RECOVERY ACT - SUBCONTRACTOR JOBS REPORT

SUBCONTRACT NUMBER: _____ SUBCONTRACTOR NAME: _____.

For Monthly Report Due (insert Calendar Month and Year) _____.

SUBMIT COMPLETED FORM VIA E-MAIL NO LATER THAN THREE (3) WORKING DAYS AFTER THE END OF EACH CALENDAR MONTH TO:

(1) Patsy Pehrson (Patsy.Pehrson@orau.org)
(2) ORAU/ORISE SUBCONTRACT ADMINISTRATOR, and
(3) ORAU/ORISE TECHNICAL PROJECT OFFICER

_____
SUBCONTRACTOR COMPANY OFFICIAL'S NAME & TITLE (Printed)

_____
SIGNATURE & DATE

SUB-CONTRACT LINE ITEM NO.	JOBS CREATED – CURRENT MONTH Seller and all lower-tier subcontractors		JOBS CREATED – **CUMULATIVE** Seller and all lower-tier subcontractors		JOBS RETAINED – **CURRENT MONTH** Seller and all lower-tier subcontractors		JOBS RETAINED – **CUMULATIVE** Seller and all lower-tier subcontractors		JOBS PLANNED (TARGETED) TO BE CREATED AND/OR SAVED	
	Job Title/Category	Number of FTEs	Job Title/Category	Number of FTEs	Job Title/Category	Number of FTEs	Job Title/Category	Number of FTEs	Job Title/Category	Number of FTEs