

Table 1: AGGREGATE DATA, BY FORMULA PROGRAM¹

Information Requested	Example	Please Insert Your Data in This Column
Recipient name	Minnesota Department of Transportation	Transit Authority of the City of Omaha dba Metro Area Transit (MAT)
Federal formula program (i.e., Highway Infrastructure Investment, Transit Capital Investment, Fixed Guideway Infrastructure Investment, or Clean Water State Revolving Funds)	Highway Infrastructure Investment	Transit Capital Assistance
Recipient DUNS Number	999999999.9999	137920450
Amount of Recovery Act funds allocated/apportioned to recipient (Transit agencies: please report on the amount of Recovery Act funds available to your agency and not the overall amount apportioned to your urbanized area)	850000	9879481
Amount of Recovery Act funds obligated	690000	0
Amount of Recovery Act funds outlayed	75000	0

¹ With regard to each Federal formula program, recipients should report information in each applicable category. For example, if the Minnesota Department of Transportation had begun work on a highway bridge repair, it would likely report the project in each of the following categories: number of projects put out to bid; estimated amount of Recovery Act funds associated with projects put out to bid; number of projects under contract; amount of Recovery Act funds associated with projects under contract; number of projects in which work has begun; and amount of Recovery Act funds associated with projects in which work has begun.

With regard to Highway Infrastructure Investment, Governors, in coordination with Metropolitan Planning Organizations (“MPOs”), should submit the following Table 1 forms: (1) aggregate data for the entire State; and (2) a separate copy of Table 1 representing aggregate data for funds suballocated to each MPO serving a Transportation Management Area pursuant to Section 133 of Title 23, United States Code. For example, with regard to Highway Infrastructure Investment, the Governor of Oregon should submit the following forms: Table 1 for the entire State of Oregon; Table 1 for Recovery Act funds suballocated to Eugene, Oregon; Table 1 for Recovery Act funds suballocated to Portland, Oregon; Table 1 for Recovery Act funds suballocated to Salem, Oregon; and Table 2 for each project in the State.

Information Requested	Example	Please Insert Your Data in This Column
Number of projects put out to bid (i.e., the project has been advertised)	8	4
Estimated amount of Recovery Act funds associated with projects put out to bid	690000	8460686
Number of projects under contract (i.e., the contract has been awarded)	6	1
Amount of Recovery Act funds associated with projects under contract	428000	22000
Number of projects in which work has begun (i.e., the contractor has received a “notice to proceed” or the work has begun in-house, where applicable)	4	1
Amount of Recovery Act funds associated with projects in which work has begun	100000	22000
Number of projects in which work has been completed (i.e., the work has been completed by a contractor or in-house, where applicable)	2	0
Amount of Recovery Act funds associated with completed projects	50000	0
Number of direct, on-project jobs created or sustained by Recovery Act funds (i.e., the number of employees created or sustained by Recovery Act funds, including employees of recipient, prime contractors, consultants, and subcontractors)	178	N/A

Information Requested	Example	Please Insert Your Data in This Column
Total job hours created or sustained by Recovery Act funds (i.e., the total job hours for employees cited in above line)	14240	N/A
Total payroll of job hours created or sustained by Recovery Act funds (i.e., the total dollar amount of wages paid for job hours created or sustained by Recovery Act funds)	370240	N/A
Aggregate expenditure from State sources for projects eligible for funding under the Federal formula program during the period from 2/17/09 through 3/31/09	50000	0
Amount of funds that recipient planned to spend as of 2/17/09 from State sources for projects eligible for funding under the Federal formula program during the period from 2/17/09 through 9/30/10	600000	0
Any decrease (from the amount reported in the line above) in the amount of funds that the recipient now plans to spend from State sources for projects eligible for funding under the Federal formula program during the period from 2/17/09 through 9/30/10	0	0

Table 2: PROJECT-SPECIFIC: Please complete for all projects where Recovery Act funds are obligated²

Information Requested	Example	Please Insert Your Data in This Column
Project name (Note: To the extent applicable, the project name should be the same name as the name appears in the Statewide Transportation Improvement Program (STIP) and/or Fiscal Management Information System (FMIS).)	Highway 1 Recovery Bridge Replacement in Duluth, Minnesota	Replace / Upgrade Support Equipment
Federal formula program	Highway Infrastructure Investment	Transit Capital Assistance
Recipient DUNS Number	999999999.9999	137920450
Federal-aid project number (Note: The Federal-aid project number applies only to Highway Infrastructure Investment.)	AAAA111	0
State project number or identification number, where available (Note: The state project or identification number applies only to Highway Infrastructure Investment.)	1000000000000	0
Project purpose (For Highway Infrastructure Investment, please provide a single sentence describing the type of project consistent with the improvement type code in FMIS.)	Bridge Replacement-No Added Capacity	Purchase 2-way radios for use in buses and service vehicles. Purchase 2-way hand-held radios for use by dispatch/maintenance personnel.
Estimated project total cost	2200000	32107.30
Project rationale (Note: Please provide a short description of how the project will advance the recipient's transportation and infrastructure goals and the reason the recipient selected this particular investment.)	Improve bridge safety by replacing an 80-year old bridge	Provide method of communication between bus operators, dispatch and maintenance personnel; selected due to priority of maintaining interoperable communications.

² Please use this table format to add rows to identify additional projects as necessary.

Table 3: CONTACT PERSON

Information Requested	Example	Please Insert Your Data in This Column
Name	Jon Smith	Jessica Gladstone
Title	Director of Federally Administered Program	Grant Administrator
Phone number	2025552000	4029516509
Fax number	2025553000	4023420949
Email address	Jon.smith@state.gov	gladstone@omamat.org