Subrecipient Reimbursement Guide Statewide 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 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 ReportsIncluded 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 30th

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

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, Workers Compensations, Retirement, etc.
 - If requesting benefits, please provide the current rate information (i.e. Retirement is 23.27% 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.

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.

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 FDOT State Safety Office prior to the incurring of 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.

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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 promo items with required logo is acceptable.

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, excluding software, 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:

- SALL 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 <u>MUST</u> 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

Incidental Expenses Reference Sheet

Expense	Reimbursement Guidelines	Justification Required
Taxi Fares/Tips	Taxi tips up to 15% of fare	No
Tolls		No
Parking/Tips	Long term parking should always be used Mandatory valet parking tips up to \$1 per occasion	Valet, short term and metered parking requires justification
Communication (Telephone/Fax/Internet)	Charges must be for business purposes only	Yes
Portage	\$1.00 per bag for up to 5 bags per occurrence	More than 2 bags require justification
OtherTips/Gratuities	Airport shuttle up to \$1 per trip	No

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 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:

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- 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 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 a Equipment Accountability Record (FDOT Form No. 500-065-09)

<u>Reimbursement of cost for these items will not be processed without receipt of this form.</u>

<u>APPENDIX</u>

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION 500-085-04 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 Subrecipient Agency:	Date: Claim Number: (Example: G0527001) Partial Claim Final Claim
Payment Remittance Address: (as indicated on subgrant) Name: Address Line 1: Address Line 2: Citv. State. Zip:	Date: The date the form is signed/ completed Claim Number: The FDOT contract number following a 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:	Subrecipient Agency:
Expenses:	Payment Remittance Address: (as indicated on subgrant)
Equipment Costing \$5,000 or More:	Name:
TOTAL COSTS CLAIMED FOR PERIOD:	Address Line 1:
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	Address Line 2: Citv. State. Zip:
1001 and Title 31, Sections 3729-3730 and 3801-3812).	Subrecipient Agency: The name of the Applicant Agency on the subgrant agreement (500-065-01)
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 form (500-065-01). This information is required and must match exactly what is stated in the contract to ensure accurate payment.

	TMENT OF TRANSPORTATION 500-085-04 SAFETY PROJECT COSTS 10/18	Implementing Agency:
		Project Title:
Submit claims to:	Date:	Project Number: FDOT Contract Number:
Florida Department of Transportation State Safety Office 605 Suwannee Street, MS 53	Claim Number: (Example: G0527001)	For the Period of: through
Tallahassee, FL 32399-0450	🔲 Partial Claim 🔲 Final Claim	
Subrecipient Agency:		mplementing Agency: Enter the name of the Implementing Agency as stated on Block 2 or the awarded subgrant agreement (500-065-01).
Payment Remittance Address: (as indicated on sub Name:	ogrant)	Project Title: Enter the project title as stated on the first page of the awarded subgrant agreement (500-065-01)
Address Line 1: Address Line 2: Citv. State. Zio:		Project Number: Enter the FDOT project number indicated on first page of the awarded subgrant agreement (500-065-01)
Implementing Agency:	DOT Contract Number:	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.
	nrough	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 en
Personnel Servio		date can never be after the end date of the subgrant which is September 30th. The start
Contractual Serv Expenses:	vices:	date of services can never be before the subgrant was executed.
	ing \$5,000 or More:	Example: Pay period 10/15-10/29 and all costs paid through October 31 st would be stated
Indirect Cost: Ra		as 10/15/2020 through 10/31/2020.
TOTAL COSTS CLA	IMED FOR PERIOD:	NOTE: Dates entered here MUST match the dates provided on the Performance Report form (500-065-19).
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 frauduler to criminal, civil or administrative penalties for fraud, false state 1001 and Title 31, Sections 3729-3730 and 3801-3812).	oses and objectives set forth in the terms and conditions of the at information, or the omission of any material fact, may subject me	NOTE: The remainder of this form is completing by entering totals from the following forms:
Signature of Authorized Representative for Subrecipi	ent	 Summary Statement of Personnel Services Costs (500-065-05) Detail of Costs (500-065-07)
Name and Title of Authorized Representative for Subrecipient (printed)		If you are only seeking reimbursement of Personnel Services, you will not be required to complete or provide the Detail of Costs form.

