FLORIDA SUBRECIPIENT REIMBURSEMENT GUIDE

STATEWIDE SUBGRANTS

Updated: October 17, 2025

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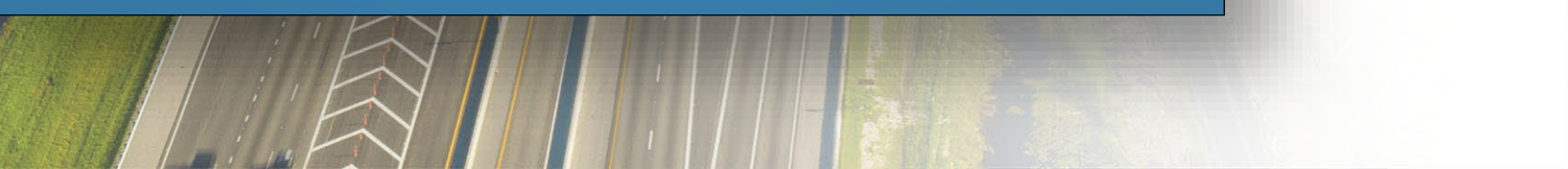


DISCLAIMER

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 CURRENT LAWS AND EXECUTED ACCEPTANCE AND AGREEMENT TERMS.

DEADLINES

FDOT STATE SAFETY OFFICE APPROVALS

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

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

REIMBURSEMENT CLAIMS

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

FINAL Reimbursement Claim: by October 31st

A FINAL financial request for reimbursement shall be emailed or postmarked no later than October 31st following the end of the subgrant period. Such requests shall be distinctly identified as Final. Failure to submit the invoice in a timely manner shall result in denial of payment. The Subrecipient agrees to forfeit reimbursement of any amount incurred if the final request is not emailed or postmarked by October 31st 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 of Goods and Services: September 30th

Concept Papers: January 1st–February 28th

Subgrant Period: Subgrant (Start) Date–September 30th

PERSONNEL SERVICES

LEGAL LIMITATIONS

- Persons holding the position of Project Director for this Agreement shall not receive reimbursement for personnel hours nor receive any other benefit under this Agreement.

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 documentation for employer paid benefits will need to be submitted with each claim **"only"** when requesting for reimbursement.
  - Examples of Benefits to include, but are not limited to: Fringe Benefits, FICA, Workers Compensations, Retirement, etc.
  - If requesting benefits, please provide the current rate information (e.g., fringe pool rates usually change at the start of the State fiscal year).
- FDOT will only reimburse actual salary and benefit costs paid. Please be mindful when using an excel spreadsheet to calculate your reimbursement requests, that 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 **DRAFT** copy of the subcontract agreement must be provided to the FDOT State Safety Office for approval **prior** to any signature execution.
- All subcontract agreements shall include, at a minimum, the following information:
  - Beginning and end dates of the agreement (not to exceed the subgrant period).
  - Total contract amount.
  - Scope of work/Services to be provided.
  - Quantifiable, measurable, and verifiable units of deliverables.
  - Minimum level of service to be performed and criteria for evaluating successful completion.
  - Budget/Cost Analysis.
  - Method of compensation/Payment Schedule.
  - 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 and 1200 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.

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.
- Include a copy of the fully executed contractual service agreement should be included with the invoice for comparison of terms with invoice.
- Ensure that service dates are clearly defined on the invoice for the deliverables being reimbursed.

EXPENSES

PREREQUISITES

PUBLIC INFORMATION AND EDUCATION ITEMS

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

TRAVEL

- All travel shall require a written request for approval from the 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. Additional detail is required if the travel meets any of the following criteria:
  - Purchase of Airfare.
  - Travel to conference.
  - Travel which includes a registration fee.
  - Out-of-subgrant-specified work area travel.
  - 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 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 a.m. and extends beyond 8:00 a.m.
Lunch – $11.00	Before 12:00 p.m. and extends beyond 2:00 p.m.
Dinner - $19.00	Before 6:00 p.m. and extends beyond 8:00 p.m.

PER DIEM RATES

12:01 a.m.–6:00 a.m.	$20.00
6:01 a.m.–12:00 p.m.	$40.00
12:01 p.m.–6:00 p.m.	$60.00
6:01 p.m.–12:00 p.m.	$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.
  https://fdot.maps.arcgis.com/apps/webappviewer/index.html?id=fcb8b493d1c84f909f94a8ebfafbb317

  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. Mileage to and from the traveler's hotel and work site and to and from meals cannot be claimed as vicinity mileage**.

- Travelers may claim vicinity mileage to and from airports or rental car locations, as authorized:
  - If travel occurs more than one hour before or after the traveler's regular work hours, the point of origin may be the traveler's residence. In this situation, the miles claimed must be the miles actually driven.
  - If travel occurs during the traveler's normal work hours, the point of origin must be the closer of the traveler's residence or headquarters.

- **The FDOT State Safety Office shall not pay for overnight lodging/hotel room rates that exceed $225.00 per night (before taxes and fees).** A Subrecipient and/or traveler will be required to expend his or her own funds for paying the overnight lodging/hotel room rate in excess of $225.00 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 $225 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 $225.00 and there is a $20.00 per night resort fee. The hotel stay was three nights. The breakdown of charges would be as follows:

  - $225.00 x 3 = $675.00 paid with state funds
  - $20.00 x 3 = $60.00 paid with state funds

  Example 2: The hotel nightly room rate is $250.00 and there is a $20.00 per night resort fee. The hotel stay was three nights. The breakdown of charges would be as follows:

  - $225.00 x 3 = $675.00 paid with state funds
  - $20.00 x 3 = $60.00 paid with state funds
  - $25.00 (amount over $225 nightly rate) x 3 = $75.00 paid with personal funds

  Example 3: The hotel nightly room rate is $250.00 and there is a 2% per night surcharge. The hotel stay was three nights. The breakdown of charges would be as follows:

  - $225.00 x 3 = $675.00 paid with state funds

- $225.00 x 2% = $4.50 x 3 = $13.50 paid with state funds
- $25.00 (amount over $225 nightly rate) x 3 = $75.00 paid with personal funds
- $25.00 x 2% = $0.50 x 3 = $1.50 paid with personal funds

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

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

TRAVEL

- ALL travel reimbursement requests must include a **Contractor Travel Form or other Florida Department of Financial Services form signed** by both the traveler and supervisor.
- All travel must include receipts or a lost receipt form and proof of payment. (i.e.: providing only a credit card statement for a gas charge without a gas receipt is not sufficient).
- Travel forms MUST include:
  - Accurate dates of travel.
  - Rates for Meals, Lodging/Per Diem, Mileage Rates, per FDOT *Disbursement Handbook for Employees and Managers* (provided in Legal Limitations section above).
  - Justification for any car rental above "Compact" rate.
  - Copies of all applicable invoices and receipts (hotel, rental car, airfare, etc.).
  - Include receipts and/or justification for incidental expenses, as required (see incidental expense reference sheet).

