

WEST VIRGINIA DEPARTMENT OF TRANSPORTATION

DIVISION OF HIGHWAYS

SPECIAL PROVISION

AMERICAN RECOVERY AND REINVESTMENT ACT

CONTRACTOR'S EMPLOYMENT REPORTING REQUIREMENTS

(INSTRUCTIONS AND FORM)

Submission of the FHWA *Monthly Prime and Subcontractor Employment Report* is required from each Contractor on all state contracts which received all or partial funds from the American Recovery and Reinvestment Act of 2009 (ARRA). The Contractor must complete a report each month from the Notice to Proceed until completion of the contract or February 2012 whichever occurs sooner. The Contractor must provide the requested information for their own workforce and any subcontractor's workforce that were active on the contract that month.

The required form for submission and instructions are listed in the following pages with the form being the final page.

Monthly Employment Report

This form is a guide for the States in providing employment information on each ARRA project. 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 requirement in ARRA extends beyond the number of workers at the work site and, therefore, FHWA has produced a form for guidance to the States. This data to be reported is identified below and will be used by the States in developing Form 1587, which is to be submitted to FHWA. Since States may not currently collect this data, the States should develop a new specification for each ARRA-funded contract in order to obtain this information from the contractors and consultants. In doing so, the States should use the provided model form and require the reporting of this data from the prime contractor or consultant. The prime contractor or consultant shall complete a report for each month from the date of the Notice to Proceed until completions of the contract or September 2012 whichever occurs sooner. This report is only required for contracts that use ARRA funds. States should require contractors and consultants to provide the required information for their own workforce as well as the workforce of all subcontractors or consultants.

It is the State DOT's responsibility to report the number of jobs on projects managed by funding recipients, such as other state agencies or local governments. The State DOT must make arrangement with each ARRA funding recipient to assure each recipient reports that required data in a timely manner.

The States shall require the following data be provided by each contractor, consultant and funding recipient work on an ARRA project. The primary contractor or consultant or consultant for each project shall be responsible for reporting their firm as well as all sub-contractors data.

Format: The State, contractors, or consultant may use the FHWA provided model form, but the use of the model form is optional and at the discretion of the State.

Due Date: As determined by the State, until September 2012.

Due to: To be sent by each ARRA funded project prime contractor or consultant to the designated office in each State DOT or Federal Lands Division Office.

Coding Instructions

BOX 1. First day of reporting period: The first day of reporting period is the first day of the first payroll period of the month. If the beginning of the month splits the payroll period then the report will include dates from the prior month as necessary to complete the payroll period.

BOX 2. Report Month: The month and year covered by the report, as *mm/yy* (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 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 format reported in FMIS.

BOX 5. State project number or identification number: The project number or ID, as assigned by the State of its funding recipient, consistent with the format reported in FMIS.

BOX 6. Project location: State where project occurs. If the project performed for Federal Lands, provide the FLH Division of Federal Land Managing Agency (FLMA) region.

BOX 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.

BOX 8. **Contractor DUNS number:** The unique nine-digit number issued by Dun & Bradstreet. Followed by the optional 4 digit DUNS Plus number. Reported as “999999999.9999”

BOX 9 **Employment data:** The prime contractor or consultant will report the direct, on-the-project jobs for their workforce and the workforce of their sub-contractors 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 telework 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. States should include in their reports all direct labor associated with the ARRA project such as design, construction, and inspection. The States reports should include their own project labor, including permanent, temporary, and contract project staff. States are asked not to include estimated indirect labor, such as material testing, material production or estimated macro-economic impacts. FHWA will be estimating all indirect labor based on the information provided in this form along with other FHWA data. The 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 projects 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.

Box 10. **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.

Date: The date that the contractor completed the employment form. Reported as “*mm/dd/yyyy*.” (e.g. “May 1, 2009” would be coded as “05/01/2009”).

**MONTHLY EMPLOYMENT REPORT
AMERICAN RECOVERY AND REINVESTMENT ACT**

1. First day of reporting period: (mm/dd/yyyy)	2. Report Month: (mm/yyyy)	3. Contracting Agency

4. Federal-Aid Project	5. State Project Number or ID Number	6. Project Location: State, County or Federal Region

7. CONTRACTOR NAME AND ADDRESS

Name: _____

Address: _____

City: _____ State: _____

Zip: _____

8. Contractor/Subcontractor DUNS Number: _____

9. Employment Data			
	EMPLOYEES	HOURS	PAYROLL
Prime Contractor Direct, On-Project Jobs (see guidance for definitions)			
Subcontractor Direct, On-Project Jobs			
Subcontractor Name			
Prime and Subcontractor Totals	0	0	0.00

10. PREPARED BY CEO or Payroll Official: _____ DATE _____

Name:	_____
Title:	_____

This Box To Be Filled Out By WVDOH			
Percent Complete	_____	DBE Goal	_____
Number of Change Orders	_____	DBE Plan	_____
Amount (\$) of Change Orders	_____	DBE Utilization	_____
		Date	_____