ubmit claims to:		Date:	
Florida Department of State Safety Office 605 Suwannee Street, Tallahassee, FL 32399	MS 53	Claim Number: (Example: G0527001)	Final Claim
Subrecipient Agency:			
Payment Remittance Address	_		
Name:			
UNT. VIALE. LID.			
Implementing Agency:			
		OT Contract Number:	
For the Period of:	th	rough	
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For the Period of:	Personnel Servic	es:	
For the Period of:	Personnel Servic Contractual Serv Expenses:	es:	
	Personnel Servic Contractual Serv Expenses: Equipment Costi Indirect Cost: Ra	es:	
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By signing this report, I certify to the I expenditures, disbursements and cas Federal award. I am aware that any fa to criminal, civil or administrative pen 1001 and Title 31, Sections 3729-373	Personnel Servic Contractual Serv Expenses: Equipment Costi Indirect Cost: Ra TOTAL COSTS CLAI best of my knowledge and b h receipts are for the purpo alse, fictitious, or fraudulent alties for fraud, false staten 10 and 3801-3812).	es: ces: ng \$5.000 or More: te % MED FOR PERIOD: elief that the report is true, complete, ses and objectives set forth in the ten information, or the omission of any ments, false claims or otherwise. (U.S.	ms and conditions of the laterial fact, may subject me

Personnel Services:	
Contractual Services:	
Expenses:	
Equipment Costing \$5,000 or More:	

Personnel Service: 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 Contractual Services on the Detail of Costs form (500-065-07). If you have multiple Detail of Costs pages, the combined total of Contractual Services on each sheet should be entered here.

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

Equipment Costing \$5,000 or More: This amount will come from the Total 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 Equipment Costing \$5,000 or More on each sheet should be entered here.

Submit claims to:	Date:
Florida Department of Transportation State Safety Office	Claim Number:
605 Suwannee Street, MS 53	(Example: G0527001)
Tallahassee, FL 32399-0450	Partial Claim Final Claim
Subrecipient Agency:	/
Payment Remittance Address: (as indicated on sub	ogrant)
Name:	
Address Line 1:	
Address Line 2:	
Citv. State. Zip:	
Implementing Agency:	
Project Title:	
Project Number: F	DOT Contract Number:
For the Period of: the	nrough
Personnel Servic	ces:
Contractual Serv	vices:
Expenses:	
Equipment Post	ing \$5,000 or More:
Indirect Cost: Ra	ate %
TOTAL COSTS CLA	IMED FOR PERIOD:
	belief that the report is true, complete, and accurate, and the
expenditures, disbursements and cash receipts are for the purpo	ases and objectives set forth in the terms and conditions of the at information, or the omission of any material fact, may subject me
expenditures, disbursements and cash receipts are for the purpr Federal award. I am aware that any false, fictitious, or fraudulen to criminal, civil or administrative penalties for fraud, false states	t information, or the omission of any material fact, may subject me
expenditures, disbursements and cash receipts are for the purport Federal award. I am aware that any false, fictitious, or fraudulen	t information, or the omission of any material fact, may subject me
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Indirect Cost: Rate 9%

Indirect Cost Rate %: Enter the Indirect Cost rate approved in the detailed budget of your awarded subgrant agreement (500-065-01).

Indirect Costs: The total for this field is calculated by adding the sum of Indirect Costs subtotal(s) on each Summary Statement of Personnel Services Costs form (500-065-05) and all of the Indirect Costs totals for Contractual Services and Expenses on each Detail of Costs form (500-065-07)

