

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

1. First day of reporting month (mm/dd/yyyy)				2. Last day of reporting month (mm/dd/yyyy)				3. Stimulus contract award date (mm/dd/yyyy)									
mm		dd		yyyy		mm		dd		yyyy		mm		dd		yyyy	
4. Primary contract firm name & address				5. Job Site City, State, & FAA Loc ID (if known)				6. Contract title (description)									
7. Contract number				8. FAA Job Control Number (JCN)				9. Data Universal Numbering Sys (DUNS) number									

10. Prime Contract Employment Data

		PAY PD EMPLOYEES	PAY PD HOURS	CUMULATIVE EMPLOYEES	CUMULATIVE HOURS
CONSTRUCTION	JOBS CREATED				
	JOBS RETAINED				
NON-CONSTRUCTION	JOBS CREATED				
	JOBS RETAINED				
TOTAL EMPLOYMENT					
TOTAL PAYROLL					

11. Prime Contractor Report on Subcontract Employment Data

Subcontractor name & address: (All subcontracts providing direct site work)		PAY PD EMPLOYEES	PAY PD HOURS	CUMULATIVE EMPLOYEES	CUMULATIVE HOURS
	JOBS CREATED				
	JOBS RETAINED				
	JOBS CREATED				
	JOBS RETAINED				
	JOBS CREATED				
	JOBS RETAINED				

12. PREPARED BY CEO or Payroll Official: (Name, Title, and Phone Number)			Date:
13. REVIEWED BY: (Name, Title, and Phone Number)			Date:

**PRIME AND SUBCONTRACTOR HIGHLY COMPENSATED OFFICERS REPORT
AMERICAN RECOVERY AND REINVESTMENT ACT**

(Form to be completed at initial contract award and updated as changes occur during contract performance period)

A. PRIME CONTRACTOR HIGHLY COMPENSATED OFFICERS

1. Contract Number:		3. Data Universal Numbering System (DUNS) number
2. Prime contractor Name:		
a. OFFICERS NAME		b. TOTAL ANNUAL COMPENSATION
1.		1.
2.		2.
3.		3.
4.		4.
5.		5.

B. SUBCONTRACTOR HIGHLY COMPENSATED OFFICERS

1. Subcontractor A. Name:		2. Sub A. DUNS:
a. OFFICERS NAME		b. TOTAL ANNUAL COMPENSATION
1.		1.
2.		2.
3.		3.
4.		4.
5.		5.

1. Subcontractor B. Name:		2. Sub B. DUNS:
a. OFFICERS NAME		b. TOTAL ANNUAL COMPENSATION
1.		1.
2.		2.
3.		3.
4.		4.
5.		5.

1. Subcontractor C. Name:		2. Sub C. DUNS:
a. OFFICERS NAME		b. TOTAL ANNUAL COMPENSATION
1.		1.
2.		2.
3.		3.
4.		4.
5.		5.

C. CERTIFICATION

a. PREPARED BY CEO or Payroll Official: <i>(Name, Title, and Phone Number)</i>	Date:
b. REVIEWED BY: <i>(Name, Title, and Phone Number)</i>	Date:

**QUARTERLY REPORT ON SUBCONTRACTS
AMERICAN RECOVERY AND REINVESTMENT ACT**

A. Subcontracts over \$25,000 (excluding subcontracts to individuals)

	1. Subcontractor Name	2. Subcontractor Address	3. Subcontractor DUNS Number	4. NAICS Number	5. Subcontract Number	6. Subcontract description	7. Subcontract Amount	8. Congressional District	9. City of job site	10. State Of job site
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										
11.										
12.										
13.										
14.										
15.										

B. Subcontracts under \$25,000 and to individuals

1. Total Number	2. Total Amount of Subcontracts	

C. CERTIFICATION

1. PREPARED BY CEO or Payroll Official: <i>(Name, Title, and Phone Number)</i>	Date:
2. REVIEWED BY: <i>(Name, Title, and Phone Number)</i>	Date:

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