

# Subrecipient Reimbursement Guide

## ENFORCEMENT SUBGRANTS



Florida Department of Transportation  
State Safety Office  
Highway Safety Subgrant Program

*Revised 11/2020*

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# DISCLAIMER

**INFORMATION PROVIDED IN THIS QUICK REFERENCE GUIDE IS A COMPILATION OF APPLICABLE STATE AND FEDERAL LAW AND SUBGRANT ACCEPTANCE AND AGREEMENT LANGUAGE.**

**ANY CHANGES IN STATE AND FEDERAL LAW AND SUBGRANT ACCEPTANCE AND AGREEMENT LANGUAGE OCCURRING AFTER THIS PUBLICATION AND/OR EXCLUDED FROM THIS PUBLICATION DOES IN NO WAY EXCLUDE THE SUBRECIPIENT FROM COMPLIANCE WITH CURRENT LAWS AND EXECUTED ACCEPTANCE AND AGREEMENT TERMS**

# DEADLINES

## FDOT STATE SAFETY OFFICE APPROVALS:

All preapprovals must be submitted to the FDOT State Safety Office, at least 14 business days in advance of travel, purchase, printing, etc. Failure to provide within this timeframe may result in denial of request.

The FDOT State Safety Office has a 30-day review process of financial reimbursement requests from the date of receipt. Reimbursement requests will be returned if not completed properly.

## REIMBURSEMENT CLAIMS:

All Subgrants (if costs were incurred within the month).....Monthly or after each pay period

FINAL Reimbursement Claim ..... by October 31<sup>st</sup>

A FINAL financial request for reimbursement shall be postmarked no later than October 31<sup>st</sup> following the end of the subgrant period. Such request shall be distinctly identified as Final. Failure to submit the invoice in a timely manner shall result in denial of payment. The Subrecipient agrees to forfeit reimbursement of any amount incurred if the final request is not postmarked by October 31 following the end of the subgrant period.

## REPORTS:

Performance Reports.....Included with Each Reimbursement Claim

Final Narrative.....with Final Claim and by October 31<sup>st</sup>

The implementing agency shall submit a Final Narrative Report, giving a detailed status of achieving objectives and summary of subgrant activities, problems encountered, and major accomplishments by October 31<sup>st</sup>.

Requests for reimbursement will be returned to the subrecipient unpaid if the required supporting documentation is not provided within 15 business days and/or reports are past due, following notification.

RECEIPT GOODS AND SERVICES: .....September 30<sup>th</sup>

CONCEPT PAPERS: .....January 1<sup>st</sup> – February 28<sup>th</sup>

SUBGRANT PERIOD .....Subgrant (Start) Date – September 30<sup>th</sup>

# PERSONNEL SERVICES

## PREREQUISITES:

## LEGAL LIMITATIONS:

- ⊘ Personnel hired under the subgrant shall not hold the position of **Project Director** nor receive any benefit under this subgrant.

## REIMBURSEMENT REQUIREMENTS:

**Appendix B and C provides step by step guidance for completing required forms for personnel costs reimbursement**

- 💰 Personnel hours will only be reimbursed based on actual hours that were worked on the subgrant. No other allocation method is allowable for reimbursement.
- 💰 Please define all acronyms that may occur on your payroll and benefits documentation (i.e. OT – Overtime; ST – straight time) by making a written note on the documentation.
- 💰 Please use legal names, as represented on payroll documentation, on all reimbursement forms.
- 💰 Benefits – all payroll documentations for employER paid benefits will need to be submitted with each claim **“only”** when requesting for reimbursement
  - Examples of Benefits to include, but are not limited to: **Fringe Benefits, FICA (Social Security and Medicare), FICA (Medicare Only), Workers Compensations, Retirement, etc.**
  - **If requesting benefits, please provide the current rate information (i.e. – FRS Retirement is 24.45% through June 30<sup>th</sup>)**
- 💰 FDOT will only reimburse actual salary and benefit costs paid. Please be mindful when using an excel spreadsheet to calculate your reimbursement requests, your totals may round up. Rates are rounded to the hundredths decimal place (\$0.XX) on either the result of a calculation (item rate multiplied by number of units) or the total invoice amount.

# PERSONNEL SERVICES




Activity Reports are required for each employee requesting reimbursement in the claim. All activity reports, timesheets, and pay documentation should be compiled together and sorted by employee.


John Doe:

- 1) Activity Report
- 2) Timesheet
- 3) Pay documentation (any other documentation)

# CONTRACTUAL SERVICES

## PREREQUISITES:


 **Approval** – The FDOT State Safety Office **shall review and approve** in writing **all subcontract agreements** prior to the actual employment of the consultant or the contractor by the Subrecipient or Implementing Agency.


 A **DRAFT** copy of the subcontract agreement must be provided to the FDOT State Safety Office for approval **prior** to any signature execution.

 All subcontract agreements shall include as a minimum the following information:

- 1) Beginning and end dates of the agreement (not to exceed the subgrant period)
- 2) Total contract amount
- 3) Scope of work/Services to be provided
- 4) Quantifiable, measurable, and verifiable units of deliverables
- 5) Minimum level of service to be performed and criteria for evaluating successful completion
- 6) Budget/Cost Analysis
- 7) Method of compensation/Payment Schedule
- 8) Appendix form with Required Clauses from Part V

## LEGAL LIMITATIONS:

 No subcontracts executed under this subgrant will be made to parties listed on the governmentwide Excluded Parties List System for Award Management (SAM), in accordance with OMB guidelines at 2 CFR 180 that implement Executive Orders 12549 (3 CFR Part 1986 Comp., p. 189) and 12689 (3 CFR Part 1989 Comp., p. 235), “Debarment and Suspension.” The Excluded Parties List System in SAM contains the names of parties debarred, suspended, or otherwise excluded by agencies, as well as parties declared ineligible under statutory or regulatory authority other than Executive Order 12549.

