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

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