Subrecipient Reimbursement Guide ENFORCEMENT SUBGRANTS



Florida Department of Transportation State Safety Office Highway Safety Subgrant Program

Revised 11/2020

TABLE OF CONTENTS

Disclaimer	3
Deadlines	4
Personnel Services	5
Contractual Services	7
Expenses	9
Equipment Costing \$5,000 Or More	14

Appendix

A.	Statement of Highway Safety Project Costs (500-065-04)	17
Β.	Summary Statement of Personnel Services Costs (500-065-05)	20
C.	Personnel Service Timesheet (500-065-06)	25
D.	Detail of Costs (500-065-07)	27
E.	Performance Report (500-065-19)	30
F.	Law Enforcement Activity Report (500-065-25)	34
G.	Artwork Approval Request	37

DISCLAIMER

INFORMATION PROVIDED IN THIS QUICK REFERENCE GUIDE IS A COMPILATON 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 OCCURING AFTER THIS PUBLICATION AND/OR EXCLUDED FROM THIS PUBLICATION DOES IN NO WAY EXCLUDE THE SUBRECIPIENT FROM COMPLIANCE WITH <u>CURRENT</u> LAWS AND EXECUTED ACCEPTANCE AND AGREEMENT TERMS

DEADLINES

FDOT STATE SAFETY OFFICE APPROVALS:

<u>All preapprovals</u> 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 31st

A <u>FINAL</u> financial request for reimbursement shall be <u>postmarked no later than October 31st</u> following the end of the subgrant period. Such request <u>shall be distinctly identified as Final</u>. 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 31st

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 31st. 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 th
CONCEPT PAPERS:	January 1 st – February 28 th
SUBGRANT PERIOD	Subgrant (Start) Date – September 30 th

PERSONNEL SERVICES

PREREQUISITES:

LEGAL LIMITATIONS:

Personnel hired under the subgrant shall not hold the position of <u>Project Director</u> 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 <u>employER paid</u> benefits will need to be submitted with each claim <u>"only"</u> 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 30th)
- 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 <u>DRAFT</u> copy of the subcontract agreement must be provided to the FDOT State Safety Office for approval <u>prior</u> 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.

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.

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. <u>http://www2.dot.state.fl.us/CityToCityMileage/viewer.aspx</u>

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 x \$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. <u>Mileage to</u> <u>and from the traveler's hotel and work site and to and from meals cannot be claimed as</u> <u>vicinity mileage</u>.
- 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.

The FDOT State Safety Office shall not pay for overnight lodging/hotel room rates that exceed

<u>\$175.00 per night (before taxes and fees).</u> 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 x 3 = \$525.00 paid with state funds

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

\$25.00 (amount over \$175 nightly rate) x 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 x 3 = \$525.00 paid with state funds
\$175.00 x 2% = \$3.50 x 3 = \$10.50 paid with state funds
\$20.00 (amount over \$175 nightly rate) x 3 = \$60.00 paid with personal funds
\$20.00 x 2% = \$0.40 x 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.

0

0

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** <u>signed</u> 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)

- 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 <u>Conferences requires</u> 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:

0

- 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:

S <u>All requests for reimbursement of items having a unit cost of \$5,000 or more</u> and a useful life of <u>one</u> 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.

<u>APPENDIX</u>

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

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION 500-005-0 STATEMENT OF HIGHWAY SAFETY PROJECT COSTS	Y
Submit claims to: Date: Florida Department of Transportation Claim Number: State Safety Office (Example: G0527001) 605 Suwannee Street, MS 53 Partial Claim Tallahassee, FL 32399-0450 Partial Claim	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: Citv. State. Zip:	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)
Implementing Agency:	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.
Personnel Services: Contractual Services: Expenses: Equipment Costing \$5,000 or More: Indirect Cost: Rate % TOTAL COSTS CLAIMED FOR PERIOD:	Subrecipient Agency: Payment Remittance Address: (as indicated on subgrant) Name: Address Line 1: Address Line 2:
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).	Citv. State. Zio:
Signature of Authorized Representative for Subrecipient Name and Title of Authorized Representative for Subrecipient (printed)	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 PLORIDA DEPARTMENT OF TRANSPORTATION 500-065-0 STATEMENT OF HIGHWAY SAFETY PROJECT COSTS 1011	
	Project Title:
Submit claims to: Date:	Project Number: FDOT Contract Number:
Florida Department of Transportation State Safety Office 605 Suwannee Street, MS 53	For the Period of: through
Tallahassee, FL 32399-0450 Partial Claim Final Claim Subrecipient Agency:	Implementing Agency: Enter the name of the Implementing Agency as stated on Block 2 of the awarded subgrant agreement (500-065-01).
Payment Remittance Address: (as indicated on subgrant) Name:	Project Title : Enter the project title as stated on the first page of the awarded subgrant agreement (500-065-01)
Address Line 1:	Project Number: Enter the FDOT project number indicated on first page of the awarded subgrant agreement (500-065-01)
Citv. State. Zip:	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.
Project 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 31st 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).
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).	NOTE: The remainder of this form is completing by entering totals from the following forms:
Signature of Authorized Representative for Subrecipient Name and Title of Authorized Representative for Subrecipient (printed)	 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 500-065-04 STATEMENT OF HIGHWAY SAFETY PROJECT COSTS 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 sub Name:				
Project Title:F	DOT Contract Number:			
For the Period of:				
Indirect Cost: Ra	vices:			
By signing this report, I certify to the best of my knowledge and expenditures, disbursements and cash receipts are for the purp Federal award. I am aware that any false, fictitious, or fraudulen to criminal, civil or administrative penalties for fraud, false state 1001 and Title 31, Sections 3729-3730 and 3801-3812). Signature of Authorized Representative for Subrecipion Name and Title of Authorized Representative for	oses and objectives set forth in the terms and conditions of the ti information, or the omission of any material fact, may subject me ments, false claims or otherwise. (U.S. Code Title 18, Section			