 An entity or affiliate who has been placed on the discriminatory vendor list may not submit a bid, proposal, or reply on a contract to provide any goods or services to a public entity; may not submit a bid, proposal, or reply on a contract with a public entity for the construction or repair of a public building or public work; may not submit bids, proposals, or replies on leases of real property to a public entity; may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity; and may not transact business with any public entity.

# CONTRACTUAL SERVICES

## REIMBURSEMENT REQUIREMENTS:

Appendix D provides step by step guidance for completing required forms for contractual services reimbursement.



Ensure that the invoice matches the method of compensation, as described in the approved subcontract agreement.




A copy of the fully executed contractual service agreement should be included with the invoice for comparison of terms with invoice.




# EXPENSES

## PREREQUISITES:

### PUBLIC INFORMATION AND EDUCATION ITEMS:


-  **Approval** - Before printing public information and education items, a final draft or drawing of the items must be submitted to the FDOT State Safety Office for review and approval.


### TRAVEL:

-  Travel meeting any of the following criteria shall require a written request for approval from the FDOT State Safety Office prior to incurring the actual travel costs. Request should include sufficient justification to prove that the travel will have significant benefits to the outcome of the subgrant activities and is within the travel budget of the project and relevant to the project:

- i. Purchase of Airfare
- ii. Travel to conference
- iii. Travel which includes a registration fee
- iv. Out-of-subgrant-specified work area travel
- v. Out-of-state travel

Failure to receive prior written approval will deem the entire travel cost ineligible for payment, regardless of available funding in travel budget.

-  All travel authorized under this subgrant shall be subject to any additional authorization requirements or restrictions imposed by: the Governor's Executive Order or other guidance; any requirements or forms for travel cost reimbursement imposed by the Subrecipient that do not violate FDOT travel cost reimbursement requirements; and/or FDOT during the subgrant period.

-  Lodging contracts may be funded to accommodate attendance of subgrant funded statewide coalition meetings, conferences, and programs. If lodging a lodging contract is executed to cover lodging cost, all travelers shall be expected to use the contract, and any attendees choosing alternate lodging accommodations based on preference, shall do so at their own out of pocket costs. Cost for these lodging contracts will be reviewed and approved for program appropriateness and costs savings to the State, as determined and approved by the FDOT State Safety Office.

# EXPENSES

⊘ Travel costs for approved travel shall be reimbursed in accordance FDOT Disbursement Operations Handbook, but not in excess of provisions in Section 112.061, Florida Statutes.

## MEAL RATES

Breakfast - \$6.00	Before 6:00 am and extends beyond 8:00 am
Lunch – \$11.00	Before 12:00 pm and extends beyond 2:00 pm
Dinner - \$19.00	Before 6:00 pm and extends beyond 8:00 pm

## PER DIEM RATES

12:01 am – 6:00 am	\$20.00
6:01 am –12:00 pm	\$40.00
12:01 pm – 6:00 pm	\$60.00
6:01 pm–12:00 pm	\$80.00

## MILEAGE – Mileage reimbursement rate is **0.445** per mile (**Round Down**)

- When possible, the Department of Transportation Official Highway Mileage should be used to compute the mileage. <http://www2.dot.state.fl.us/CityToCityMileage/viewer.aspx>

You may use the map mileage available from on-line sources such as MapQuest or Google Maps. Copies of the map used, must be included with the reimbursement request.

- When reimbursing actual mileage, the amount **must be rounded down**. For example, the calculation for a traveler claiming 157 miles would be:  $157 \times \$0.445 = \$69.865$ . The traveler could only be reimbursed a total of \$69.86.
- Vicinity mileage necessary for the conduct of official business is allowable for subsequent trips after arrival at the temporary duty location, but **can't be added to the map mileage. Mileage to and from the traveler's hotel and work site and to and from meals cannot be claimed as vicinity mileage.**
- Travelers may claim vicinity mileage to and from airports or rental car locations, as authorized.
  - If travel occurs more than one hour before or after the traveler's regular work hours, the point of origin may be the traveler's residence. In this situation, the miles claimed must be the miles actually driven.
  - If travel occurs during the traveler's normal work hours, the point of origin must be the closer of the traveler's residence or headquarters.

# EXPENSES



**The FDOT State Safety Office shall not pay for overnight lodging/hotel room rates that exceed \$175.00 per night (before taxes and fees).** A Subrecipient and/or traveler will be required to expend his or her own funds for paying the overnight lodging/hotel room rate in excess of \$175.00 plus the applicable percentage of fees (other than flat fees). If multiple travelers share a room and the individual cost of the lodging/hotel exceeds the \$175 per night limit, the Subrecipient and/or travelers will be required to expend his or her own funds for paying the excess amount. If another entity is covering the cost of the overnight lodging/hotel then this paragraph does not apply.

**Example 1:** The hotel nightly room rate is \$195.00 and there is a \$20.00 per night resort fee. The hotel stay was three nights. The breakdown of charges would be as follows:

$\$175.00 \times 3 = \$525.00$  paid with state funds

$\$20.00 \times 3 = \$60.00$  paid with state funds

$\$25.00$  (amount over \$175 nightly rate)  $\times 3 = \$75.00$  paid with personal funds

**Example 2:** The hotel nightly room rate is \$195.00 and there is a 2% per night surcharge. The hotel stay was three nights. The breakdown of charges would be as follows:

$\$175.00 \times 3 = \$525.00$  paid with state funds

$\$175.00 \times 2\% = \$3.50 \times 3 = \$10.50$  paid with state funds

$\$20.00$  (amount over \$175 nightly rate)  $\times 3 = \$60.00$  paid with personal funds

$\$20.00 \times 2\% = \$0.40 \times 3 = \$1.20$  paid with personal funds




Lodging less than 50 miles from traveler's official headquarters is not eligible for reimbursement without written and approved justification.