- Proof of payment to traveler.
- Include the source of your claimed mileage in the justification or as an attachment.
- 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.
- 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.
- All acronyms must be spelled out at least once. This can be handwritten on the documentation, if necessary.

- Travel to formal conferences requires the following additional information/adjustments:
  - A copy of the agenda(s) from the conference.
  - A copy of your FDOT State Safety Office approval to attend the conference.
  - 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.
  - A continental breakfast is considered a meal and must be deducted if included in a registration fee per Attorney General Opinion 081-53.
  - 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:
  - A copy of your FDOT State Safety Office approval to travel out of state.
- Airfare requires the following additional information/adjustments:
  - 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 the total cost, including service fees and taxes	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
Other Tips/Gratuities	Airport shuttle up to $1 per trip	No

EQUIPMENT COSTING $10,000 OR MORE

PREREQUISITES

- **Buy American**—Any manufactured product whose unit purchase price is $10,000 or more, or a motor vehicle, MUST be MADE IN AMERICA.
- **Equipment Costing $10,000 or more per item**—Any equipment purchased with subgrant funds costing $10,000 or more must be approved by NHTSA. Be mindful if your estimated unit cost was less than $10,000, at the time of award; if, at time of purchase the cost is $10,000 or more, you will need to notify the FDOT State Safety Office **PRIOR** to making the purchase, to allow time for this required approval.

LEGAL LIMITATIONS

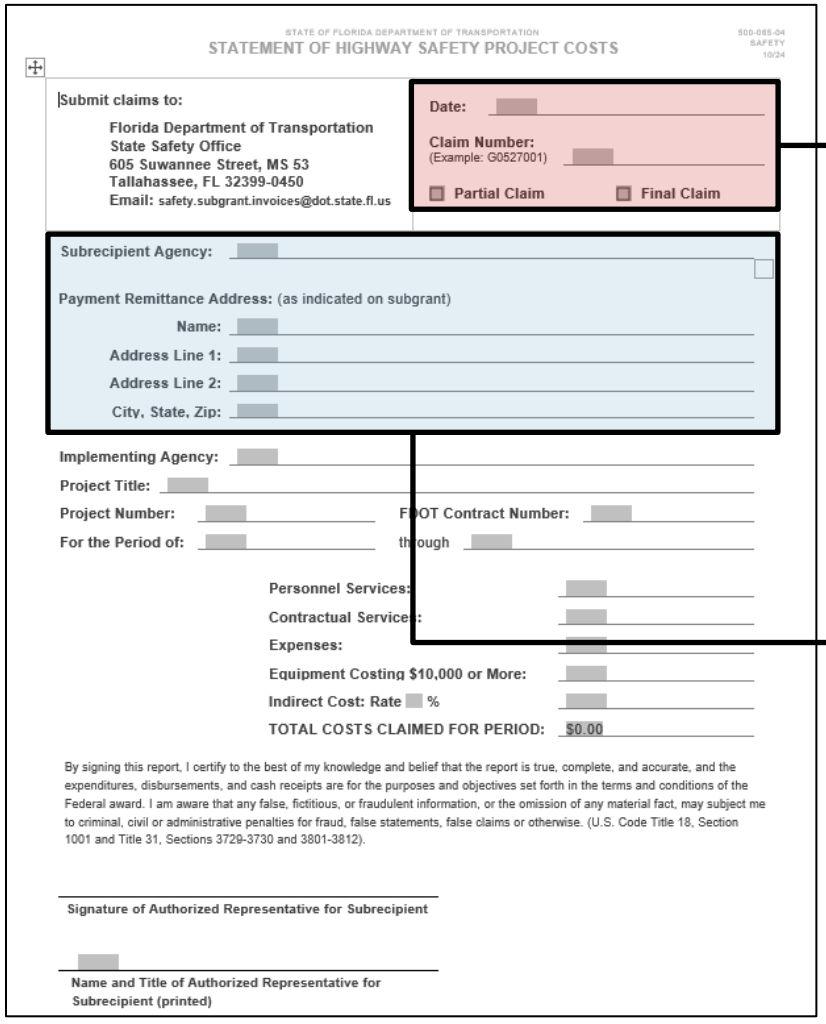
- **Repossession of Equipment**—Ownership of all equipment purchased with Federal highway safety funds rests with the Subrecipient and its Implementing Agency; however, the USDOT maintains an interest in the equipment until the end of its' useful life. Any equipment purchased with Federal highway safety funds that is not being used by the Subrecipient or its Implementing Agency for the purposes described in the subgrant shall be repossessed by the FDOT State Safety Office, on behalf of the USDOT. Items that are repossessed shall be disbursed to agencies that agree to use the equipment for the activity described in the subgrant.
- **Disposition of Subgrant Purchased Equipment**—Equipment purchased before 10/01/2024 with a unit cost of $5,000 or more **requires an Equipment Disposition Form (500-065-26) for approval to dispose.** Equipment purchased after 10/01/2024 with a unit cost of $10,000 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.

REIMBURSEMENT REQUIREMENTS

- **All requests for reimbursement of items having a unit cost of $10,000 or more** and a useful life of one year or more shall be accompanied by an Equipment Accountability Record (FDOT Form No. 500-065-09)

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

APPENDIX A: STATEMENT OF HIGHWAY SAFETY PROJECT COSTS (500-065-04)



STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION

STATEMENT OF HIGHWAY SAFETY PROJECT COSTS

500-065-04
SAFETY
10/24

Submit claims to:

Florida Department of Transportation
State Safety Office
605 Suwannee Street, MS 53
Tallahassee, FL 32399-0450
Email: safety.subgrant.invoices@dot.state.fl.us

Date:

Claim Number:
(Example: G0527001)

☐ Partial Claim ☐ Final Claim

Subrecipient Agency:

Payment Remittance Address: (as indicated on subgrant)

Name:

Address Line 1:

Address Line 2:

City, State, Zip:

Implementing Agency:

Project Title:

Project Number: FDOT Contract Number:

For the Period of: through

Personnel Services:

Contractual Services:

Expenses:

Equipment Costing $10,000 or More:

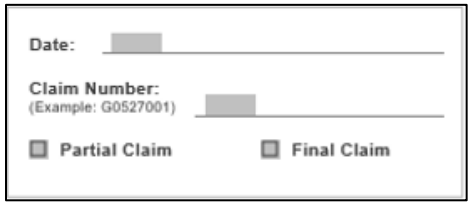
Indirect Cost: Rate %

TOTAL COSTS CLAIMED FOR PERIOD: $0.00

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

Signature of Authorized Representative for Subrecipient

Name and Title of Authorized Representative for Subrecipient (printed)



Date:

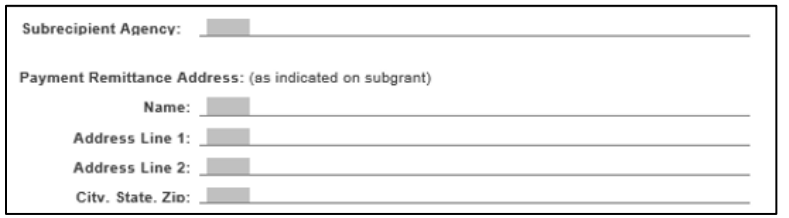
Claim Number:
(Example: G0527001)

☐ Partial Claim ☐ Final Claim

Date: 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.)