	Personnel Services:	
	Contractual Services:	
	Expenses:	
1	Equipment Costing \$5,000 or More:	
	Indirect Cost: Rate 6%	
	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)

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION 500-065-05 SUMMARY STATEMENT OF PERSONNEL SERVICES COSTS 50/20					
Implementing Agency: Claim Number: Project Number: (Example: G0527001) For the Pay Period of: through					
Name of Employee	Title and Position Number (If applicable)	Hours Worked on Project	Salary Charged to Project	Benefits Charged to Project	Indirect Costs (If Applicable)
		SUBTOTALS:	\$0.00	\$0.00	
Notes:		TOTAL PERSONNEL SERVICES COSTS:	\$0.	00	\$0.00

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

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)

For the Pay Period of: The period reflects the beginning and ending dates of pay period being reimbursed, either bi-weekly or monthly.

All dates of work on this page must fall between the dates provided above.

S	STATE OF PLORIDA DEP	PARTMENT OF TRANSPOR		TS	500-085-05 SAFETY 10/20				1
Implementing Age	ncy:							Title and Position Number	
Project Number:		Claim Number (Example: G05270					Name of Employee	(if applicable)	
For the Pay Period	of:	through							
				Benefits	Indirect				
Name of Employee	Title and Position Number (If applicable)	Hours Worked on Project	Salary Charged to Project	Charged to Project	Costs (If Applicable)				
						Name of Emplo	yee: Name of employe	e as indicated on supporting p	payment
						documentation			
	_								
								les Gray", the Name of Employ	
						should not s	say "Chuck Gray", or th	nere should be a note on the po	ayroll to
						clarify that	Charles is "Chuck"		
						The of Freedom		false listed (i.e.	Comment
						• •		e of the employee listed. (i.e.:	Sergeant,
						Corporal, or Lie	utenant, Officer, Depu	ty)	
						Position numbe	er does not apply to en	forcement subgrants, please d	o not include
						badge numbers		ioreement subgrants, pieuse u	
						bauge numbers	•		
								urs Worked on Project	
	_								
	_			_					
				_					
						Hours Worked	on the Project: Enter t	he TOTAL hours worked that a	ure heing
		SUBTOTALS:	\$0.00	\$0.00			•	employee for this claim period	0
Notes:		TOTAL PERSONNEL SERVICES COSTS:	\$0.1	00	\$0.00	must match the		s listed on the Personnel Servic	-
Enter the total Pers	onnel Services Costs to line 1 of t	the Statement of H	ighway Safety Proje	ct Costs form, 5	500-65-04.				

5	STATE OF FLORIDA DE	PARTMENT OF TRANSPOR		STS	500-085-05 SAFETY 10/20	
Implementing Age Project Number:	ncy:	Claim Number (Example: G05270				Salary Charged to Project
For the Pay Period	of:	through				→
Name of Employee	Title and Position Number	Hours Worked on Project	Salary Charged to Project	Benefits Charged to Project	Indirect Costs (If Applicable)	
						Salary Charged to Project: Enter the total salary costs associated with the number of hours worked.
						of flours worked.
						Example : The total hours worked was 5; therefore, the salary charged to
						project would equal the employee's base rate of pay, plus any applicable
						overtime rate(s) multiplied by 5.
						Employee A: Base Rate: \$15.25 per hour /Overtime Rate: \$22.875 per hour
						5 hours * \$22.875 = \$114.375
						The sum would be \$114.375; therefore, <u>the Salary Charged to project would be</u>
						<u>\$114.38</u> . (use standard rounding conventions)
						If an employee's total hours are from multiple pay checks, calculations should be
						made per paycheck. The combined total of all paychecks should be included on th
						line.
		SUBTOTALS:	\$0.00	\$0.00		
Notes:		TOTAL PERSONNEL SERVICES COSTS:	\$0	.00	\$0.00	If for some reason the calculation is greater than the amount shown on the payment documentation, reimbursement will be based on the amounts from the
Enter the total Pers	onnel Services Costs to line 1 of	the Statement of H	ighway Safety Proj	ect Costs form, 5	500-65-04.	payment supporting documentation. We cannot reimburse more that an agency
						can prove was paid.