# EXPENSES


## REIMBURSEMENT REQUIREMENTS:

Appendix D provides step by step guidance for completing the required forms for expenses costs reimbursement.


## PUBLIC INFORMATION AND EDUCATION ITEMS


 Proof of receipt of all public information and education items shall be submitted to the FDOT State Safety Office at the time of reimbursement request.

Note: Pictures of educational items with approved messages and logos.


 A copy of the FDOT State Safety Office approval must be included with the invoice for public information and education items.


## EXPENSES WITH A UNIT COST OF \$200 OR MORE:

 Any Expense item with a unit cost of \$200 or more must have prior written approval from the FDOT State Safety Office.

 A copy of purchase approval for items with a unit cost of \$200 or more must be included with the reimbursement request for said item.

## TRAVEL:

 ALL travel reimbursement requests must include a **Contractor Travel Form or other Florida Department of Financial Services form signed** by both the traveler and supervisor.

 All travel must include receipts or a lost receipt form and proof of payment. (i.e.: providing only a credit card statement for a gas charge without a gas receipt is not sufficient).

 Travel forms **MUST** include:

- 1) Accurate dates of travel
- 2) Rates for Meals, Lodging/Per Diem, Mileage Rates, per FDOT *Disbursement Handbook for Employees and Managers* (Provided in Legal Limitations section above)
- 3) Justification for any car rental above "Compact" rate
- 4) Copies of all applicable invoices and receipts (hotel, rental car, airfare, etc)
- 5) Include receipts and/or justification for incidental expenses, as required (see incidental expense reference sheet)

# EXPENSES

- 6) Proof of payment to traveler
- 7) Include the source of your claimed mileage in the justification or as an attachment
- 8) Mandatory Parking at Hotels – If a hotel charges a mandatory fee for parking (free self-parking is not available), **you must state that the charge was mandatory**. The statement “mandatory parking fee” or “no free parking available” can be written on the hotel receipt or Travel Form as justification for the charge. When requesting reimbursement for mandatory hotel parking, **separate the parking fee from the hotel room charge and list the parking fee under Incidental Expenses on the Travel Form**.
- 9) Rental Car Charges beyond the travel dates: in the event your travel ends on Friday and you don’t return the rental car until the following date, or you pick up the rental car a day before travel, justification must be provided with the receipt to explain the extra charges.
- 10) All acronyms must be spelled out at least once. This can be handwritten on the documentation, if necessary.



Travel to formal **Conferences requires** the following additional information/adjustments:

- 1) A copy of the Agenda(s) from the conference
- 2) A copy of your FDOT State Safety Office Approval to Attend the Conference
- 3) If a meal is included in the registration fee, the **meal allowance must be deducted from the reimbursement claim**, even if the traveler decides for personal reasons not to eat the meal per FS 112.061(8)(a)5 and FS 112.061(11)(b)1.
- 4) A continental breakfast is considered a meal and **must be deducted if included in a registration fee** per Attorney General Opinion 081-53.
- 5) If there is no registration fee or the fee is waived, **you still must submit the detailed agenda and deduct any meals that were provided** during the conference



Travel **Out of State requires** the following additional information/adjustments:

- 1) A copy of your FDOT State Safety Office approval to travel out of state



Airfare requires the following additional information/adjustments:

- 1) A copy of your FDOT State Safety Office approval to fly

# Equipment Costing \$5,000 Or More

## PREREQUISITES:



**Buy American** – Any manufactured product whose unit purchase price is \$5,000 or more, or a motor vehicle, **MUST** be MADE IN AMERICA.



**Equipment Costing \$5,000 or more per item** – Any equipment purchased with subgrant funds costing \$5,000 or more must be approved by the National Highway Traffic Safety Administration (NHTSA). Be mindful if your estimated unit cost was less than \$5,000, at the time of award; if, at time of purchase the cost is \$5,000 or more, you will need to notify the FDOT State Safety Office **PRIOR** to making the purchase, to allow time for this required approval.

## LEGAL LIMITATIONS:



**Repossession of Equipment** - Ownership of all equipment purchased with Federal highway safety funds rests with the subrecipient and its implementing agency; however, the USDOT maintains an interest in the equipment until the end of its' useful life. Any equipment purchased with Federal highway safety funds that is not being used by the subrecipient or its implementing agency for the purposes described in the subgrant shall be repossessed by the FDOT State Safety Office, on behalf of the USDOT. Items that are repossessed shall be disbursed to agencies that agree to use the equipment for the activity described in the subgrant.



**Disposition of Subgrant Purchased Equipment** - Equipment purchased with a unit cost of \$5,000 or more **requires an Equipment Disposition Form (500-065-26) for approval to dispose.**

- Equipment **with a fair market value less than \$5,000** may be retained, sold or otherwise disposed in accordance with the individual Subrecipient surplus guidance without further responsibility to FDOT beyond the initial approval.
- Equipment **with a fair market value of \$5,000 or more** is still an invested property of NHTSA; therefore, FDOT has the right to recoup an amount proportionate to its share of the original investment.

# Equipment Costing \$5,000 Or More

## REIMBURSEMENT REQUIREMENTS:



All requests for reimbursement of items having a unit cost of \$5,000 or more and a useful life of one year or more shall be accompanied by an Equipment Accountability Record (FDOT Form No. 500-065-09)

Reimbursement of cost for these items will not be processed without receipt of this form.

