Recipient Report: Grant or Loan Version: 1.1 Prime Recipient

Reporting Information			
Award Type*	Award Number*	Final Report*	
Grant	SURETY BOND NUMBER FROM APPLICATION	Υ	

Award Recipient Information			
Recipient DUNS Number*	Recipient Account Number	Recipient Congressional District*	
		xx	

Award Information			
Funding Agency Code*	Awarding Agency Code*	Award Date*	
6925	690S		
Amount of Award*	CFDA Number*		
	20.904		
Program Source (TAS)*	Sub Account Number for Program Source (TAS)		
69-0504	001		
Total Number of Sub Awards to Individuals*	Total Amount of Sub Awards to Individuals*		
0.00	\$0.00		
Total Number of Payments to Vendors less than \$25,000/award*	Total Amount of Payments to Vendors less than \$25,000/award*		
0.00	\$0.00		
Total Number of Sub Awards less than \$25,000/award*	Total Amount of Sub Awards less than \$25,000/award*		
0.00	\$0.00		

Award Description*

DBE AMERICAN REINVESTMENT AND RECOVERY ACT OF 2009 BONDING ASSISTANCE REIMBURSABLE FEE PROGRAM Number of characters entered: 94

Project Information			
Project Name or Project/Program Title*		Total Federal Amount ARRA Funds Received/Invoiced*	
DBE BONDING ASSISTANCE	FULLY COMPLETED		

Number of Jobs*	Description of Jobs Created*	
	NONE AS A RESULT OF BONDING ASSISTANCE	
0.00	Number of characters entered: 38	
Quarterly Activities/Project Description*		
NONE AS A RESULT OF BONDING ASSISTANCE		
Number of characters entered: 38		
Activity Code (NAICS or NTEE-NPC)*		
1	2	
3	4	
3	1	
5	6	
7	8	
9	10	
Total Federal Amount of ARRA Expenditure*	Total Federal ARRA Infrastructure Expenditure	Infrastructure Contact Name
\$0.00		
Infrastructure Contact Email	Infrastructure Contact Phone	Infrastructure Contact Phone Ext
Infrastructure Contact Street Address 1	Infrastructure Contact Street Address 2	Infrastructure Contact Street Address 3
Infrastructure City	Infrastructure State	Infrastructure ZIP Code+4
inirastructure City	Imrastructure State	Imrastructure ZIP Code+4
Life of the Control o		
Infrastructure Purpose and Rationale		
Number of characters entered: 0		

Street Address 1	Street Address 2	City*
FROM APPLICATION	FROM APPLICATION	FROM APPLICATION
State*	ZIP Code+4*	Congressional District*
		xx
Country*		
US		

Recipient Highly Compensated Officers			
Prime Recipient Indication of Reporting Applicability*	#	Officer Name	Officer Compensation
NO	1		
	2		
	3		
	4		
	5		