S	STATE OF FLORIDA DEF	PARTMENT OF TRANSPOR		STS	500-085-05 SAFETY 10/20	
Implementing Ager	ncy:	Claim Number				Benefits Charged to
Project Number:		(Example: G05270				Project
For the Pay Period	of:	through				
Name of Employee	Title and Position Number	Hours Worked on Project	Salary Charged to Project	Benefits Charged to Project	Indirect Costs (If Applicable)	
						Benefits Charged to Project: Enter the total calculated benefits applicable to the
						Salary charged to project.
						Example: Using the example Salary above, the agency is requesting
						reimbursement of FICA at 7.65% and Workers Compensation at 8%.
						The benefits charged to project would equal the calculated sum of the salary
						amount times 7.65% plus the salary amount times 8%.
						\$114.375 *(FICA) 7.65% = \$8.749
						\$114.375 * (Workers Compensation) 8% = \$9.15
						The sum would be \$17.899; therefore, the <u>Benefits Charged to Project would</u>
						<u>be \$17.90</u> . (use standard rounding conventions)
						If an employee's total hours are from multiple pay checks, calculations should be
						made per paycheck. The combined total of all paychecks should be included on
		SUBTOTALS:	\$0.00	\$0.00		line.
Notes:		TOTAL PERSONNEL SERVICES COSTS:	\$0.	00	\$0.00	If for some reason the calculation is greater than the amount shown on the payment documentation, reimbursement will be based on the amounts from th
Enter the total Pers	onnel Services Costs to line 1 of	the Statement of H	ighway Safety Proje	ect Costs form, 5	00-65-04.	payment supporting documentation. We cannot reimburse more that an agence

can prove was paid.

roject Number:		Claim Number (Example: G05270	01)			subgrants and
or the Pay Period			_			Rep
me of Employee	Title and Position Number (If applicable)	Hours Worked on Project	Salary Charged to Project	Benefits Charged to Project	Indirect Costs (If Applicable)	Do not use th
					7/////	
_						
						Notes: Notes
	_					calculation sa
				/		Example:
		SUBTOTALS:	\$0.00	\$0.00		

Indirect Costs (if applicable): This column is not applicable to enforcement subgrants and should be left BLANK.

Represents fields that you do not fill out

Do not use this column for any other calculations.

Notes:

Notes: Notes are used to define acronyms and explain any special instructions for calculation salary and benefit totals.

Notes: FICA rate is 7.65%, Workers Compensation rate is 8%; retirement rate as of July 1st changed from 24.56% to 25.65%

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

									Implementing Agency: Claim Number: Project Number: (Example: Gosz7001)
pleme	nting Agency	r:		Claim Nu	imber:				Project Number: (Example: G0527001)
oject N	lumber:			(Example: (300270011				
	Name: Month:		Name: Month:		Name: Month:		Name: Month:		Implementing Agency: Implementing Agency MUST match the name entered on
Day	Hrs Worked on Project	Leave (If	Hrs Worked on Project	Leave (If	Hrs Worked on Project	Leave (If	Hrs Worked on Project	Type of Leave (If	the Statement of Highway Safety Project Costs form (500-065-04).
1		Applicable)		Appressie)		Applicable)		Applicable)	Project Number: Project Number MUST match the number entered on the
2									
									Statement of Highway Safety Project Costs form (500-065-04)
									Claim Number: Claim number MUST match the number entered on the Statemer
									of Highway Safety Project Costs form (500-065-04)
_									
┝	_								
┝	_	-			_	_	_		Name:
		_							Name.
									Month:
-									Month.
1									
t									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)
		_							
i i		-							
		-	_				_		This form provides four columns which can hold information for 4 different peop
_		_							or two people over two pay periods that overlap months.
_									
AL									

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

	enting Agency: Number:		Claim Nu (Example: G				
	Name:	Name:		Name:		Name:	
	Month:	Month:		Month:		Month:	
Day	Hrs Worked on Project	Type of Leave (ir on Proje	ted 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					V////		V//
03					V////		V///
04					////		V///
05					V////		V//
06					V////		V//
07			- V////		////		V///
09					////		///
10					////		V//
11					////		V///
12							V///
13					////		///
14					V////		V//
15					<i>V////</i>		V///
16					////		V///
17							V//
18					////		V///
19							V///
20					////		V///
22					\sim		///
23							V///
24			- V////				V//
25							V//
26					V///		V//
27							V///
28							V//
29							
30							
31					1		



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 2nd, 4 hours on January 4th, and 6 hours on February 3rd.