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



Subrecipient Agency:

Payment Remittance Address: (as indicated on subgrant)

Name:

Address Line 1:

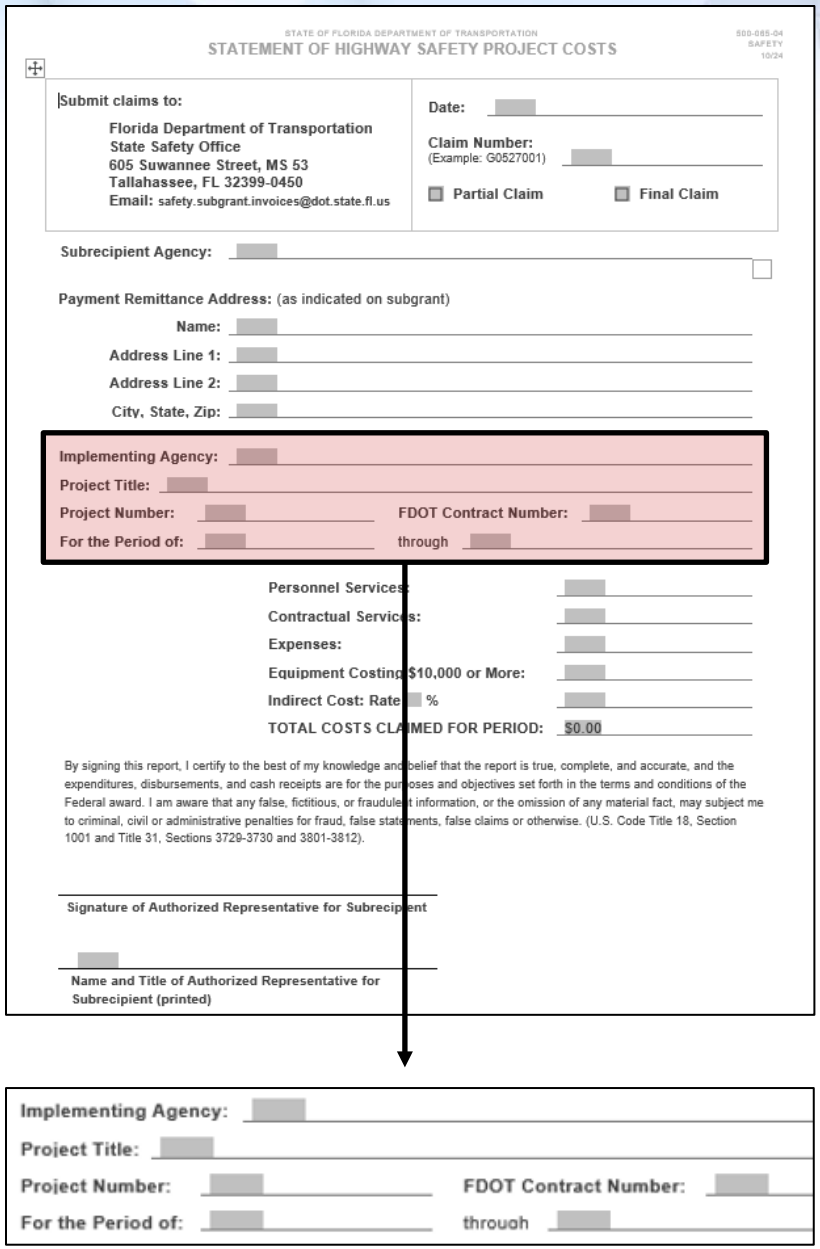
Address Line 2:

City, State, Zip:

Subrecipient Agency: Enter the name of the Subrecipient Agency as stated on Block 3 of the awarded subgrant agreement (500-065-01).

Payment Remittance Address: The address as stated in Block 11 of the awarded subgrant agreement (500-065-01).

This information is required and must match exactly what is stated in the contract to ensure accurate payment.



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Payment Remittance Address: (as indicated on subgrant)

Name:

Address Line 1:

Address Line 2:

City, State, Zip:

Implementing Agency:

Project Title:

Project Number: FDOT Contract Number:

For the Period of: through

Personnel Services:

Contractual Services:

Expenses:

Equipment Costing $10,000 or More:

Indirect Cost: Rate %

TOTAL COSTS CLAIMED FOR PERIOD: $0.00

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

Signature of Authorized Representative for Subrecipient

Name and Title of Authorized Representative for Subrecipient (printed)

Implementing Agency:

Project Title:

Project Number: FDOT Contract Number:

For the Period of: through

Implementing Agency: Enter the name of the Implementing Agency as stated on Block 4 of the awarded subgrant agreement (500-065-01).
Project Title: Enter the project title as stated on the first page of the awarded subgrant agreement (500-065-01).

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

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

For the Period of: Enter the period dates that represent earliest date of activity such as earliest date worked, beginning of the month, or earliest date of pay period (to include commitment of funds - such as an execution of a purchase order, not quotes provided, products ordered from office supply company etc.) 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 executed.**