# APPENDIX



# A: Statement of Highway Safety Project Costs (500-065-04)

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION  
STATEMENT OF HIGHWAY SAFETY PROJECT COSTS

500-065-04  
SAFETY  
10/18

Submit claims to:  
Florida Department of Transportation  
State Safety Office  
605 Suwannee Street, MS 53  
Tallahassee, FL 32399-0450

Date: \_\_\_\_\_  
Claim Number:  
(Example: G0527001) \_\_\_\_\_  
 Partial Claim     Final Claim

Subrecipient Agency: \_\_\_\_\_

Payment Remittance Address: (as indicated on subgrant)  
Name: \_\_\_\_\_  
Address Line 1: \_\_\_\_\_  
Address Line 2: \_\_\_\_\_  
Civ. State. Zip: \_\_\_\_\_

Implementing Agency: \_\_\_\_\_  
Project Title: \_\_\_\_\_  
Project Number: \_\_\_\_\_ FDOT Contract Number: \_\_\_\_\_  
For the Period of: \_\_\_\_\_ through \_\_\_\_\_

Personnel Services: \_\_\_\_\_  
Contractual Services: \_\_\_\_\_  
Expenses: \_\_\_\_\_  
Equipment Costing \$5,000 or More: \_\_\_\_\_  
Indirect Cost: Rate  % \_\_\_\_\_  
TOTAL COSTS CLAIMED FOR PERIOD: \_\_\_\_\_

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

\_\_\_\_\_  
Signature of Authorized Representative for Subrecipient

\_\_\_\_\_  
Name and Title of Authorized Representative for Subrecipient (printed)

Date: \_\_\_\_\_  
Claim Number:  
(Example: G0527001) \_\_\_\_\_  
 Partial Claim     Final Claim

**Date:** Enter the date the form is signed/ completed

**Claim Number:** Enter the 8-digit combination of FDOT contract number following by sequential numbering beginning with 001. (Example: Contract number G1H30; claim 1 would be G1H30001 and claim 15 would be G1H30015)

**Partial/Final:** All claims are partial except for the final claim, which is explicitly marked as final. If there will only be one claim submitted, that claim should be marked as Final.

Subrecipient Agency: \_\_\_\_\_

Payment Remittance Address: (as indicated on subgrant)  
Name: \_\_\_\_\_  
Address Line 1: \_\_\_\_\_  
Address Line 2: \_\_\_\_\_  
Civ. State. Zip: \_\_\_\_\_

**Subrecipient Agency:** Enter the name of the Subrecipient Agency in Block 1 of the awarded subgrant agreement (500-065-01)

**Payment Remittance Address:** The address as stated in Block 9 of awarded subgrant agreement (500-065-01). This information is required and must match exactly what is stated in the contract to ensure accurate payment.

# A: Statement of Highway Safety Project Costs (500-065-04)

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION  
STATEMENT OF HIGHWAY SAFETY PROJECT COSTS

500-065-04  
SAFETY  
10/18

Submit claims to:

Florida Department of Transportation  
State Safety Office  
605 Suwannee Street, MS 53  
Tallahassee, FL 32399-0450

Date: \_\_\_\_\_

Claim Number:  
(Example: G0527001) \_\_\_\_\_

Partial Claim       Final Claim

Subrecipient Agency: \_\_\_\_\_

Payment Remittance Address: (as indicated on subgrant)

Name: \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Implementing Agency: \_\_\_\_\_

Project Title: \_\_\_\_\_

Project Number: \_\_\_\_\_      FDOT Contract Number: \_\_\_\_\_

For the Period of: \_\_\_\_\_ through \_\_\_\_\_

Personnel Services: \_\_\_\_\_

Contractual Services: \_\_\_\_\_

Expenses: \_\_\_\_\_

Equipment Costing \$5,000 or More: \_\_\_\_\_

Indirect Cost: Rate  % \_\_\_\_\_

**TOTAL COSTS CLAIMED FOR PERIOD:** \_\_\_\_\_

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

\_\_\_\_\_  
Signature of Authorized Representative for Subrecipient

\_\_\_\_\_  
Name and Title of Authorized Representative for Subrecipient (printed)

Implementing Agency: \_\_\_\_\_

Project Title: \_\_\_\_\_

Project Number: \_\_\_\_\_      FDOT Contract Number: \_\_\_\_\_

For the Period of: \_\_\_\_\_ through \_\_\_\_\_

**Implementing Agency:** Enter the name of the Implementing Agency as stated on Block 2 of the awarded subgrant agreement (500-065-01).

**Project Title:** Enter the project title as stated on the first page of the awarded subgrant agreement (500-065-01)

**Project Number:** Enter the FDOT project number indicated on first page of the awarded subgrant agreement (500-065-01)

**FDOT Contract Number:** Enter the contract number indicated first page of the awarded subgrant agreement (500-065-01). This is the five-digit contract number and does not include claim number.

**For the Period of:** Enter the period dates should represent earliest date worked or earliest date of expenditure through the latest date of payment. **The only exception is that the end date can never be after the end date of the subgrant which is September 30th. The start date of services can never be before the subgrant was awarded.**

**Example:** Pay period 10/15-10/29 and all costs paid through October 31<sup>st</sup> would be stated as 10/15/2020 through 10/31/2020.