	Name: Charl	es Gray	Name: Charles Gray			
	Month: Janu	ary	Month: February			
Day	Hrs Worked on Project	Type of Leave (if applicable)	Hrs Worked on Project	Type of Leave (if applicable)		
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)

				Implementing Agency:
	STATE OF FLORIDA DEPARTM DETAIL OF		500-085-07 SAFETY 10/20	Claim Number:
				Project Number: (Example: G0527001)
Implementing Agency:		aim Number:	ľ	
Project Number:		ample: G0527001)		Implementing Agency: Implementing Agency MUST match the name entered on
Vendor Dat	e Pald k/Voucher	Amount (if Applicable)	Description/Subgrant Line Item	the Statement of Highway Safety Project Costs form (500-065-04).
Contractual	Number		Line item	Project Number: Project Number MUST match the number entered on the
Services				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)
_				Category: Items should be listed under the category they are funded under in the
Total C	Contractual Services:	\$0.00 \$0.00		subgrant agreement budget table.
Expenses	Sontractual Services.	90.00 90.01		
				Budget Categories are:
-				
				Contractual Services
				Expenses
-				Equipment Costing \$5,000 or More
				Use a copy of the approved Subgrant Agreement to determine which category
				invoices are supposed to be listed.
	Total Expenses:	\$0.00 \$0.00	1	
Equipment Costing \$5,000 or				
More				
	Total Equipment:	\$0.00		

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 5th, 2021 which check number 1568889.

Project Title: Testing the PDF Project Number: WZ-3021-00655 FDOT Contract Number: GFS10		BUDGET	N IMAGE FR OF THE SUB GREEMENT!!		
Part III: PF	ROJECT DETAIL BUD	GET			
Each budget category subtotal and individual line FDOT State Safety Office may approve shifts bet amendment.					
BUDGET CATEGORY	FEDERAL FUNDS	MATCH	TOTAL COST		
A. Personnel Services					
Overtime and benefits for enforcement	\$50,000	S	\$50,000		
	Overtime salary and rela	ted benefits for DUI enforcer	nent efforts.		
Subtotal	\$50,000	\$	\$50,000		
B. Contractual Services					
Contracted Services	\$1,000	\$	\$1,000		
	Transportation contract to transfer DUI offenders during subgrant operations.				
Subtotal	\$1,000	\$	\$1,000		
C. Expenses					
Public Information and Education Items	\$1,200		\$1,200		
	public for program impler yard signs, or any other p to include shipping and h	ach materials to be distribute nentation and outreach. Inclu Jublicty distributed printed pro- andling charges. Materials m FDOT State Safety Office pr	ides banners, ogram material iust have ior to		
Subtotal	\$1,200	\$	\$1,200		
D. Equipment Costing \$5,000 or More Subtotal	s	s	9		
E. Indirect Cost	5	\$	1		
Subtotal:	\$		\$		

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 <u>Expense Category</u> of the form.

	STATE C		TMENT OF TRANSPORTAT	TION	500-085-0 SAFET 10/2
Implementing Agend	cy: _Example Law	Enforcemen	t Agency		
Project Number:	GFS10		Claim Number: Example: G0527001)	GFS10001	
Vendor	Date Paid	EFT/Chec k/Voucher Number	Amount	Indirect Costs (If Applicable)	Description/Subgrant Line Item
Contractual Services					
Services		_	_	_	
_					
_					_
	Total Contractua	I Services:	\$0.00	\$0.00	
Expenses					
Printing Max	1/5/2021	1568889	\$85.00		Brochures - Public Information and Education
-					
_					
_					
_					
	Total	Expenses:	\$85.00	\$0.00	
Equipment Costing \$5,000 or More					
_					_
	Total E	quipment:	\$0.00		

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

	STATE C	DETAIL O	IENT OF TRANSPORTATION FOR TAX	DON	500-085-07 8AFETY 10/20
Implementing Agen	cy:	CI	aim Number:		
Project Number: _			cample: G0527001)		
Vendor	Date Pald	EFT/Chec k/Voucher Number	Amount	Indirect Costs (if Applicable)	Description/Subgrant Line Item
Contractual Services					
	_				_
	Total Contractua	I Services:	\$0.00	\$0.00	
Expenses					
				///////	_
-	_		_		_
_	_		_		_
	Total	Expanses	\$0.00	\$0.00	
Equipment Costing \$5,000 or More	rotal	Expenses:	30.00	<u>\$0.00</u>	
	=			//////	
	Total E	quipment:	\$0.00		

Vendor: The name of the vendor where items/services were purchased from.

