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| --- | --- | --- | --- | --- |
| **Project Number:** |  |  | **Contract Number:** |  |
| **Project Title:** |  | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **POSITION TITLE** | **POSITION NUMBER** | **EST % OF TIME ON PROJECT** | **PROJECT RESPONSIBILITIES** | | | **PROJECT SALARY CEILING** | **PROJECT BENEFIT CEILING** | **TOTAL BUDGET** | **ADDITIONAL COMMENTS** | |
|  |  |  |  | | |  |  | $ 0 |  | |
|  |  |  |  | | |  |  | $ 0 |  | |
|  |  |  |  | | |  |  | $ 0 |  | |
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|  |  |  |  | | |  |  |  |  | |
| I hereby certify that the information provided above is accurate, the positions are essential to complete the subgrant goals and objectives, and total budget(s) includes all costs to be billed to the subgrant, including estimates for annual benefit fluctuations. I understand that this approval sets a limit on the positions and salary amounts to be paid for each position under this subgrant and any changes will require a new approval. I also understand that any positions listed above will not be reimbursable under this subgrant until approved by the FDOT State Safety Office. | | | | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | | | | |
| **Project Director (Signature)** | | | |  | **Date** |  | | | | |
| The positions, responsibilities, salary and benefit ceilings, and total budget information provided above has been reviewed and is deemed allowable, reasonable, and necessary to accomplishing the goals and objectives of the subgrant. | | | | | | The positions, responsibilities, salary and benefit ceilings, and total budget information provided above has been reviewed, appears allowable, reasonable, deemed necessary to accomplishing the goals and objectives of the subgrant, and is hereby approved. | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **FDOT Traffic Safety Program Manager (Signature)** | | | | | | **FDOT Traffic Safety Administrator (Signature)** | | | | **Date** | |

**Instructions:**

**Project Number:** Indicate the project number of the subgrant the personnel request is being approved for

**Contract Number:** Indicate the FDOT contract number of the subgrant the personnel request is being approved for

**Project Title:** Indicate the project title of the subgrant the personnel request is being approved for

**Position Title:** Indicate the title of the position that will be reimbursed under the subgrant. (i.e. Principal Investigator).   
 If OPS enter “OPS” (OPS can be one line-item for all OPS)

**Position Number:** Indicate the agency position number assigned to the position that will be reimbursed. (Positions with the same title will be identified by the position number). The position number for OPS may be entered as “VARIOUS”

**Est % of Time on Project:** Identify the estimate percentage of this position’s time assigned to this subgrant

**Project Responsibilities:** Identify the duties that will be supported by this position for this subgrant.

OPS line item responsibilities will also include the maximum per hour pay rate and applicable benefits. (i.e. OPS will be responsible for manual entry of data and project analysis on daily basis. Maximum rate per hour is $15 with FICA and workers comp)

**Salary Ceiling:** Identify the maximum salary (excluding benefits and overtime) the position will be paid

**Benefits Ceiling:** Identify the estimated benefits and overtime the position will be paid (estimated benefits should include any projected increase that may occur after during the subgrant period)

**Total Budget:** This will represent the total budget within the subgrant for this position including estimated benefits and overtime. THIS IS THE MAXIMUM AMOUNT TO BE REIMBURSED FOR THIS POSITION, UNLESS AMENDED.

**Additional Comments:** Indicate any special circumstances/credentials that would support an especially high salary, or indicate that overtime is being requested in addition to the salary amount.

**AMENDMENTS:** Amendments to this form must include a cover letter with explanation for the adjustment to the position allocations.