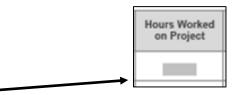
	SUMMARY STATEMENT OF	PARTNEL OF TRANSPORT				ry Stater					THENT OF TRANSPORTAN	TK2N	500-005- 54/927 100
Implementing Age	ncy:	Claim Number		Per	sonne	Service	s and the						
Project Number:(Example: C0527001) For the Pay Period of:Bhrough			en) _0000000	Detail of costs forms				Claim Number: (Example: 00527001)					
Name of Employee	Title and Position Number	Hours Worked on Project	Salary Charged to Project	Denefits Charged to Project	Indirect Costs		Vendor	Date P	Id k/W	T/Cheo loucher umber	Amount	Indirect Coats (If Applicable)	Description/Subgran
		No.	100000	in the second se	To Approximity		Contractual Services						
100000	1000000	1000000	300000	100000	100000		_		_		_	-	-
							_		_	-			-
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		100000	200000	1000038			Expenses		- 1	_	_	_	_
	2000000	100000	2000000	100000	100000		_		_			-	
		and the second s	50000	100000	ESSER.		-		_		_	_	-
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	THEOREM	000000		100000	IN COLUMN				=				
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			100000				-		_	_		_	-
							_		_				
100000		10000	3000000		100000				-				
	100000	000001	100000	00000	000001		_						-
	100000	2000	100000						_	-			_
		SUBTOTALS:	\$0.00	\$0.00			Equipment		Total Expe	enses:	50 0	\$0.00	
Notes:		TOTAL	500		\$0.00		Costing \$5,000 or More						
		SERVICES COSTS:	500	**	ext.00		-		-				
Enter the Intel Dec	sonnel Services Costs to line 1 of		about Calata Daris	at Casta Issue I	00.85.04				Total Equip		\$0.00		

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)

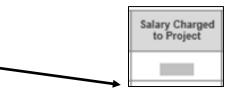
STATE OF PLORIDA D SUMMARY STATEMENT O	EPARTMENT OF TRANSPOR		STS	500-085-05 SAFETY 10/20	
Implementing Agency:					Implementing Agency:
Project Number:	Claim Number (Example: G05270			-	Project Number: (Example: G0527001)
For the Pay Period of:	through				For the Pay Period of: through
Name of Employee (If applicable)	Hours Worked on Project	Salary Charged to Project	Benefits Charged to Project	Indirect Costs (If Applicable)	Implementing Agency: Implementing Agency MUST match the name entered on
	_			(in opping a set of	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
	\sim				of Highway Safety Project Costs (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.
					Title and Position Number
					Name of Employee (if applicable)
	SUBTOTALS:	\$0.00	\$0.00		Name of Employee: Name of employee as indicated on supporting payment
Notes:	TOTAL PERSONNEL SERVICES COSTS:	\$0.	.00	\$0.00	documentation. Example: If the Payroll says "Charles Gray", the Name of Employee entered
Enter the total Personnel Services Costs to line 1 of	f the Statement of H	ighway Safety Proj	ect Costs form, 5	500-65-04.	should not say "Chuck Gray", or there should be a note on the payroll to clarify
					that Charles is "Chuck"

S	STATE OF FLORIDA DEF	PERSONNEL		TS	500-085-05 SAFETY 10/20	Title and Position stated in the Sub		ine item name and position number
Implementing Ager		Claim Number (Example: G05270						
For the Pay Period Name of Employee	Title and Position Number	through Hours Worked on Project	Salary Charged to Project	Benefits Charged to Project	Indirect Costs (If Applicable)	Example:	Name of Employee	Title and Position Number (If applicable)
							John Doe	Faculty (66307)
							Jane Working	Administrative Assistant (92178)
							Alice Hatter	Research Support
								Specialist (140946)
						BUDGET OF	MAGE FROM THE THE SUBGRANT	800-65-01 8471 863
				-		Each bu	dget category subtotal and individual line ite	JECT DETAIL BUDGET
						amendr	tate Safety Office may approve shifts betwee tent. BUDGET CATEGORY	FEDERAL MATCH TOTAL INDIRECT FUNDS MATCH COST ELIGIBLE
						A. Person Faculty (1		\$41,575 \$ \$41,575 Yes Salary and Benefits to include Retirement, Optional Retirement Yan, Florida Retirement System Investment Plans, FICA, Aedicare, emimal Laeve, Worker's Compensation, Unemployment, Standard
						Administr	rative Specialist (92176)	Health Insurance, and Life Insurance Flat Rate. \$4,234 \$ \$4,234 Yes Selary and Benefits to include Retirement, Optional Retirement Optional Retirement Iterational Retirement
		SUBTOTALS:	\$0.00	\$0.00			F N T	Plan, Florida Retirement System Investment Plans, FICA, declicare, eminial Leave, Worker's Compensation, Unemployment, Standard death Insurance, and Life Insurance Flat Rate.
Notes:		TOTAL PERSONNEL SERVICES COSTS:	\$0.	00	\$0.00	Research	i Support Specialist (140946) F M T	\$19,625 \$ \$19,625 Yes salary and Benefits to include Retirement, Optional Retirement Yes Yes Var, Florida Retirement System investment Plans, FICA, Medicare, Yes Yes reminal Leave, Worker's Compensation, Unemployment, Standard Yes Yes lealth Insurance, and Life Insurance Flat Rate Yes Yes
Enter the total Pers	onnel Services Costs to line 1 of t	he Statement of H	ighway Safety Proje	ect Costs form, 5	00-65-04.			