Date Paid: Check date or transaction date

EFT/Check/Voucher Number: Check number, EFT number, or transaction number

Amount: Dollar amount being requested for reimbursement.

Indirect Costs: This column is not applicable to enforcement subgrants and should be left blank.

Description/Subgrant Line Item: Description of purchase and the line item identified in the subgrant agreement budget

Example: Using the example on the previous page, mailing of brochures is approved under the Expenses Line item "Postage and Shipping"; therefore, the entry would look like the example below:

Expenses Printing Max	1/5/2021	1568889	\$85.00	-	Brochures - Public Information and Education

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION 500-085-19 PERFORMANCE REPORT SAFETY OUVS	
Implementing Agency: Claim Number: Project Number: (Example: G0527001) For the Period of: through	Implementing Agency: Claim Number: Project 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.	Implementing Agency: Implementing Agency MUST match the name entered on the Statement of Highway Safety Project Costs (500-065-04).
2.	Project Number: Project Number MUST match the number entered on the Statement of Highway Safety Project Costs (500-065-04)
3.	Claim Number: Claim number MUST match the number entered on the Statement of Highway Safety Project Costs (500-065-04)
4. 5.	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).
6 7	A performance report shall be provided with each request for financial reimbursement.
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.	

Agreement.

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.

					DA DEPARTMENT OF TRANSPORTATI	ON 500-0
Project Title: Testing the PDF Project Number: WZ-2021-00053 FDOT Contract Number: GFS10	THIS IS AN IMAGE FROM PART IV OF THE SUBGRANT AGREEMENT!!!		Implementing Ager		ORMANCE REPORT	GA
PART IV: PERFORMANCE REPORT	r		Project Number: For the Period of:	WZ-2021-00053	Claim Number: (Example: G0527001) through 2/1/2021	
Minimum Performance Standards 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			standards, as written in	Part IV of this subgrant ag		sement. List the minimum performance activities conducted within this period k Reference Guide.
1. Submit request(s) for financial reimbursement.			1. Submit request	s) for financial reimbur	sement	
2. Provide performance report(s).						
3. Conduct speeding high visibility enforcement operations.						
4. Conduct outreach/educational activities for speeding.			2. Provide perform	ance report(s).		
National Highway Traffic Safety Administration (NHTSA) Requ The following statistics are required reporting for any traffic safety enforceme		$ \setminus \rangle$				
1. Number of seat belt citations issued during subgrant-funded enforcement activitie	95.		3. Conduct speed	ng high visibility enford	ement activities	
2. Number of impaired driving arrests made during subgrant-funded enforcement ac	ctivities.					
3. Number of speeding citations issued during subgrant-funded enforcement activities	35.		4. Conduct outrea	ch/educational activitie:	s for speeding.	
			5.			

COMPLETING THE PERFORMANCE REPORT IS A THREE STEP PROCESS!!

Enter the Minimum Performance Standards in the first lines of each

row to match exactly what is stated in Part IV of the Subgrant

500-085 SAFET 09/1

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION 500-065- PERFORMANCE REPORT 500-065- SAFE: 000 Implementing Agency: Example Agency Law Enforcement Agency Claim Number:	2) Enter a detailed summary of activities and efforts conducted
Project Number: WZ-2021-00053 (Example: G0527001) GFS10001 For the Period of: 1/2/2021 through 2/1/2021	STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION 500-015-19 PERFORMANCE REPORT 60/16 O()16
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).	Implementing Agency: Example Agency Law Enforcement Agency Claim Number: Project Number: WZ-2021-00053 (Example: G052701) For the Period of: 1/2/2021 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.
Conduct speeding high visibility enforcement activities A. Conduct outreach/educational activities for speeding. 5.	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.
6. 7.	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 wab 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
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)	Conduct outreach/educational activities for speeding. No outreach/educational activities were conducted for this claim period. 5.
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.	

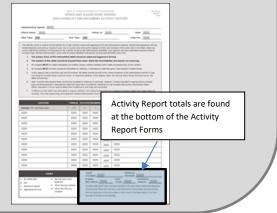
STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION 500-085-19 PERFORMANCE REPORT 504/09
Implementing Agency: Example Agency Law Enforcement Agency
Claim Number: Project Number: WZ-2021-00053 (Example: G0527001) GFS10001
For the Period of: 1/2/2021 through 2/1/2021
A performance report shall be provided with 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.
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 11p ri
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 Octobe 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 nowever,
there were no injuries this year. Four officers worked this detail (overtime activity report attacher). 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.
6.
7.
8.
National Highway Traffic Safety Administration (NHTSA) Required Activity Reporting The following statistics are required reporting for my 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) 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 Repo The following statistics are required reporting for any traffic safety enforcement grant. (enforcement grant						
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.						