**NOTE: Dates entered here MUST match the dates provided on the Performance Report form (500-065-19).**

**NOTE:** The remainder of this form is completing by entering totals from the following forms:

- Summary Statement of Personnel Services Costs (500-065-05)
- Detail of Costs (500-065-07)

*If you are only seeking reimbursement of Personnel Services, then the Detail of Costs form is not required for completion and submission.*

# A: Statement of Highway Safety Project Costs (500-065-04)

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION  
STATEMENT OF HIGHWAY SAFETY PROJECT COSTS

500-065-04  
SAFETY  
10/16

Submit claims to:  
Florida Department of Transportation  
State Safety Office  
605 Suwannee Street, MS 53  
Tallahassee, FL 32399-0450

Date: \_\_\_\_\_

Claim Number:  
(Example: G0527001) \_\_\_\_\_

Partial Claim       Final Claim

Subrecipient Agency: \_\_\_\_\_

Payment Remittance Address: (as indicated on subgrant)

Name: \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Implementing Agency: \_\_\_\_\_

Project Title: \_\_\_\_\_

Project Number: \_\_\_\_\_ FDOT Contract Number: \_\_\_\_\_

For the Period of: \_\_\_\_\_ through \_\_\_\_\_

Personnel Services: \_\_\_\_\_

Contractual Services: \_\_\_\_\_

Expenses: \_\_\_\_\_

Equipment Costing \$5,000 or More: \_\_\_\_\_

Indirect Cost: Rate \_\_\_\_\_ %

TOTAL COSTS CLAIMED FOR PERIOD: \_\_\_\_\_

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

Signature of Authorized Representative for Subrecipient

\_\_\_\_\_

Name and Title of Authorized Representative for Subrecipient (printed)

Personnel Services: \_\_\_\_\_

Contractual Services: \_\_\_\_\_

Expenses: \_\_\_\_\_

Equipment Costing \$5,000 or More: \_\_\_\_\_

Indirect Cost: Rate \_\_\_\_\_ %

TOTAL COSTS CLAIMED FOR PERIOD: \_\_\_\_\_

**Personnel Services:** This amount will come from the Summary Statement of Personnel Services Cost form (500-065-05). If you have multiple Summary Statement of Personnel Services Cost form pages, the combined Total Personnel Services Costs, **excluding Indirect Costs totals**, on each sheet should be entered here.

**Contractual Services:** This amount will come from the total for Contractual Services on the Detail of Costs form (500-065-07). If you have multiple Detail of Costs pages, the combined total of the Contractual Services on each sheet should be entered here.

**Expenses:** This amount will come from the total for Expenses on Detail of Costs form (500-065-07). If you have multiple Detail of Costs pages, the combined total of the Expenses on each sheet should be entered here.

**Equipment Costing \$5,000 or More:** This amount will come from the total for Equipment Costing \$5,000 or More on the Detail of Costs form (500-065-07). If you have multiple Detail of Costs pages, the combined total of the Equipment Costing \$5,000 or More on each sheet should be entered here.

**Indirect Cost Rate %:** Enforcement subgrants do not have indirect costs; therefore, this will remain blank.

**Indirect Costs:** Enforcement subgrants do not have indirect costs; therefore, you should enter a zero in this field.

**Authorized Representative Signature:** Authorized Representatives are those persons who signed as agency administrators on the signature page of the subgrant agreement. Administrators may delegate signature authority (**Delegation letters must be provided**)













# C: Personnel Services Timesheet (500-065-06)

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION  
PERSONNEL SERVICES TIME SHEET

500-065-06  
SAFETY  
11/16

Implementing Agency: \_\_\_\_\_  
Project Number: \_\_\_\_\_ Claim Number: \_\_\_\_\_  
(Example: G0527001)

Day	Name: _____		Name: _____		Name: _____		Name: _____	
	Hrs Worked on Project	Type of Leave (if Applicable)	Hrs Worked on Project	Type of Leave (if Applicable)	Hrs Worked on Project	Type of Leave (if Applicable)	Hrs Worked on Project	Type of Leave (if Applicable)
01								
02								
03								
04								
05								
06								
07								
08								
09								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
31								
TOTAL								

Implementing Agency: \_\_\_\_\_  
Project Number: \_\_\_\_\_ Claim Number: \_\_\_\_\_  
(Example: G0527001)

**Implementing Agency:** Implementing Agency MUST match the name entered on the Statement of Highway Safety Project Costs form (500-065-04).

**Project Number:** Project Number MUST match the number entered on the Statement of Highway Safety Project Costs form (500-065-04)

**Claim Number:** Claim number MUST match the number entered on the Statement of Highway Safety Project Costs form (500-065-04)

Name: \_\_\_\_\_  
Month: \_\_\_\_\_

**Name:** The name of the authorized employee matching what is listed on the Summary Statement of Personnel Costs form (500-065-05). (List the personnel names in the same order as the Summary Statement of Personnel Costs form)

**Month:** The month the hours are being reported for. (One month per column)

This form provides four columns which can hold information for 4 different people or two people over two pay periods that overlap months.

# C: Personnel Services Timesheet (500-065-06)

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION  
**PERSONNEL SERVICES TIME SHEET**  
500-065-06 SAFETY 11/16

Implementing Agency: \_\_\_\_\_  
 Project Number: \_\_\_\_\_ Claim Number: \_\_\_\_\_  
(Example: G0527001)

Day	Name: _____		Name: _____		Name: _____		Name: _____	
	Hrs Worked on Project	Type of Leave (if Applicable)	Hrs Worked on Project	Type of Leave (if Applicable)	Hrs Worked on Project	Type of Leave (if Applicable)	Hrs Worked on Project	Type of Leave (if Applicable)
01								
02								
03								
04								
05								
06								
07								
08								
09								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
31								
TOTAL								

Day	Hrs Worked on Project
01	
02	

**Hours Worked on Project:** Indicate the number of hours per day of the month worked on the subgrant project.

*Example: Charles Gray worked 5 hours on January 2<sup>nd</sup>, 4 hours on January 4<sup>th</sup>, and 6 hours on February 3<sup>rd</sup>.*

Day	Name: Charles Gray		Name: Charles Gray	
	Hrs Worked on Project	Type of Leave (if applicable)	Hrs Worked on Project	Type of Leave (if applicable)
	Month: January		Month: February	
01				
02	5.00			
03			6.00	
04	4.00			
05				

**Type of Leave (if applicable):** This column is not applicable to enforcement subgrants and should be left blank.

 Represents fields that you do not fill out

All supporting documents for payroll should also be attached in the same order that it is listed on the Summary Statement of Personnel Costs form and the Personnel Services Time Sheet form.



