

**NORTH CENTRAL TEXAS COUNCIL OF GOVERNMENTS
AIR QUALITY FUNDING PROGRAMS**

Project Status Report

1. Performing Party Name: _____
2. Reporting on Project Number: _____
3. Reporting on Scope Activity Number(s): _____
4. Reporting Period: _____
5. Description of work/grant activities completed during this period.

6. Anticipated Date of Project Completion: _____

7. If applicable, has vendor provided Buy America or Buy American Certification (Y/N)? If no, please explain reason this has not been obtained and whether a waiver is being sought.

8. Dollar amount of work/grant activities completed during this period. _____

9. Describe any problems or difficulties encountered
10. Are the difficulties impacting your project deliverables or timeline? _____
11. Have you made any announcements or done any publicity about this project to date? If so, provide links to newsletters or website (or attach copies).
12. Discussion of work/grant activities to be completed during the next reporting period.
13. Are you a Certified Disadvantaged Business Enterprise (DBE)?
No _____ Yes _____ (if yes, attach Certification)
14. If you answered yes to question 12, what type of business enterprise (check all that apply)?
- | | | | |
|-------------------------------------------|-------|---------------------------------|-------|
| Historically Underutilized Business (HUB) | _____ | Labor Surplus Area Firms (LSAF) | _____ |
| Woman-owned Business Enterprise (WBE) | _____ | Small Business Enterprise (SBE) | _____ |
| Minority-owned Business Enterprise (MBE) | _____ | | |

15. Performing Party Contractor Information:

Name & Address (City, State, Zip Code-4 digit)	Dollar Value	DUNS #	Product Code	DBE Certification (attach Certificate)
				HUB ____ SBE ____ WBE ____ MBE ____ LSAF ____
				HUB ____ SBE ____ WBE ____ MBE ____ LSAF ____
				HUB ____ SBE ____ WBE ____ MBE ____ LSAF ____
				HUB ____ SBE ____ WBE ____ MBE ____ LSAF ____
				HUB ____ SBE ____ WBE ____ MBE ____ LSAF ____

Contact Information of Person Completing Report:

Print Name: _____

Telephone: _____

Email Address: _____

Certification Statement:

I certify to the best of my knowledge and belief that the data provided on this Project Status Report is correct and complete, and in compliance with all provisions of the Agreement.

PERFORMING PARTY

Signature

Print Name

Date

Instructions
NCTCOG AIR QUALITY FUNDING PROGRAMS
Project Status Report

1. Self-explanatory
2. Project number can be found in the Scope of Service, Appendix A of the Agreement
3. Activity number(s) can be found in the Scope of Service, Appendix A of the Agreement
4. Self-explanatory
5. Provide a brief description of the status of the project or activity by outlining work that has been completed during the reporting period, including project success and/or accomplishments.
6. Date project will be completed. New vehicle(s)/equipment must be in-service and old vehicle(s)/equipment disposed of, if applicable, by this date; infrastructure must be constructed and operational by this date; and technology must be installed and operational by this date.
7. For activities that require Buy America Certification or Buy American Certification, please indicate with a yes or no if the vendor has provided such certification. If no, please elaborate, explaining reason this has not been obtained and whether a waiver will be sought. Waivers are required when Certification cannot be obtained due to products not having high enough American goods content. Forms for these certifications can be obtained at www.nctcog.org/aqfunding/forms.
8. Dollar amount spent during this reporting period for completed project or activity. Can include amount in which a request for reimbursement has not been submitted to NCTCOG during this reporting period.
9. Provide a brief description of any problems and/or difficulties encountered during this reporting period and action taken to resolve problems and/or difficulties.
10. Indicate with a yes or no if difficulties encountered prevent project deliverable or timeline.
11. Self-explanatory.
12. Provide a brief description of project work or activity that will take place during the reporting period, including anticipated project success and/or accomplishments.
13. Based on the definition above, select yes or no if your entity is or is not certified as a DBE enterprise.
14. Select all DBE type that applies to your entity and attach a copy of the Certificate.

Definitions:

Minority Business Enterprise (MBE) is a business concern that is (1) at least 51 percent owned by one or more minority individuals, or, in the case of a publicly-owned business, at least 51 percent of the stock is owned by one or more minority individuals; and (2) whose daily business operations are managed and directed by one or more of the minority owners.

Woman Business Enterprise (WBE) is a business concern that is, (1) at least 51 percent owned by one or more women, or, in the case of a publicly-owned business, at least 51

percent of the stock is owned by one or more women and (2) whose daily business operations are managed and directed by one or more of the women owners.

Historically Underutilized Business (HUB) is a business (except tribally-owned concerns) that is (1) a small business by SBA standards (2) owned and controlled at least 51 percent by US citizens, or a Community Development Corporation, or an agricultural cooperative or an Indian tribe (3) its principal office must be located within a “Historically Underutilized Business Zone,” which includes lands considered “Indian Country” and military facilities closed by the Base Realignment and Closure Act and (4) at least 35 percent of its employees must reside in a HUBZone.

Small Business Enterprise (SBE) is an independent business having fewer than 500 employees.

Labor Area Surplus Firm (LASF) is a geographical area identified by the Department of Labor as an area of concentrated unemployment or underemployment or an area of labor surplus.

Equipment is any tangible, nonexpendable, personal property having a useful life of more than one year and an acquisition cost of \$5,000 or more per unit.

15. If your entity received goods/services this reporting period, provide Contractor(s) information in the table:

Column 1: Contractor name and address. Include four digit extension to zip code

Column 2: Dollar amount of product or service provided by Contractor

Column 3: If the value of product or service provided by Contractor is over \$5,000, provide Contractor’s DUNS number

Column 4: Using the following product code numbers; identify the type of product or service acquired through the procurement:

0 = Operation and Maintenance

1= Construction

Light-Duty Vehicles

2 = Neighborhood Electric Vehicles

3 = Gasoline Powered Hybrid Vehicles

4 = Diesel Vehicles

5 = Gasoline Powered Plug-In Hybrid

6 = Other Alternative Fueled Vehicles

7 = Other Gasoline/Diesel Vehicles

Medium- and Heavy-Duty Vehicles

8 = Electric Vehicles

9 = Hybrid Vehicles Powered by Alternative Fuels

10 = Other Alternative Fueled Vehicles

11 = Other Advanced Technology Vehicles

12 = Other Gasoline/Diesel Powered Vehicles

Column 5: If applicable, based on the definition above, select DBE Certification type for Contractor. Select all DBE types that apply, and attach a copy of the Certificate.