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.
- 2. 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.



PERFORMANCE REPORT - Enforcement

F. ACTIVITY REPORT (500-065-25)

Officer Na						
	ime:			Officer I	D:	
Start Time	o:00	End Time	0:00			Total Hrs:
related fat proven that	alities and serious injuries in your at driver behavior is influenced by	city or county were the visibility of act	e among th ve law enfo	e highest of roement; th	cities and o erefore, you	proement subgrant. Speed and aggressive di counties of the same size in the State. Data h ur agency has been awarded subgrant funds
	igh visibility enforcement in your a The primary focus of this enforce					
	The location of this detail shoul					
	All contacts MU 8T be listed indivi					
4.	All contacts MUST include comme	ents that detail all	citations or	educational	materiais g	iven. See example contact below.
						ble presence of the enforcement vehicle in hi not improve within those minimum hours, the
		nal materials have	been prov	ided for dist	ribution to a	r, it does translate to making active contacts all contacts during the enforcement detail.
						s subgrant overtime detail) for longer than I from the hours submitted for reimbursem
	LOCATION	CODE(8)	CITATION	WARNING	ARREST	
		· · ·		l		COMMENT 8
Example: 4	15 ¹ and Washington	C, E	2	1	D	2 Speeding Citations/1 Child Restraint War
Example: 4	15 ¹ and Washington	C, E	2	1		
	15 th and Washington				D	2 Speeding Citations/1 Child Restraint War Speeding educational materials provided.
	15 ⁴ and Washington				0	2 Speeding Citations/1 Child Restraint Wat Speeding educational materials provided.
-	15° and Washington				0	2 Speeding Citations/1 Child Restraint War Speeding educational materials provided.
	19° and Washington				0	2 Speeding Citations/1 Child Restraint War Speeding educational materials provided.
	19° and Washington				0	2 Speeding Citations/1 Child Restraint War Speeding educational materials provided.
	19° and Washington				D	2 Speeding Citations/1 Child Restraint War Speeding educational materials provided.
	IS [™] and Washington					2 Speeding Citations/1 Child Restraint War Speeding educational materials provided.
	19° and Washington					2 Speeding Citations/1 Child Restraint War Speeding educational materials provided.
	19° and Washington					2 Speeding Citations/1 Child Restraint War Speeding educational materials provided.
	19° and Washington					2 Speeding Citations/1 Child Restraint Wat Speeding educational materials provided.
	19° and Washington					2 Speeding Citations/1 Child Restraint Wat Speeding educational materials provided.
	19- and Washington					2 Speeding Citations/1 Child Restraint Wat Speeding educational materials provided.

Enforcement Activity Reports MUST be provided with each request for financial reimbursement for overtime worked. Agency specific activity reports may be used, if those reports include all information detailed in the associated FDOT HVE Activity Forms.

Implementing Agency:			
Officer Name:		Officer ID:	Date:
Start Time: 0:00	End Time: 0:00		Total Hrs:

Implementing Agency: Enter the name of the Agency (No Acronyms)

Officer Name: Enter the First and Last name of the officer (One officer per form)

Officer ID: Enter agency ID for officer

Date: Enter the date of the overtime enforcement detail

Start Time: Enter the beginning time of the detail (10-8)

End Time: Enter the ending time of the detail (10-7)

Total Hours: Total number of hours (should match the calculation of start and end time above)