S	STATE OF FLORIDA DEP UMMARY STATEMENT OF	PERSONNEL		STS	500-065-05 SAFETY 10/20
Implementing Agen	су:	Claim Number:			
Project Number:		(Example: G052700	11)		
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
Enter the total Perso	onnel Services Costs to line 1 of t	he Statement of Hi	ghway Safety Proj	ect Costs form, 5	00-65-04.



Hours Worked on the Project: Enter the TOTAL hours worked that are being requested for reimbursement for this employee for this claim period. (This number must match the total number of hours listed on the Personnel Services Timesheet (500-065-06) for this employee)

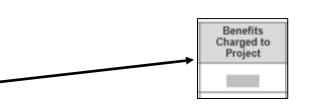


Salary Charged to Project: Enter the total salary costs associated with the number of hours worked.

If an employee's total hours are from multiple pay checks, calculations should be made per paycheck.

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 payment supporting documentation. We cannot reimburse more that an agency can prove was paid.

S	STATE OF PLORIDA DEP UMMARY STATEMENT OF	PERSONNEL		TS	500-085-05 SAFETY 10/20
Implementing Agen	cy:				
Project Number:		Claim Number: (Example: G05270			
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
Enter the total Perso	onnel Services Costs to line 1 of t	he Statement of H	ighway Safety Proje	ect Costs form, 50	00-65-04.



Benefits Charged to Project: Enter the total calculated benefits applicable to the Salary charged to project.

If an employee's total benefits are from multiple pay checks, calculations should be made per paycheck.

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 payment supporting documentation. We cannot reimburse more that an agency can prove was paid.

S	STATE OF FLORIDA DEF	PERSONNEL		STS	500-065-05 SAFETY 10/20
Implementing Agen	icy:				
Project Number:		Claim Number: (Example: G05270			
For the Pay Period	of:	through			
				D 54	
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.		\$0.00
Enter the total Pers	onnel Services Costs to line 1 of t	the Statement of H	ighway Safety Proje	ect Costs form, 5	00-65-04.

Indirect Costs (if applicable): <u>First</u>, determine if the position/line item you are requesting reimbursement for is eligible for indirect by looking for a "Yes" in the "Indirect Eligible" column of the Subgrant for that position.

THE B	AN IMAGE FROM UDGET OF THE NT AGREEMENT!!!	and Dots Collect Part III: F	on PROJECT DETAIL	BUDGET		500-005-01 SAPET7 820		
	Each budget category subtotal an FDOT State Safety Office may an amendment.							
	BUDGET CATEGORY		FEDERAL FUNDS	MATCH	TOTAL COST	INDIRECT		
	A. Personnel Services	an earlier and the	en ne seleste fils		and the second second			
	Faculty (66307)		\$41,575	5	\$4 675	Yes		
			Salary and Bonefits to include Retirement, Optional Rev Plan, Florida Retirement System Investment Plans, FICA, Medicare, Terminal Leeve, Worker's Compensation, Unemployment, Stan Heath Insurance, and Life Insurance Flar Rate.					
	Administrative Specialist (92176)		\$4,234	\$	\$4,234	Yes		
			Plan, Florida Retire Medicare,	to include Retireme ment System Invest riker's Compensatio nd Life Insurance Fi	ment Plans, FICA, n, Unemployment, t			
	Research Support Specialist (14094	6)	\$19,625	s	\$19,625	Yes		
			Salary and Benefits to include Retirement, Optional Retirement Plan, Fiolida Retirement System Investment Plans, FICA, Modicare, Terminal Leave, Worker's Compensation, Unemplayment, Standard Health Insurance and It dis neurone Fails Rate					

If the position/line item you are requesting reimbursement for has a "No" in the "Indirect Eligible" column of the Subgrant Agreement, Indirect Costs is not applicable and the Indirect Costs field on the Summary Statement of Personnel Services Costs should be zero. **Do not use this field for any other** calculations.