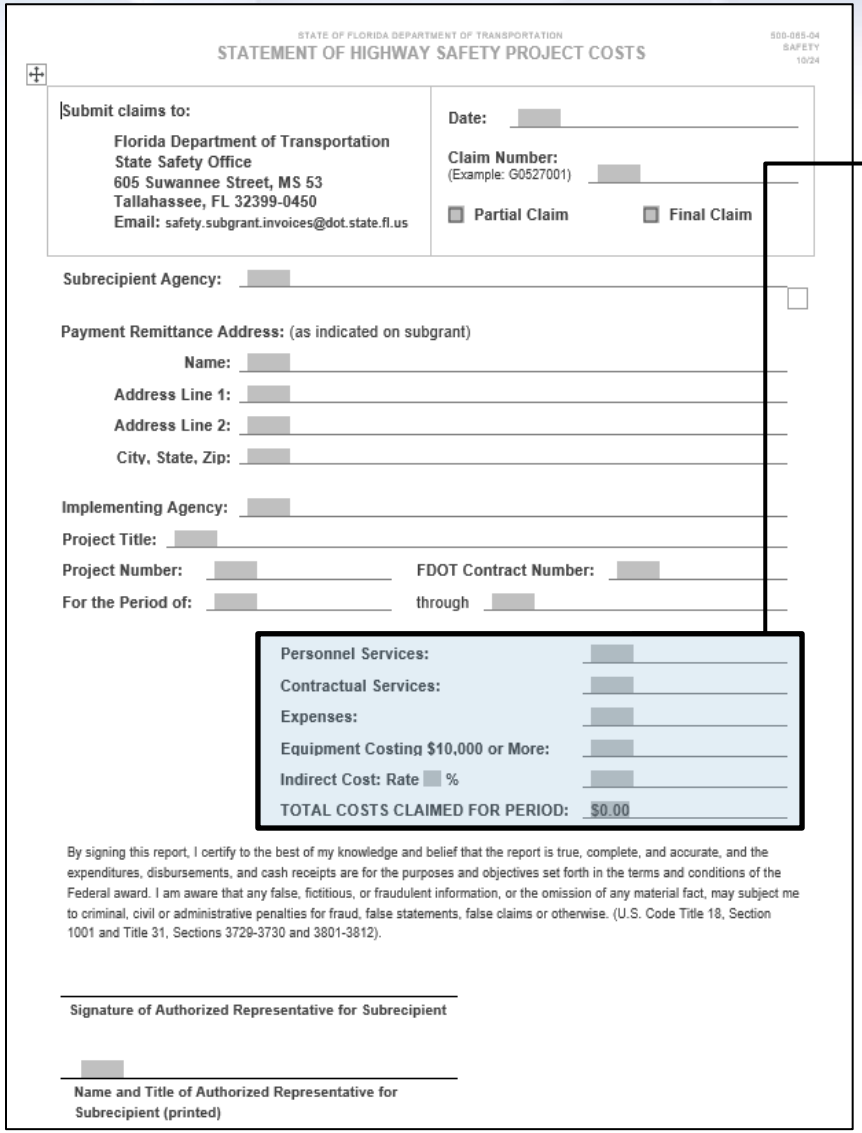
Example: *Pay period 10/15–10/29 and all costs paid through October 31st would be stated as 10/15/2024 through 10/31/2024.*

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

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

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

If you are only seeking reimbursement of Personnel Services, you will not be required to complete or provide the Detail of Costs form.



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500-065-04
SAFETY
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Date:

Claim Number:
(Example: G0527001)

☐ Partial Claim ☐ Final Claim

Subrecipient Agency:

Payment Remittance Address: (as indicated on subgrant)

Name:

Address Line 1:

Address Line 2:

City, State, Zip:

Implementing Agency:

Project Title:

Project Number: FDOT Contract Number:

For the Period of: through

Personnel Services:	
Contractual Services:	
Expenses:	
Equipment Costing $10,000 or More:	
Indirect Cost: Rate %	
TOTAL COSTS CLAIMED FOR PERIOD:	$0.00

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).

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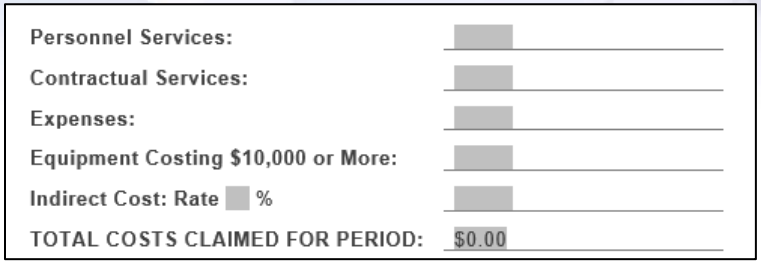


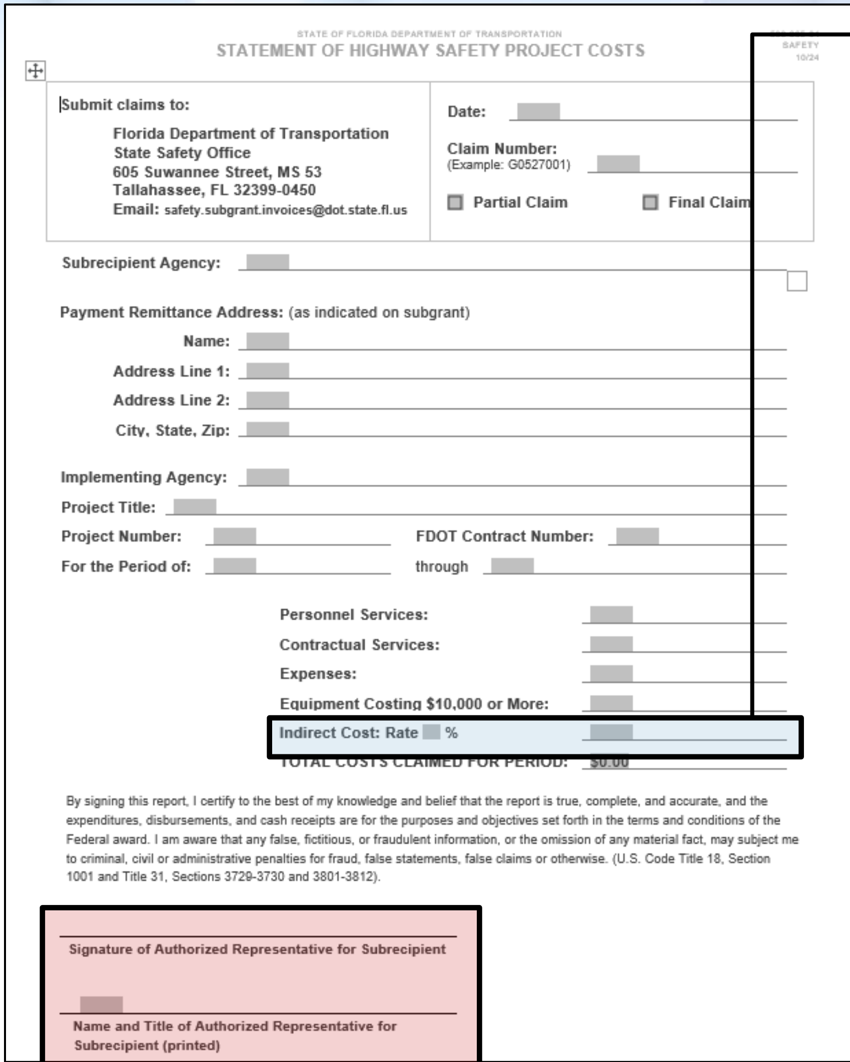
Personnel Services:	
Contractual Services:	
Expenses:	
Equipment Costing $10,000 or More:	
Indirect Cost: Rate %	
TOTAL COSTS CLAIMED FOR PERIOD:	$0.00

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 of the Personnel Services , 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, excluding Indirect Costs totals, 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, excluding Indirect Costs totals, on each sheet should be entered here.

Equipment Costing $10,000 or More: This amount will come from the Total Equipment Costing $10,000 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 $10,000 or More on each sheet should be entered here.