F. ACTIVITY REPORT (500-065-25)

Implementing Agen	oy:_[
Officer Name:				Officer I	ID:			Date:
Start Time: 0:00		End Time	0:00				Tota	al Hrs:
related fatalities and se proven that driver beha	sed to record activity for a erious injuries in your city o avior is influenced by the v enforcement in your area to	or county wer isibility of act	e among the	e highest of	cities and o verefore, you	ounties of the	he same size as been aware	in the State. Data
	foous of this enforceme							
	n of this detail should be					-		-
	MU8T be listed individual							
	MUST include comments t cy has a minimum pay out							
	r at least those minimum h							
and providin		nateriais have	been prov	ided for dist	tribution to a			
and providing education. Educational materials have been provided for distribution to all contacts during the enforcement detail. Officer discretion is to be used to determine if citations or warnings are warranted.								
Officer discretion is to be used to determine if citations or warnings are warranted. 7. If officers on the detail are activated to support another call (called away from this subgrant overtime detail) for longer than 30								
7. If officers of		to support a	nother call	(called aw	ay from this			
7. If officers of	n the detail are activated	to support a	nother call	(called aw	ay from this			
 If officers of minutes, the 	n the detail are activated	to support a bgrant relate	nother call d enforcem	(called aw	ay from this a deducted		ours submitt	
 If officers or minutes, the LOC 	n the detail are activated e time supporting non-sul ATION	to support a bgrant relate CODE(8)	nother call d enforcem	(called awa	ay from this be deducted ARRE&T	from the h	ours submitt COM	MMENT8 Child Restraint Wa
 If officers of minutes, the 	n the detail are activated e time supporting non-sui	to support a bgrant relate	nother call d enforcem	(called awa	ay from this a deducted	from the h	ours submitt COM	ied for reimbursen
 If officers or minutes, the LOC 	n the detail are activated e time supporting non-sui	to support a bgrant relate CODE(8) C, E	CITATION	(called awn nent must b WARNING	ARREST	from the h 2 Speeding	ours submitt COM	MMENT8 Child Restraint Wa
 If officers or minutes, the LOC 	n the detail are activated e time supporting non-sui	to support a bgrant relate CODE(8)	nother call d enforcem	(called awa	ay from this be deducted ARRE&T	from the h	ours submitt COM	MMENT8 Child Restraint Wa
 If officers or minutes, the LOC 	n the detail are activated e time supporting non-sui	to support a bgrant relate CODE(8) C, E	CITATION	(called awn nent must b WARNING	ARREST	from the h 2 Speeding	ours submitt COM	MMENT8 Child Restraint Wa
 If officers or minutes, the LOC 	n the detail are activated e time supporting non-sui	to support a bgrant relate CODE(8) C, E	CITATION	(called awn eent must b WARNING	ARREST	from the h	ours submitt COM	MMENT8 Child Restraint Wa
 If officers or minutes, the LOC 	n the detail are activated e time supporting non-sui	to support a bgrant relate CODE(8) C, E	CITATION 2	(called awn eent must b WARNING 1	ARREST	2 Speeding	ours submitt COM	MMENT8 Child Restraint Wa
 If officers or minutes, the LOC 	n the detail are activated e time supporting non-sui	to support a bgrant relate CODE(1) C, E	CITATION 2	(called awners) (called awners	AFRE ST	from the h	ours submitt COM	MMENT8 Child Restraint Wa
 If officers or minutes, the LOC 	n the detail are activated e time supporting non-sui	to support a bgrant relate CODE(3) C, E	CITATION 2	(called awneent must b	ARREST 0	2 Speeding	ours submitt COM	MMENT8 Child Restraint Wa
 If officers or minutes, the LOC 	n the detail are activated e time supporting non-sui	to support a bgrant relate CODE(3) C, E	CITATION 2	(called awneent must b	ARREST	2 Speeding Speeding	ours submitt COM	MMENT8 Child Restraint Wa
 If officers or minutes, the LOC 	n the detail are activated e time supporting non-sui	to support a bgrant relate CODE(3) C, E	CITATION 2	(called awneent must b	ARREST 0	2 Speeding	ours submitt COM	MMENT8 Child Restraint Wa
 If officers or minutes, the LOC 	n the detail are activated e time supporting non-sui	to support a bgrant relate CODE(3) C, E	CITATION 2	(called awneent must b	ARREST	2 Speeding Speeding	ours submitt COM	MMENT8 Child Restraint Wa
 If officers or minutes, the LOC 	n the detail are activated e time supporting non-sui	to support a bgrant relate	CITATION 2	(called awn nent must b WARNING 1	ARREST D	2 Speeding S	ours submitt COM	MMENT8 Child Restraint Wa
 If officers or minutes, the LOC 	n the detail are activated e time supporting non-sul ATION	to support a bgrant relate CODE(3) C, E	CITATION 2	VARNING 1	ARREST 0	from the h	ours submitt COM	MMENT8 Child Restraint Wa
 If officers or minutes, the LOC 	n the detail are activated to time supporting non-sul ATION Nington	to support a bgrant relate CODE(3) C, E	CITATION 2	(called awn ent must b WARNING 1	ARREST 0	from the h	ours submitt COM	MENT 8 Child Restraint Wa Child Restraint Wa addriais provided.
 If officers or minutes, the LOC 	n the detail are activated e time supporting non-sul ATION	to support a bgrant relate CODE(3) C, E		(called awn ent must b WARNING 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ARREST 0	from the h	cors submitt	MENT 8 Child Restraint Wa materials provided

List the outcome of each location on a separate line of the activity form.

Location: Enter the street, intersection, zone where the detail is conducted.

Code(s): Using the codes provided at the bottom of the form to identify the type of violation, Enter the relevant violation codes for the violations.

