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| --- | --- | --- | --- | --- | --- |
| **Subrecipient Agency:** | | |  | | |
| **Implementing Agency:** | | |  | | |
| **Project Number:** | |  | | **Contract Number:** |  | |
| **Project Title:** |  | | | | |

The administration of resources awarded by the Department to the Subrecipient through the subgrant agreement may be subject to audits and/or monitoring by the Department. All requests for reimbursement of subgrant costs must be submitted on forms provided by the FDOT State Safety Office unless otherwise approved. If the documents provided do not equal the totals requested, additional documentation may be requested, or amounts reimbursed will be reduced to totals supported by documentation.

The FDOT State Safety Office requires approval of any financial changes made to the reimbursement packet during the financial audit of your agency’s reimbursement claim submission. This form gives preapproval authority to the FDOT State Safety Office to proceed with the below-approved reduction amounts that are checked “YES” **without seeking approval from the agency after the audit discrepancy that reduces the reimbursement claim’s total amount**. If any changes are made to the agency’s reimbursement claim, a copy will be sent to the subrecipient for your records. Please note that any audits that result in an increase in the invoice amount will still require an updated invoice.

**CHOOSE ONE**

|  |  |  |
| --- | --- | --- |
| I am authorizing FDOT State Safety Office to approve any reimbursement financial reduction change amount between $0.01 and $1.00. |  |  |
| I am authorizing FDOT State Safety Office to approve any reimbursement financial reduction change amount between $0.01 and $5.00. |  |  |
| I am authorizing FDOT State Safety Office to approve any reimbursement financial reduction change amount between $0.01 and $10.00. |  |  |
| I am authorizing FDOT State Safety Office to approve any reimbursement financial reduction change amount up to: $ |  |  |
|  |  |  |
| This form **MUST** be signed by the Project Director listed on the award. |  |  |

By submitting this form, I certify that I am authorized to approve this form for my agency. Please note that this form will not roll over to another subgrant or a new project year. Please submit this form for **EACH** subgrant award held with the FDOT State Safety Office.

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| **Print Name:** |  |  |  |  |
| **Signature:** |  |  | **Date:** |  |