# D: Detail of Costs (500-065-07)

Use a copy of the approved Subgrant Agreement to determine which budget category invoices are supposed to be listed under.

If you do not have enough lines available on the form for that budget category, an additional Detail of Costs form will be required to complete the claim.

**Example:** You have an invoice from Printing Max for \$85.00 for Teen Driver Safety brochures. Your Agency paid the invoice on January 5<sup>th</sup>, 2021 which check number 1568889.

THIS IS AN IMAGE FROM THE BUDGET OF THE SUBGRANT AGREEMENT!!!

Part III: PROJECT DETAIL BUDGET			
Each budget category subtotal and individual line item costs listed below cannot be exceeded. The FDOT State Safety Office may approve shifts between budget categories and line items via an amendment.			
BUDGET CATEGORY	FEDERAL FUNDS	MATCH	TOTAL COST
<b>A. Personnel Services</b>			
Overtime and benefits for enforcement	\$50,000	\$	\$50,000
	Overtime salary and related benefits for DUI enforcement efforts.		
Subtotal:	\$50,000	\$	\$50,000
<b>B. Contractual Services</b>			
Contracted Services	\$1,000	\$	\$1,000
	Transportation contract to transfer DUI offenders during subgrant operations.		
Subtotal:	\$1,000	\$	\$1,000
<b>C. Expenses</b>			
Public Information and Education Items	\$1,200	\$	\$1,200
	For the purchase of outreach materials to be distributed to the public for program implementation and outreach. Includes banners, yard signs, or any other publicly distributed printed program material to include shipping and handling charges. Materials must have written approval from the FDOT State Safety Office prior to purchasing.		
Subtotal:	\$1,200	\$	\$1,200
<b>D. Equipment Costing \$5,000 or More</b>			
Subtotal:	\$	\$	\$
<b>E. Indirect Cost</b>			
Subtotal:	\$	\$	\$
Total Cost of Project:	\$52,200	\$	\$52,200

The Subgrant Agreement included an Expenses Category line item for Public Information and Education Items which approved brochure purchases; therefore, this invoice would be entered under the Expense Category of the form.

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION  
**DETAIL OF COSTS**  
 500-065-07 SAFETY 10/20

Implementing Agency: Example Law Enforcement Agency

Project Number: GFS10 Claim Number: GFS10001  
(Example: G0527001)

Vendor	Date Paid	EFT/Check/Voucher Number	Amount	Indirect Costs (If Applicable)	Description/Subgrant Line Item
<b>Contractual Services</b>					
<b>Total Contractual Services:</b>			<b>\$0.00</b>	<b>\$0.00</b>	
<b>Expenses</b>					
Printing Max	1/5/2021	1568889	\$85.00		Brochures - Public Information and Education
<b>Total Expenses:</b>			<b>\$85.00</b>	<b>\$0.00</b>	
<b>Equipment Costing \$5,000 or More</b>					
<b>Total Equipment:</b>			<b>\$0.00</b>		



# E. PERFORMANCE REPORT (500-065-19)

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION  
**PERFORMANCE REPORT**  
 500-065-19 SAFETY 06/16

Implementing Agency: \_\_\_\_\_  
 Project Number: \_\_\_\_\_ Claim Number: \_\_\_\_\_  
(Example: G0527001)  
 For the Period of: \_\_\_\_\_ through \_\_\_\_\_

A performance report shall be provided with each request for financial reimbursement. List the minimum performance standards, as written in Part IV of this subgrant agreement, then describe the activities conducted within this period for each standard. Detailed instructions can be found in the Subrecipient Quick Reference Guide.

1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

**National Highway Traffic Safety Administration (NHTSA) Required Activity Reporting**  
The following statistics are required reporting for any traffic safety enforcement grant. (enforcement grants only)

1. Number of seat belt citations issued during subgrant-funded enforcement activities.	
2. Number of impaired driving arrests made during subgrant-funded enforcement activities.	
3. Number of speeding citations issued during subgrant-funded enforcement activities.	

Implementing Agency: \_\_\_\_\_  
 Project Number: \_\_\_\_\_ Claim Number: \_\_\_\_\_  
(Example: G0527001)  
 For the Period of: \_\_\_\_\_ through \_\_\_\_\_

**Implementing Agency:** Implementing Agency **MUST** match the name entered on the Statement of Highway Safety Project Costs (500-065-04).

**Project Number:** Project Number **MUST** match the number entered on the Statement of Highway Safety Project Costs (500-065-04)

**Claim Number:** Claim number **MUST** match the number entered on the Statement of Highway Safety Project Costs (500-065-04)

**For the Period of:** The start date and end date **MUST** match the billing period being used by the subrecipient on the Statement of Highway Safety Project Costs form (500-065-04).

A performance report shall be provided with each request for financial reimbursement.

# E. PERFORMANCE REPORT (500-065-19)

The minimum performance standards for your subgrant can be found in Part IV of the subgrant agreement. They should be repeated in that same order and match verbatim for performance reporting.

The minimum performance standards are high level umbrellas used to capture activity towards subgrant objectives. Objectives are identified in Part II of the subgrant agreement. All activities conducted under the subgrant support the objectives; therefore, objective activity can be reported under one of the minimum performance standards.