Motorcycle (MC)/Vehicle(V): indicate MC if stopping a motorcyclist or V if stopping a vehicle (Motorcycle Safety HVE ONLY)

Citations: Enter the number of citations issued for the location.

Warnings: Enter the number of verbal or written warning issued for the location.

Arrests: Enter the number of arrests made at the location.

Comments: Provide the number of types citations, warnings (note written and verbal), and arrests and document materials distributed per location.

Example: 2 speeding citations/1 Child Restraint Warning. Speeding educational materials distributed.

F. ACTIVITY REPORT (500-065-25)

		HIGH VISI	BILITY E	NFORC	EMENT	E DRIVI ACTIVI	TY REPORT
Impleme	enting Agency:						
Officer P	Name:				Officer I	D:	Date:
Start Tin	ne: 0:00		End Time	0:00			Total Hrs:
related fa	atailties and serious i	injuries in your city of influenced by the v	or county wer isibility of act	e among th ive law enfo	e highest of proement; th	cities and o erefore, you	procement subgrant. Speed and aggressive drivin counties of the same size in the State. Data has ur agency has been awarded subgrant funds to hately save lives.
1.	The primary foous	of this enforceme	nt detail sho	ould be spe	ed and ago	gressive dri	lving.
2.	The location of thi	ic detail chould be	fooused the	se areas w	here the m	ost fatalitie	es and injuries are occurring.
3.	All contacts MU8T	be listed individual	y by location	uniess mult	iple contact	s were mad	e simultaneously at one location.
4.	All contacts MU8T	include comments t	hat detail all	citations or	educational	materiais g	liven. See example contact below.
5.							ble presence of the enforcement vehicle in high not improve within those minimum hours, the
6.		ation. Educational n	naterials have	e been prov	ided for dist	tribution to a	r, it does translate to making active contacts all contacts during the enforcement detail.
7.					-		subgrant overtime detail) for longer than 30
	minutes, the time :	supporting non-sul	ogrant relate	d enforcen	nent must b	e deducted	f from the hours submitted for reimbursement
	LOCATION		CODE(8)	CITATION	WARNING	ARREST	COMMENTS
Example	LOCATION		CODE(8) C, E	CITATION 2	WARNING	ARRE ST	2 Speeding Citations/1 Child Restraint Warning
Example						D	
			C, E	2	1	D	2 Speeding Citations/1 Child Restraint Warning Speeding educational materials provided.
_			C, E	2	1	D	2 Speeding Citations ¹ 1 Child Restraint Warning Speeding educational materials provided.
			C, E	2	1	D	2 Speeding Citations/1 Child Restraint Warning Speeding educational materials provided.
_			C, E	2	1	D	2 Speeding Citations ¹ 1 Child Restraint Warning Speeding educational materials provided.
			C, E	2	1	0	2 Speeding Citations/1 Child Restraint Warning Speeding educational materials provided.
			C, E	2	1		2 Speeding Citations/1 Child Restraint Warning Speeding educational materials provided.
			C, E	2			2 Speeding Citations ¹ Child Restraint Warning Speeding educational materials provided
			C, E	2			2 Speeding Citations ¹ Child Restraint Warning Speeding educational materials provided.
			C, E	2			2 Speeding Citations ¹ Child Restraint Warning Speeding educational materials provided.
			C, E				2 Speeding Citations ¹ Child Restraint Warning Speeding educational materials provided.
			C, E	2			2 Speeding Citations ¹ Child Restraint Warning Speeding educational materials provided.
			C, E				2 Speeding Citations ¹ Child Restraint Warning Speeding educational materials provided.
	: 45° and Washington						2 Speeding Citations/1 Child Restraint Warning Speeding educational materials provided.
							2 Speeding Citations ¹ Child Restraint Warning Speeding educational materials provided.
A No Sal	: 45° and Washington	DE & E. Nofimproper			s		2 Speeding Citations ¹ Child Restraint Warning Speeding educational materials provided.
A. No Sat B. DU	: 45° and Washington	DE®		2	1		2 Speeding Citations ¹ Child Restraint Warning Speeding educational materials provided.

At the end of the enforcement detail the the NHTSA reporting requirement numbers must be totaled and entered in the summary fields at the bottom.

These numbers are calculated by counting the applicable violations reported in the contact details above.

Total #	# Mat	terials	
of Contacts:	Distrit	buted:	
# Safety	# DUI	# Speeding	
Belt Citations	Arrests:	Citations:	
Driving Activity Report and only ha	ve occurred during ti	s High Visibility Speed and Aggressiv the reported date and start/end time.	e
With the submission of this Activity accurate to the best of my knowled		the information above is true and	

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.uptm.org

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 Lialson 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.

l 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.lptm.org

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.



Back

Training the Next Generation of Law Enforcement