

### **Instructions for the Monthly Employment Report (Form: FHWA-1589)**

This form is a guide for providing mandated employment information on each ARRA project. The required Monthly employment information on each ARRA project is used by States for meeting the reporting requirements of Sections 1201 and 1512. In order for States to fulfill their reporting obligations, the States must collect and analyze certain employment data for each ARRA funded contract. The data reporting requirement in ARRA extends beyond the number of workers at the work site and, therefore, FHWA has produced a form for guidance of the ARRA Project Contractors. This data to be reported is identified below and is being used by INDOT for our review and formal submittal to FHWA.

The **prime contractor** or **consultant** shall complete a report for each month by State Project Control or ID Number (DES#) from the date of the Notice to Proceed until completion of the contract or September, 2012 whichever occurs sooner. This report is only required for contracts that use ARRA funds. Contractors and consultants must provide the required information for their own workforce as well as the workforce of all subcontractors that were active on their ARRA funded project(s) for the reporting month. The summary Form (FHWA 1589) must be fully completed, signed and submitted by the close of business on the 10<sup>th</sup> calendar day of each month for the preceding month's data.

The State requires the following data be provided by each contractor, consultant and funding recipient working on an ARRA project. The primary contractor or consultant for each project shall be responsible for reporting their firm as well as all subcontractors' data.

**Due date:** the 10<sup>th</sup> day of each calendar month

**Due to:** Indiana Department of Transportation Central Office via this web-portal

By submission of the electronic document, YOU AFFIRM, UNDER PENTALIES OF PERJURY that the information contained therein is true and correct to the best of your knowledge, information and belief.

### Coding Instructions

- 1.) Report Month:** The month and year covered by the report, as *mm/yyyy* (e.g. "May 2009 would be coded as "05/2009").
- 2.) Contract Number:** Assigned State contract number
- 3.) Contracting agency:** As the funding administrator, the State (INDOT) is the contracting agency for all Recovery Act projects.
- 4.) State Project number or PCN & work type:** The project number (DES#) as assigned by INDOT consistent with the format reported in FMIS. Since projects are awarded by contract, for some contracts, contractors (et.al.) are required to file this form *for each and every separate PCN* (DES#).  
Work Type:
- 5.) Federal-aid project number:** The State assigned federal-aid project number, consistent with the format reported in FMIS.
- 6.) Project location:** County, City or Town (or combinations thereof).
- 7.) Contractor name and address:** The name and address of the contracting or consulting firm shall include the name, street address, city, state, and zip code.
- 8.) Contractor DUNS number:** The unique nine-digit number issued by Dun & Bradstreet. Followed by the optional 4 digit DUNS Plus number. Reported as "99999999.9999". All prime contractors must have a DUNS number. To obtain a DUNS number please call 1-800-705-5711. There is no charge.

**9.) DBE Actual Payments:** Monthly cumulative actual dollars paid to Disadvantaged Business Enterprises (DBE's) for labor, material, equipment, etc. from the start of the project (eg. \$XX,XXX.XX). Include payments to DBE's for projects with race neutral or "0" goal.

**10.) Employment data:** The prime contractor or consultant will report the direct, on-the-project jobs for their workforce *and the workforce of their subcontractors* active during the reporting month. These jobs data include employees actively engaged in projects who work on the jobsite, in the project office, in the home office or tele-work from a home or other alternative office location. This also includes any engineering personnel, inspectors, sampling and testing technicians, and lab technicians performing work directly in support of the ARRA funded project. This does not include material suppliers such as steel, culverts, guardrail, and tool suppliers. FHWA will be estimating all indirect labor based on the information provided in this form along with other FHWA data. This form requests specifically:

a. **Subcontractor name:** The name of each subcontractor or sub-consultant that was active on the project for the reporting month.

b. **Employees:** The number of project employees on the contractor's or consultant's workforce that month, and the number of project employees for each of the active subcontractors for the reporting month. Do not include material suppliers. Total field at bottom will be automatically calculated and reported as a whole number.

c. **Hours:** The total hours on the specified project for all employees reported on the contractor's or consultant's project workforce that month, and the total hours for all project employees reported for each of the active subcontractors that month. Total field at bottom will be automatically calculated and reported as a whole number.

d. **Payroll:** The total dollar amount of wages paid by the contractor or consultant that month for employees on the specified project, and the total dollar amount of wages paid by each of the active subcontractors that month. Payroll only includes wages and does not include overhead or indirect costs. Total field at bottom will be automatically calculated and will be rounded to the nearest whole dollar and reported as a whole number.

**11.) Prepared by:**

a. **Name:** Indicate the person responsible for preparation of the form. By completing the form the person certifies that they are knowledgeable of the hours worked and employment status for all the employees. Contractors, consultants, and their subs are responsible to maintain data to support the employment form and make it available to the State should they request supporting materials.

b. **Date:** The date that the contractor completed the employment form.

Reported as "mm/dd/yyyy."

c. **Company Position Title**

d. **Email Address**