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SAFETY
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Tallahassee, FL 32399-0450
Email: safety.subgrant.invoices@dot.state.fl.us

Date:

Claim Number:
(Example: G0527001)

Partial Claim   Final Claim

Subrecipient Agency:

Payment Remittance Address: (as indicated on subgrant)

Name:

Address Line 1:

Address Line 2:

City, State, Zip:

Implementing Agency:

Project Title:

Project Number: FDOT Contract Number:

For the Period of: through

Personnel Services:

Contractual Services:

Expenses:

Equipment Costing $10,000 or More:

Indirect Cost: Rate %

TOTAL COSTS CLAIMED FOR PERIOD: $0.00

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

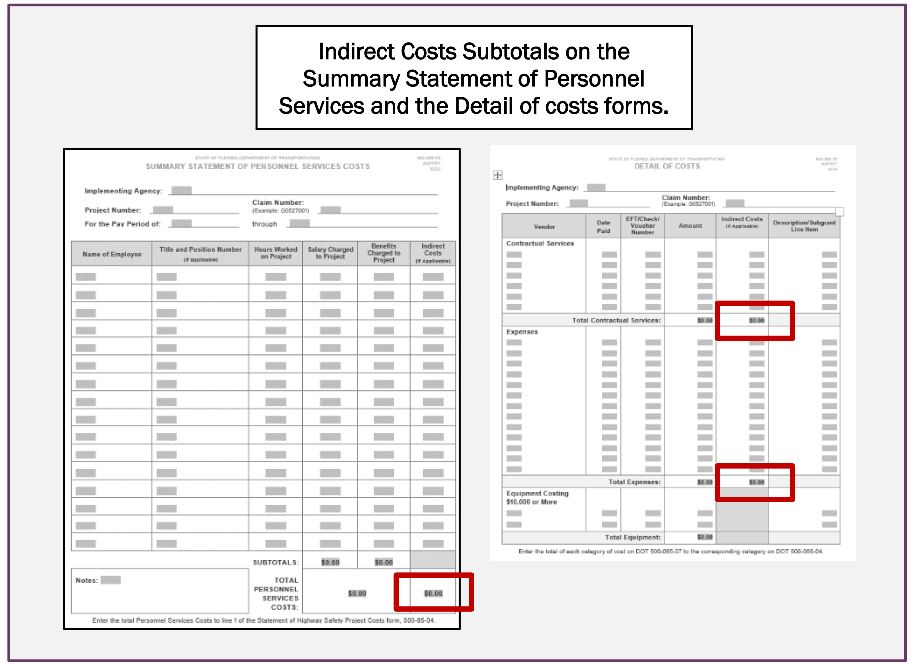
Signature of Authorized Representative for Subrecipient

Name and Title of Authorized Representative for Subrecipient (printed)

Indirect Cost: Rate %

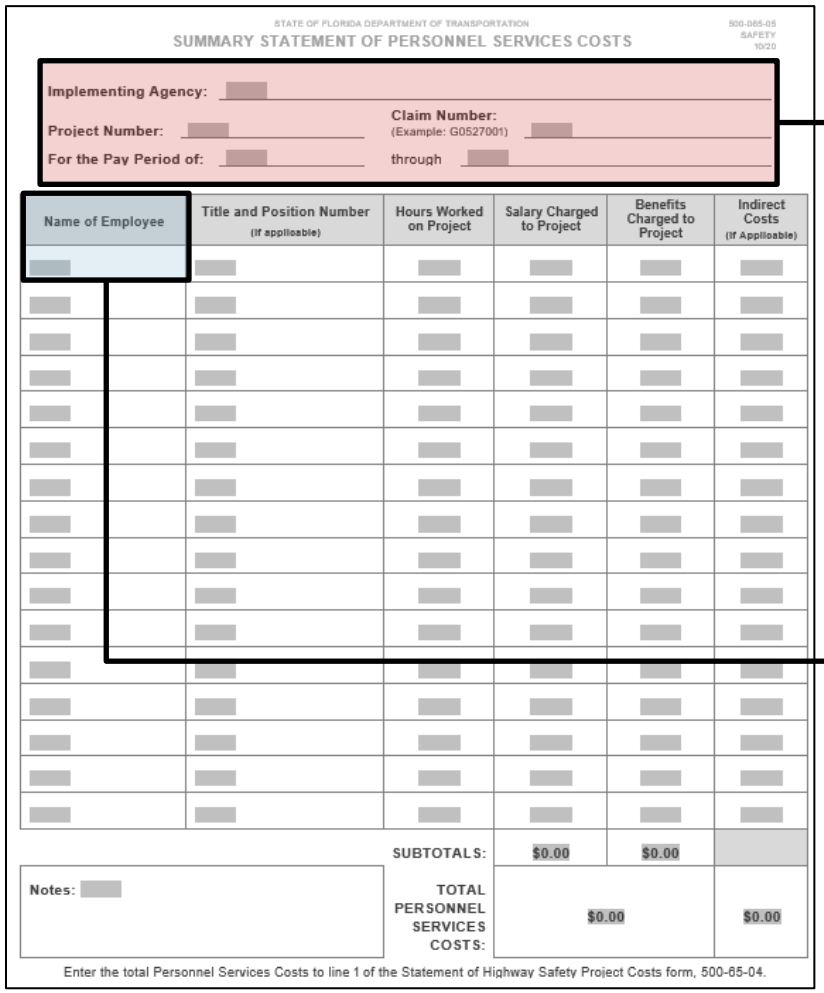
Indirect Cost Rate %: Enter the Indirect Cost rate approved in the detailed budget of your awarded subgrant agreement (500-065-01).

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).



This form must be signed (top line) and the name of the signatory, along with their title, should be included (second line).

APPENDIX B: SUMMARY STATEMENT OF PERSONNEL SERVICES COSTS (500-065-05)



STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION

SUMMARY STATEMENT OF PERSONNEL SERVICES COSTS

500-065-05 SAFETY 10/20

Implementing Agency:

Project Number: Claim Number: (Example: G0527001)

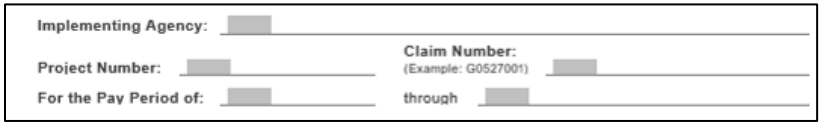
For the Pay Period of: through

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

Enter the total Personnel Services Costs to line 1 of the Statement of Highway Safety Project Costs form, 500-65-04.



Implementing Agency:

Project Number: Claim Number: (Example: G0527001)

For the Pay Period of: through

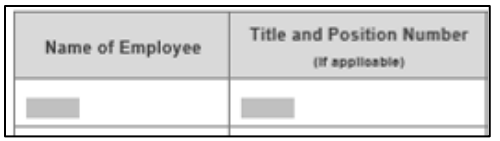
Implementing Agency: Implementing Agency MUST match the name entered on the Statement of Highway Safety Project Costs (500-065-04).