## COMPLETING THE PERFORMANCE REPORT IS A THREE STEP PROCESS!!

- 1) Enter the Minimum Performance Standards in the first lines of each row to match exactly what is stated in Part IV of the Subgrant Agreement.

Project Title: Testing the PDF Project Number: WZ-2021-00053 FDOT Contract Number: GFS10	<b>THIS IS AN IMAGE FROM PART IV OF THE SUBGRANT AGREEMENT!!!</b>
<b>PART IV: PERFORMANCE REPORT</b>	
<b>Minimum Performance Standards</b>	
The following are the minimum performance standards required in this subgrant agreement. The status of these standards will be reported using FDOT form number 500-065-19 Performance Report and shall be included with each request for reimbursement.	
1. Submit request(s) for financial reimbursement.	
2. Provide performance report(s).	
3. Conduct speeding high visibility enforcement operations.	
4. Conduct outreach/educational activities for speeding.	
<b>National Highway Traffic Safety Administration (NHTSA) Required Activity Reporting</b>	
The following statistics are required reporting for any traffic safety enforcement grant. (enforcement grants only)	
1. Number of seat belt citations issued during subgrant-funded enforcement activities.	
2. Number of impaired driving arrests made during subgrant-funded enforcement activities.	
3. Number of speeding citations issued during subgrant-funded enforcement activities.	

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION <b>PERFORMANCE REPORT</b>		500-065-19 SAFETY 06/18
Implementing Agency:	Example Agency Law Enforcement Agency	
Project Number:	WZ-2021-00053	Claim Number: (Example: G0527001) GFS10001
For the Period of:	1/2/2021	through 2/1/2021
A performance report shall be provided with each request for financial reimbursement. List the minimum performance standards, as written in Part IV of this subgrant agreement, then describe the activities conducted within this period for each standard. Detailed instructions can be found in the Subrecipient Quick Reference Guide.		
1.	Submit request(s) for financial reimbursement.	<input type="text"/>
2.	Provide performance report(s).	<input type="text"/>
3.	Conduct speeding high visibility enforcement activities	<input type="text"/>
4.	Conduct outreach/educational activities for speeding.	<input type="text"/>
5.		<input type="text"/>

# E. PERFORMANCE REPORT (500-065-19)

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION  
SAFETY  
PERFORMANCE REPORT

500-065-19  
SAFETY  
09/18

Implementing Agency: Example Agency Law Enforcement Agency

Project Number: WZ-2021-00053 Claim Number: GFS10001  
(Example: G0527001)

For the Period of: 1/2/2021 through 2/1/2021

A performance report shall be provided with each request for financial reimbursement. List the minimum performance standards, as written in Part IV of this subgrant agreement, then describe the activities conducted within this period for each standard. Detailed instructions can be found in the Subrecipient Quick Reference Guide.

1. **Submit request(s) for financial reimbursement.**
2. **Provide performance report(s).**
3. **Conduct speeding high visibility enforcement activities**
4. **Conduct outreach/educational activities for speeding.**
5.
6.
7.
8.

**National Highway Traffic Safety Administration (NHTSA) Required Activity Reporting**  
The following statistics are required reporting for any traffic safety enforcement grant. (enforcement grants only)

1. Number of seat belt citations issued during subgrant-funded enforcement activities.	<input type="text"/>
2. Number of impaired driving arrests made during subgrant-funded enforcement activities.	<input type="text"/>
3. Number of speeding citations issued during subgrant-funded enforcement activities.	<input type="text"/>

2) Enter a detailed summary of activities and efforts conducted performance measure in the second line of each row of the form.

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION  
SAFETY  
PERFORMANCE REPORT

500-065-19  
SAFETY  
09/18

Implementing Agency: Example Agency Law Enforcement Agency

Project Number: WZ-2021-00053 Claim Number: GFS10001  
(Example: G0527001)

For the Period of: 1/2/2021 through 2/1/2021

A performance report shall be provided with each request for financial reimbursement. List the minimum performance standards, as written in Part IV of this subgrant agreement, then describe the activities conducted within this period for each standard. Detailed instructions can be found in the Subrecipient Quick Reference Guide.

1. **Submit request(s) for financial reimbursement.**  
Per the terms of the subgrant agreement, the financial reimbursement request is hereby submitted and includes all costs paid for this period.
2. **Provide performance report(s).**  
Per the terms of the subgrant agreement, the performance report is provided with reimbursement claim number 1 for the period of January 2nd through February 2nd and all subgrant performance has been noted.
3. **Conduct speeding high visibility enforcement activities**  
Two overtime saturation patrols were conducted during this period. The first was October 4th from 11pm until 3am on Old Mill Street, where speed related fatalities and injuries are currently the most concentrated. Three officers worked this detail (overtime activity report attached). The second operation was October 31st from 7pm until 1am on the opposite entrance to Downtown ABC to mitigate speeding while children and families participating in Halloween activities. Two pedestrians were hit during this period last year; however, there were no injuries this year. Four officers worked this detail (overtime activity report attached). These activities are toward the subgrant objective to reduce speed related crashes and serious injuries 5% from the previous year.
4. **Conduct outreach/educational activities for speeding.**  
No outreach/educational activities were conducted for this claim period.
5.



# E. PERFORMANCE REPORT (500-065-19)

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION  
PERFORMANCE REPORT

500-065-19  
SAFETY  
09/15

Implementing Agency: Example Agency Law Enforcement Agency

Project Number: WZ-2021-00053 Claim Number: GFS10001  
(Example: G0527001)

For the Period of: 1/2/2021 through 2/1/2021

A performance report shall be provided with each request for financial reimbursement. List the minimum performance standards, as written in Part IV of this subgrant agreement, then describe the activities conducted within this period for each standard. Detailed instructions can be found in the Subrecipient Quick Reference Guide.