<u>Second</u>, determine what the approved Indirect Cost rate is for this subgrant by looking at the budget of the subgrant agreement.

	Subtotal:	SUB	GRANT AGREEMENT!!	
Indirect Cost			308	GRAINT AGREEIVIEINT !!
10 %		\$7,175		\$7,175
	Subtotal:	\$7,175		\$7,175
	Total Cost of Project:	\$105,600	\$	\$105,600

S	STATE OF PLORIDA DEP UMMARY STATEMENT OF	PERSONNEL		STS	500-065-05 SAFETY 10/20	If the position is eligible for Indirect Costs, calculate the total of the positions' salary and benefits being requested multiplied by the approved Indirect Cost rate
Implementing Agen	cy:					and enter that amount in the Indirect Costs field for that position.
Project Number:	of:	Claim Number (Example: G05270 through				Example: Using the Indirect Costs example, the position is eligible for Indirect
Name of Employee	Title and Position Number	Hours Worked on Project	Salary Charged to Project	Benefits Charged to Project	Indirect Costs (If Applicable)	Costs, the approved Indirect rate is 10%, and the total salary and benefits is \$2,153.00.
						\$2,153.00 x 10% = \$215.30 (use standard rounding conventions)
						Total Salary multiplied by the rate equals \$215.30; therefore, \$215.30 is what is entered in the Indirect Costs field.
				-		Salary Charged Benefits Indirect Charged to Costs to Project Project (If Applicable)
						\$2,000.00 \$153.00 \$215.30
						Notes:
						Notes: Define acronyms or provide benefit rates or any other necessary
						clarifications.
		SUBTOTALS	\$0.00	\$0.00		Example: Notes: FICA rate is 7.65%, Workers Compensation
Notes:	onnel Services Costs to line 1 of 1	TOTAL PERSONNEL SERVICES COSTS:	\$0.		\$0.00	rate is 8%; retirement rate as of July 1st changed from 24.56% to 25.65%

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

	nting Agency	/:		Claim Nu (Example: G				— ľ
ofear	Name:		Name:	(and the second	Name:		Name:	
	Month:		Month:		Month:		Month:	
Day	Hrs Worked on Project	Type of Leave (if Applicable)						
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C: Personnel Services Timesheet (500-065-06)

Impleme	enting Agency	:								01			
Project N	Number:			Claim Nu (Example: G						02			
	Name:		Name:		Name:		Name:						
	Month:	Type of	Month:	and the second	Months	Type of	Month:	Type of	d on Proje [,]	ct: Indicate th	ne number o	f hours per d	ay of th
Day	Hrs Worked on Project	Leave (If Applicable)	Hrs Worked	Leave (If Applicable)	Hrs Worked on Project	Leave (if Applicable)	Hrs Worked on Project	Leave (if Applicable)	e subgrant	project.			
01										1			
02													_
03													
04									Charles Gi	ay worked 5	hours on Jar	nuary 2 nd , 4 he	ours on
05									hourson	ebruary 3 rd .			
06									nouis on r	ebruary 5°.			
07													
08										Name: Char	les Grav	Name: Char	es Grav
10						_							
11										Month: Janu	lary	Month: February	
12										Hrs Worked	Type of	Hrs Worked	Туре
13									Day	on Project	Leave (if applicable)	on Project	Leave
14										-	applicable)		applic
15									01				
16									02	5.00			
17												0.00	
18									03			6.00	
19									04	4.00			
20									05				
21									05				
22													
23													
24													
25									lif annlier	hia). If loovo	hours are h	oing roquests	dfor
26						_				-		eing requeste	
27		_							nt, enter th	ne type of lea	ve. (i.e.: Anr	nual, Sick, FM	LA)
20						_					-		-
30						_			documon	to for pourall	chould also	ha attached i	a tha ca
31												be attached i	
									المحام المحام	the Cummers	Statement	of Personnel	Casta