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 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.



Name of Employee	Title and Position Number (If applicable)

Name of Employee: Name of employee as indicated on supporting payment documentation.

> ***Example:*** *If the Payroll says "Charles Gray", the Name of Employee entered should not say "Chuck Gray", or there should be a note on the payroll to clarify that Charles is "Chuck".*

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION

SUMMARY STATEMENT OF PERSONNEL SERVICES COSTS

500-065-05
SAFETY
10/20

Implementing Agency:

Project Number:

Claim 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

Enter the total Personnel Services Costs to line 1 of the Statement of Highway Safety Project Costs form, 500-65-04.

Title and Position Number: Enter the line item title and position number as stated in the Subgrant Agreement.

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)

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

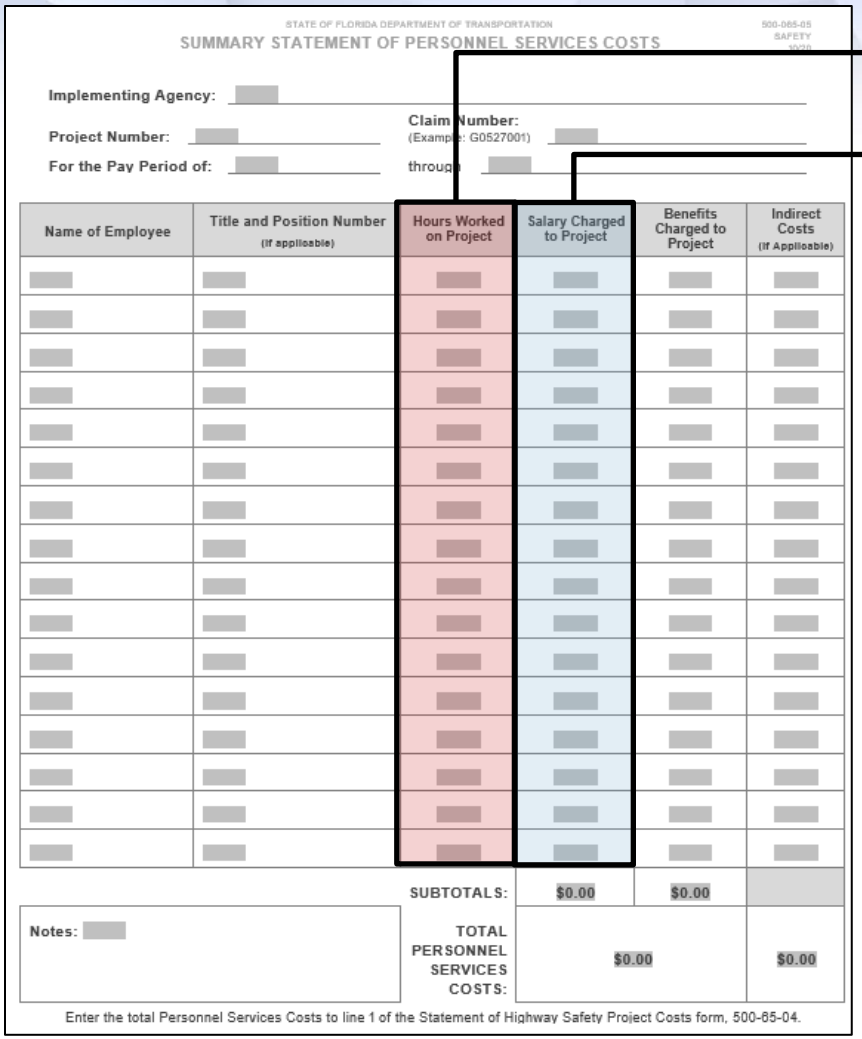
Collection

500-065-01
SAFETY
9/20

Part III: PROJECT DETAIL BUDGET

Each budget category subtotal and individual line item costs listed below cannot be exceeded. The FDOT State Safety Office may approve shifts between budget categories and line items via an amendment.

BUDGET CATEGORY	FEDERAL FUNDS	MATCH	TOTAL COST	INDIRECT ELIGIBLE
A. Personnel Services				
Faculty (66307)	$41,575	$	$41,575	Yes
Salary and Benefits to include Retirement, Optional Retirement Plan, Florida Retirement System Investment Plans, FICA, Medicare, Terminal Leave, Worker's Compensation, Unemployment, Standard Health Insurance, and Life Insurance Flat Rate.				
Administrative Specialist (92176)	$4,234	$	$4,234	Yes
Salary and Benefits to include Retirement, Optional Retirement Plan, Florida Retirement System Investment Plans, FICA, Medicare, Terminal Leave, Worker's Compensation, Unemployment, Standard Health Insurance, and Life Insurance Flat Rate.				
Research Support Specialist (140946)	$19,625	$	$19,625	Yes
Salary and Benefits to include Retirement, Optional Retirement Plan, Florida Retirement System Investment Plans, FICA, Medicare, Terminal Leave, Worker's Compensation, Unemployment, Standard Health Insurance, and Life Insurance Flat Rate.				



STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION

SUMMARY STATEMENT OF PERSONNEL SERVICES COSTS

500-065-05
SAFETY

Implementing Agency:

Project Number:

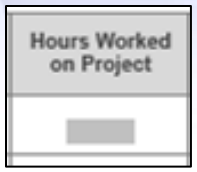
Claim Number:
(Example: G0527001)

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

Enter the total Personnel Services Costs to line 1 of the Statement of Highway Safety Project Costs form, 500-65-04.