- Submit request(s) for financial reimbursement.**  
Per the terms of the subgrant agreement, the financial reimbursement request is hereby submitted and includes all costs paid for this period.
- Provide performance report(s).**  
Per the terms of the subgrant agreement, the performance report is provided with reimbursement claim number 1 for the period of January 2nd through February 2nd and all subgrant performance has been noted.
- Conduct speeding high visibility enforcement activities**  
Two overtime saturation patrols were conducted during this period. The first was October 4th from 11pm until 3am on Old Mill Street, where speed related fatalities and injuries are currently the most concentrated. Three officers worked this detail (overtime activity report attached). The second operation was October 31st from 7pm until 1am on the opposite entrance to Downtown ABC to mitigate speeding while children and families participating in Halloween activities. Two pedestrians were hit during this period last year however, there were no injuries this year. Four officers worked this detail (overtime activity report attached). These activities are toward the subgrant objective to reduce speed related crashes and serious injuries 5% from the previous year.
- Conduct outreach/educational activities for speeding.**  
No outreach/educational activities were conducted for this claim period.
- 
- 
- 
- 

**National Highway Traffic Safety Administration (NHTSA) Required Activity Reporting**  
The following statistics are required reporting for any traffic safety enforcement grant. (enforcement grants only)

1. Number of seat belt citations issued during subgrant-funded enforcement activities.	<input type="text"/>
2. Number of impaired driving arrests made during subgrant-funded enforcement activities.	<input type="text"/>
3. Number of speeding citations issued during subgrant-funded enforcement activities.	<input type="text"/>

3) Report the activities and efforts conducted within the claim period for each performance measure in the second line of each row of the form.

National Highway Traffic Safety Administration (NHTSA) Required Activity Reporting	
The following statistics are required reporting for any traffic safety enforcement grant. (enforcement grants only)	
1. Number of seat belt citations issued during subgrant-funded enforcement activities.	<input type="text"/>
2. Number of impaired driving arrests made during subgrant-funded enforcement activities.	<input type="text"/>
3. Number of speeding citations issued during subgrant-funded enforcement activities.	<input type="text"/>

### NHTSA Activity Reporting –

- Number of seat belt citations:** This number is calculated by totaling the seat belt citations (including Child Passenger Restrain violations) from all officer activity forms associated with the hours being reimbursed on this claim. Enter "0" if none were issued.
- Number of impaired driving arrests:** This number is calculated by totaling the impaired driving arrests for all officer activity forms associated with the hours being reimbursed on this claim. Enter "0" if none were issued.
- Number of speeding citations:** This number is calculated by totally ALL speeding citations (including aggressive driving citations, if speeding is involved) all officer activity forms associated with the hours being reimbursed on this claim. Enter "0" if none were issued.

Activity Report totals are found at the bottom of the Activity Report Forms







# G. ARTWORK APPROVAL REQUEST

**Approval** - Before printing public information and education items, a final draft or drawing of the items must be submitted to the FDOT State Safety Office for review and approval.

All public information and educational items are defined as “materials whose purpose is to convey substantive information about highway safety”, therefore all items reimbursed with subgrant funds shall contain a traffic safety related message.

Requests must include the following:


1. A description of the public information or educational item being requested
2. The program/policy is the item supporting
3. Identification of the target audience
4. Explanation on how the item will be distributed
5. Estimated unit cost(s) for the item (must be economical way of conveying the information)

Either the Florida Department of Transportation logo or the words “Funding provided by the Florida Department of Transportation or Funded by FDOT” must appear on or in all artwork. “Brought to you by” or “Provided by” may also be used for this requirement.

Proof of receipt of all public information and education items shall be submitted to the FDOT State Safety Office at the time of reimbursement request.

A copy of the FDOT State Safety Office approval must be included with the invoice for public information and education items.

# G. ARTWORK APPROVAL REQUEST EXAMPLE



**Institute of Police Technology and Management**

University of North Florida  
 12000 Alumni Drive | Jacksonville, Florida 32224  
 Phone: (904) 620-4786 | Fax: (904) 620-2453  
 www.iptm.org

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August 13, 2019

Mr. Chris Craig  
 Traffic Safety Administrator  
 Florida Department of Transportation  
 605 Suwannee Street, MS 53  
 Tallahassee, Florida 32399

RE: Florida Law Enforcement Liaison Program  
 Project Number: PT-19-12-01  
 Contract Number: G1065

Dear Mr. Craig:

I am requesting artwork approval for the attached 9"x 12.5" certificate holder(s). The certificate holder(s) will be combined with a recognition certificate and then distributed to law enforcement agencies and officers in promotion and support of the safety campaign in which the certificate of recognition is presented. The certificate holder(s) will assist us in meeting the objectives of the Florida Law Enforcement Liaison Program.

The costs for each certificate holder is projected to be \$3, and we have planned for a purchase amount of seven hundred-fifty (750). Funds are available for this project under the aforementioned grant and will come from the Expenses category, Printing line item.

I appreciate your consideration of this request.  
 Sincerely,




Tim Roberts  
 Law Enforcement Liaison Coordinator

Enclosure

cc: Al Roop  
 Dan Orel  
 Attachment

*Training the Next Generation of Law Enforcement*



**Institute of Police Technology and Management**


University of North Florida  
 12000 Alumni Drive | Jacksonville, Florida 32224  
 Phone: (904) 620-4786 | Fax: (904) 620-2453  
 www.iptm.org

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**Description: Banner(s):**  
 9" x 12.5" full-color certificate holder, LEL Badge design, no printing on inside covers.

All products must conform to the Buy America Act.

**Design Image:**



Front



Back

*Training the Next Generation of Law Enforcement*