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

		DETAIL	OF COSTS		SAFETY 10/20
mplementing Agen Project Number:	cy:		Claim Number: Example: G0527001)	_	
Vendor	Date Paid	EFT/Chec k/Voucher Number	Amount	Indirect Costs (If Applicable)	Description/Subgrant Line Item
Contractual Services					
			_		_
					_
		$\mathbf{\mathbf{N}}$			
					_
	Total Contractua	Services:	\$0.00	\$0.00	
xpenses					
_					
		- 22			
_					
		Expenses:	\$0.00	\$0.00	
quipment					
Costing \$5,000 or Nore					
	Total F	quipment:	\$0.00		

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

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)

Budget Category: Items should be listed under the category they are funded under in the subgrant agreement budget table.

Budget Categories are:

Contractual Services

Expenses

Equipment Costing \$5,000 or More

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 a receipt dated January 5th, 2021, from The UPS Store for \$85.00 for mailing Teen Driver Safety brochures.

B. Contractual Services Subtotal:	\$		BUDGET OF THE SUBGRAN AGREEMENT!!!		
C. Expenses - Any purchase with a per item unit cost					
excluding software, must have FDOT State Safety Of			AGRE	EIVIEINT	
Communication Equipment and Services	\$400	s	\$400	Yes	
	Telephone line used statewide for Find-A-Ride questions and support.				
GIS Server Access	\$12,000	\$	\$12,000	No	
	Fees for access to	a University dedica	ted server to support	the	
		website interactive			
Postage and Shipping	\$350		\$350	Yes	
	Outgoing shipping, freight, and/or postage for program implementation and outreach.				
Translation Services	\$2,363		\$2,363	Yes	
	Translation service	s for program imple	ementation.		
Travel – Program Related	\$7,800		\$7,800	Yes	
	Costs for program implementation and outreach by employees whose salaries are paid on this subgrant (see Part V for pre-requisite approvals).				
Subtotal:	\$22,913	\$	\$22,913		
D. Equipment Costing \$5,000 or More					
Subtotal:	\$	\$	\$		
E. Indirect Cost					
10 %	\$16,884	nie i d.	\$16,884		
Subtotal:	\$16,884		\$16,884		
		1	I		

The Subgrant Agreement included an Expenses Category line item for Postage and Shipping which approves reimbursement of mailing costs; therefore, this invoice would be entered under the <u>Expense Category</u> of the form.

	STATE C		TMENT OF TRANSPORTAT	TION	500-085 SAFE 10
Implementing Agen	cy:				
Project Number:			Claim Number: Example: G0527001)		
Vendor	Date Paid	EFT/Chec k/Voucher Number	Amount	Indirect Costs (If Applicable)	Description/Subgram Line Item
Contractual Services					
					-
					_
	Total Contractua		\$0.00	\$0.00	
Expenses	Total Contracta	l ocivices.	00.00	40.00	
The UPS Store	1/5/2021	545654	\$85.00	\$8.50	Brochure Mailing
					Postage and Shipi
					_
					_
					_
	Total	Expenses:	\$85.00	\$8.50	
Equipment Costing \$5,000 or More					
					_
	Total E	quipment:	\$0.00		

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

	STATE C		ITMENT OF TRANSPORTAT	DON	500-085-07 SAFETY 10/20
Implementing Agen	icy:				
Project Number:			Claim Number: Example: G0527001)		
Vendor	Date Paid	EFT/Chec k/Voucher Number	Amount	Indirect Costs (If Applicable)	Description/Subgrant Line Item
Contractual Services					
_					
				_	
_					
_					
	Total Contractua	Services:	\$0.00	\$0.00	
Expenses					
-					_
				_	
_					
_					
_					
					_
	_				
	Total	Expenses:	\$0.00	\$0.00	
Equipment Costing \$5,000 or More					
	Total E	quipment:	\$0.00		

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

Date Paid: Enter the check date or transaction date

EFT/Check/Voucher Number: Enter the check number, EFT number, or transaction number

Amount: Enter the dollar amount being requested for reimbursement.