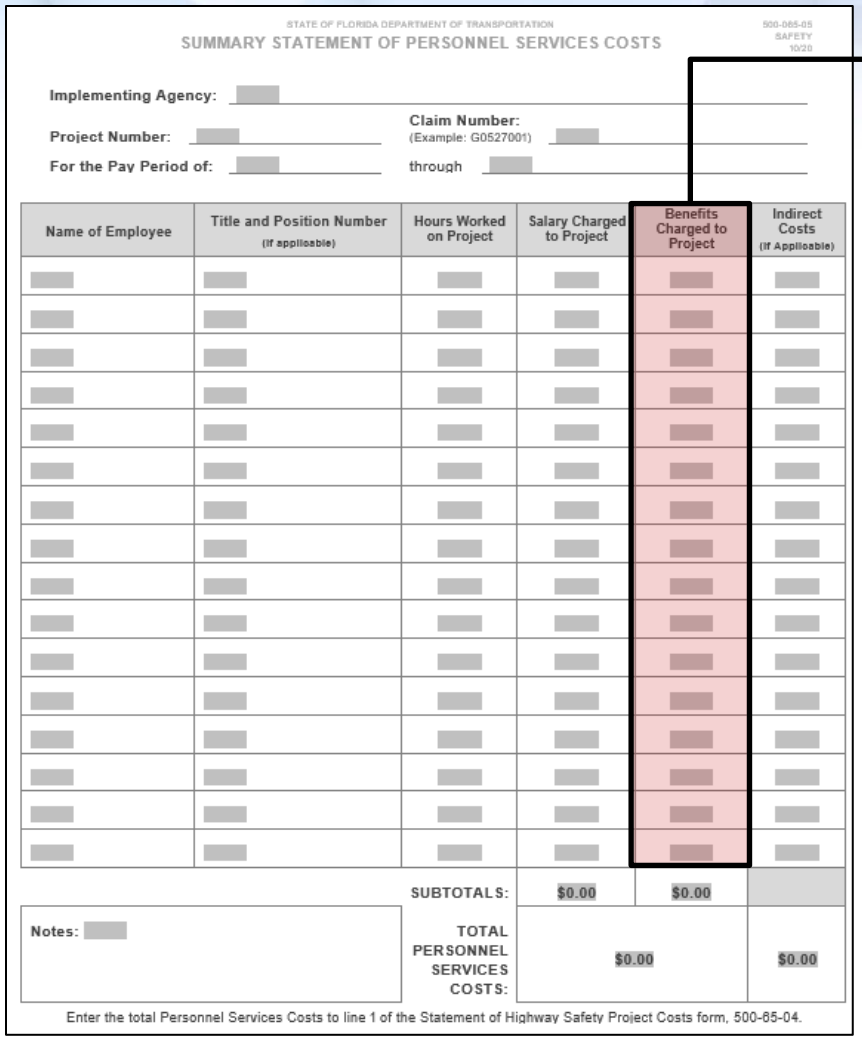


Hours Worked on the Project: Enter the TOTAL hours worked that are being requested for reimbursement for this employee for this claim period. (This number must match the total number of hours listed on the Personnel Services Timesheet (500-065-06) for this employee)

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 paychecks, calculations should be made per paycheck. The combined total of all paychecks should be included on this line.

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. The FDOT State Safety Office cannot reimburse more than an agency can prove was paid.



STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION

SUMMARY STATEMENT OF PERSONNEL SERVICES COSTS

500-065-05
SAFETY
10/20

Implementing Agency:

Project Number:

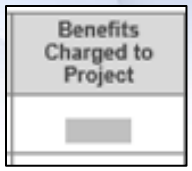
Claim Number:
(Example: G0527001)

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

Enter the total Personnel Services Costs to line 1 of the Statement of Highway Safety Project Costs form, 500-65-04.



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 paychecks, calculations should be made per paycheck. The combined total of all paychecks should be included on this line.

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. The FDOT State Safety Office cannot reimburse more than an agency can prove was paid.

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION

SUMMARY STATEMENT OF PERSONNEL SERVICES COSTS

500-065-05
SAFETY
10/20

Implementing Agency:

Project Number: Claim Number: (Example: G0527001)

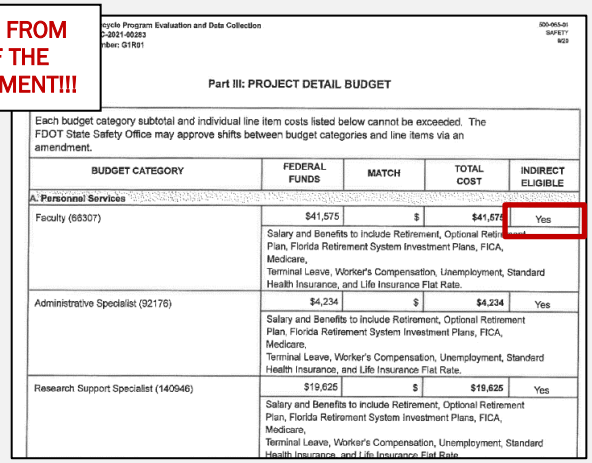
For the Pay Period of: through

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

Enter the total Personnel Services Costs to line 1 of the Statement of Highway Safety Project Costs form, 500-65-04.

Indirect Costs (if applicable): *First*, 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.

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



Part III: PROJECT DETAIL BUDGET

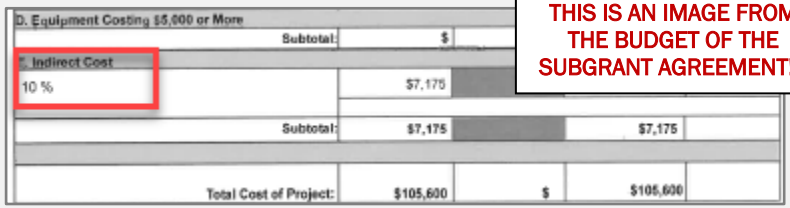
Each budget category subtotal and individual line item costs listed below cannot be exceeded. The FDOT State Safety Office may approve shifts between budget categories and line items via an amendment.

BUDGET CATEGORY	FEDERAL FUNDS	MATCH	TOTAL COST	INDIRECT ELIGIBLE
A. Personnel Services				
Faculty (66307)	$41,575	$	$41,575	Yes
	Salary and Benefits to include Retirement, Optional Retirement Plan, Florida Retirement System Investment Plans, FICA, Medicare, Terminal Leave, Worker's Compensation, Unemployment, Standard Health Insurance, and Life Insurance Flat Rate.			
Administrative Specialist (92176)	$4,234	$	$4,234	Yes
	Salary and Benefits to include Retirement, Optional Retirement Plan, Florida Retirement System Investment Plans, FICA, Medicare, Terminal Leave, Worker's Compensation, Unemployment, Standard Health Insurance, and Life Insurance Flat Rate.			
Research Support Specialist (140946)	$19,625	$	$19,625	Yes
	Salary and Benefits to include Retirement, Optional Retirement Plan, Florida Retirement System Investment Plans, FICA, Medicare, Terminal Leave, Worker's Compensation, Unemployment, Standard Health Insurance, and Life Insurance Flat Rate.			

If the position/line item you are requesting reimbursement for has a "No" in the "Indirect Eligible" column of the Subgrant Agreement, Indirect Cost 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.**