Indirect Costs (if applicable): Enter the calculation of the dollar amount in the "Amount" column multiplied by the subgrant approved Indirect Costs rate. (see pages 25 and 26 for instructions on determining the indirect rate approved and if indirect is applicable)

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, the invoice was eligible for reimbursement under the Expenses Category Line item "Postage and Shipping", the vendor was The UPS Store, the date paid was January 5, 2021, the amount was \$85, and the Postage and Shipping line item had a "Yes" in the indirect eligible column, so the calculated Indirect Costs was \$85.00 x 10% = \$8.50. The final entry should look like the example below.

Expenses					
The UPS Store	1/5/2021	545654	\$85.00	\$8.50	Brochure Mailing - Postage and Shiping
				1	

E. Performance Report (500-065-19)

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	STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION PERFORMANCE REPORT	500-085-19 SAFETY 00/18
Implementing Agency:	Claim Number:	
Project Number:	(Example: G0527001)	r
For the Period of:	through	
standards, as written in Part IV of thi	led with each request for financial reimbursement. List the mir is subgrant agreement, then describe the activities conducted ons can be found in the Subrecipient Quick Reference Guide.	within this period
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

Implementing Agency:	
	Claim Number:
Project 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 TWO 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.

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION

				PERFORMANCE REPORT
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 Agency: Example Agency Law Enforcement Agency Claim Number: Claim Number: Project Number: WZ-2021-00053
PART IV: PERFORMANCE REPOR	т			For the Period of: 1/2/2021 through 2/1/2020
Minimum Performance Standards The following are the minimum performance standards required in this subg standards will be reported using FDOT form number 500-065-19 Performance request for reimbursement.				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.				 Submit request(s) for financial reimbursement.
2. Provide performance report(s).				
3. Facilitate meetings for Florida Aging Road User Coalition.		[2. Provide performance report(s).
4. Provide assistance and support for the Aging Road User Program.		$ \land $		
				3. Facilitate meetings for Florida Aging Road User Coalition.
				4. Provide assistance and support for the Aging Road User Program.
				5.
				6.
		1 I		
			\mathbf{X}	

500-055-

E. Performance Report (500-065-19)

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION SAGETY PERFORMANCE REPORT SAGETY Implementing Agency: Example Agency Law Enforcement Agency	
Project Number: WZ-2021-00053 (Example: 00527001) GFS100001	form.
For the Period of: 1/2/2021 through 2/1/2020	
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 or each standard. Detailed instructions can be found in the Subrecipient Quick Reference Guide.	BTATE OF FLORIDA DEPARTMENT OF TRANSPORTATION SOU PERFORMANCE REPORT
. Submit request(s) for financial reimbursement.	Claim Number: Project Number: WZ-2021-00053 (Example: G0527001) GFS100001
	For the Period of: 1/2/2021 through 2/1/2020
Facilitate meetings for Florida Aging Read Liser Coalition. Provide assistance and support for the Aging Road User Program. S.	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 an 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 clain number 1 for the period of January 2nd through February 1st and all subgrant performance has been not 1. Submit request (s) for financial reimbursement is performance report is provided with reimbursement clain number 1 for the period of January 2nd through February 1st and all subgrant performance has been not
	3. Facilitate meetings for Florida Aging Road User Coalition. Calendar invites, agendas and previous meeting minutes were forwarded to coalition members on January 5th in preparation for the January 31st coalition meeting (copies attached). The meeting room w confirmed and travel forms were provided for those members requiring travel reimbursement to attend th meeting. These activities are in support of the subgrant objective to conduct at least 4 coalition meetings within the subgrant cycle.
	 Provide assistance and support for the Aging Road User Program. An annual comparison report was created and distributed, to the data subcommittee of the coalition, 4 January 16th to advise the current status of crash related and serious injury data for adults aged 65 and
	above. This report was created in support of the subgrant objective to monitor and analyze crash related fatality and serious injury data for adults aged 65 and above.

F. Artwork Approval Request

Approval - Before printing public information and educational 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.

F. Artwork Approval Request



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

August 13, 2019

Mr. Chris Craig Traffic Safety Administrator Florida Department of Transportation 605 Suvannee 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.

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.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.





Training the Next Generation of Law Enforcement