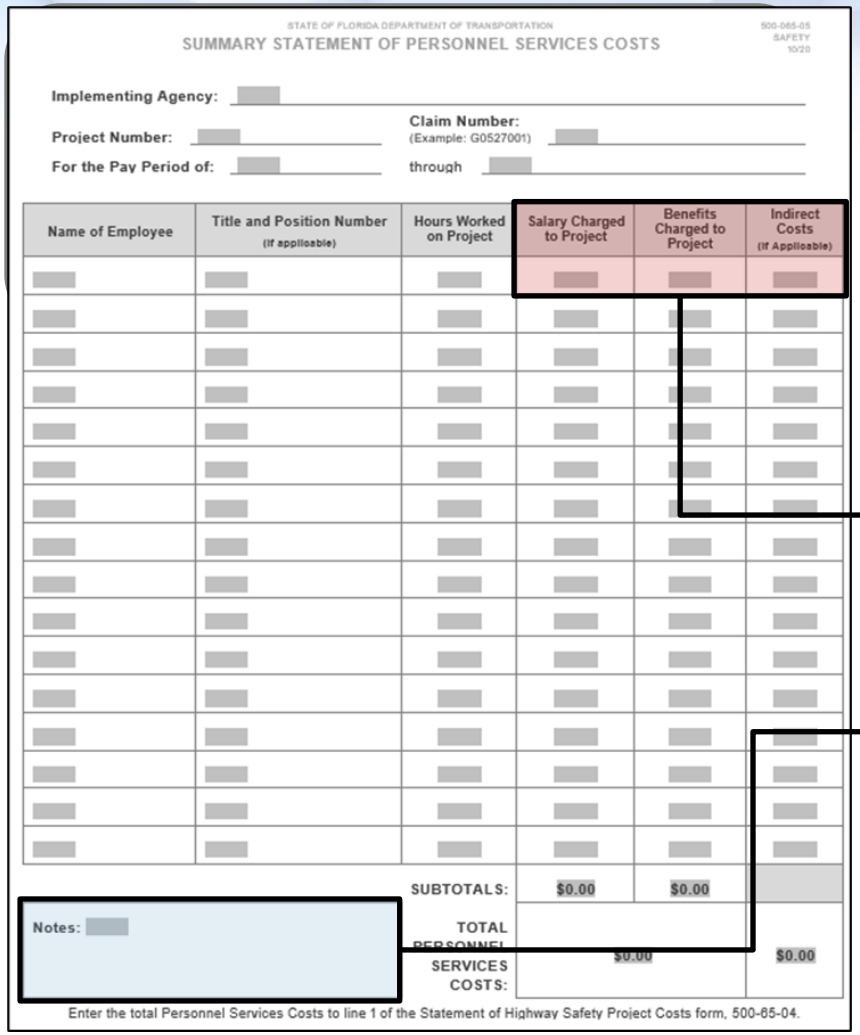
Second, determine what the approved Indirect Cost rate is for this subgrant by looking at the budget of the subgrant agreement.

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



D. Equipment Costing $5,000 or More			
Subtotal:	$		
F. Indirect Cost			
10 %	$7,175		
Subtotal:	$7,175	$7,175	
Total Cost of Project:	$105,600	$	$105,600

TARGET ZERO FATALITIES & SERIOUS INJURIES



STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION

SUMMARY STATEMENT OF PERSONNEL SERVICES COSTS

500-065-05 SAFETY 10/20

Implementing Agency:

Project Number: Claim 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	
		TOTAL PERSONNEL SERVICES COSTS:	$0.00		$0.00

Notes:

Enter the total Personnel Services Costs to line 1 of the Statement of Highway Safety Project Costs form, 500-65-04.

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 and enter that amount in the Indirect Costs field for that position.

Example: *Using the Indirect Costs example, the position is eligible for Indirect 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 to Project	Benefits Charged to Project	Indirect Costs (If Applicable)
$2,000.00	$153.00	$215.30

Notes:

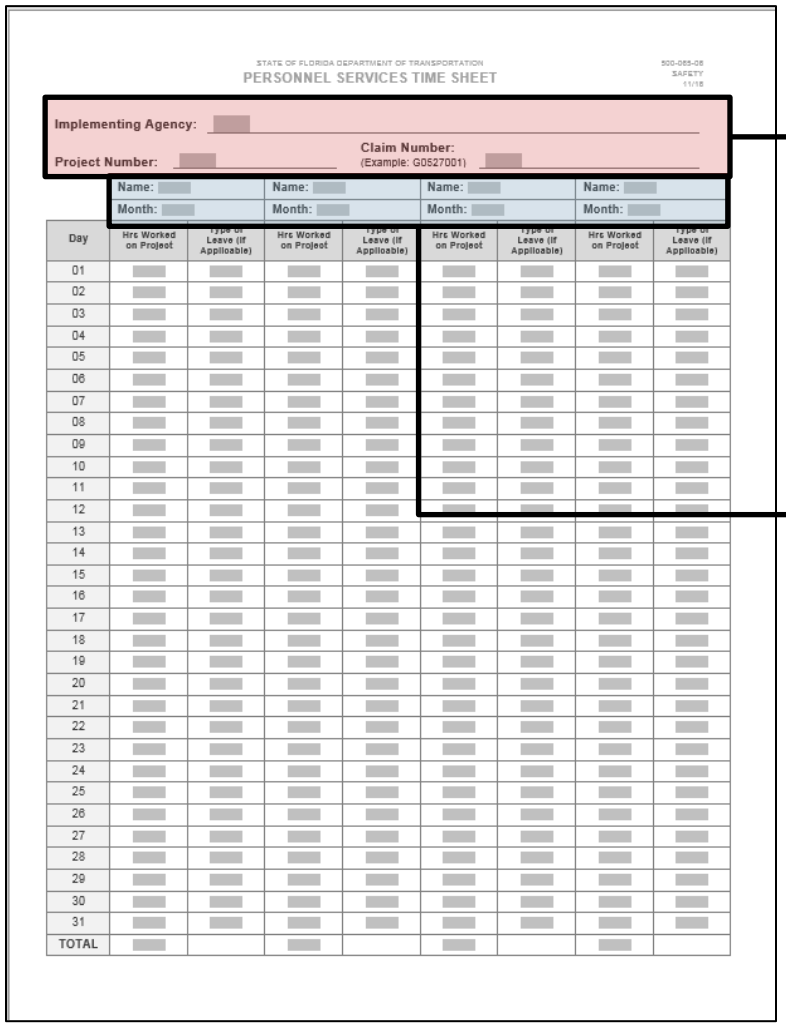
Notes: Define acronyms or provide benefit rates or any other necessary clarifications.

Example:

Notes: GIS - Geographic Information System

Fringe pool rates were updated 07/01/2025

APPENDIX C: PERSONNEL SERVICES TIMESHEET (500-065-06)

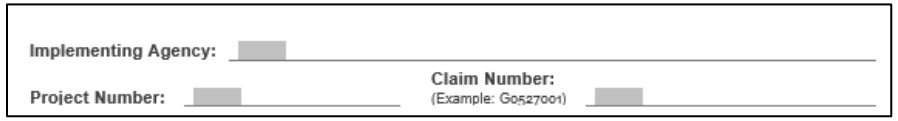


STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
PERSONNEL SERVICES TIME SHEET
500-065-06
SAFETY
11/18

Implementing Agency:

Project Number: Claim Number: (Example: G0527001)

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



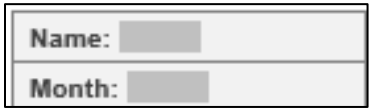
Implementing Agency:

Project Number: Claim Number: (Example: G0527001)

Implementing Agency: Implementing Agency MUST match the name entered on the Statement of Highway Safety Project Costs (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).



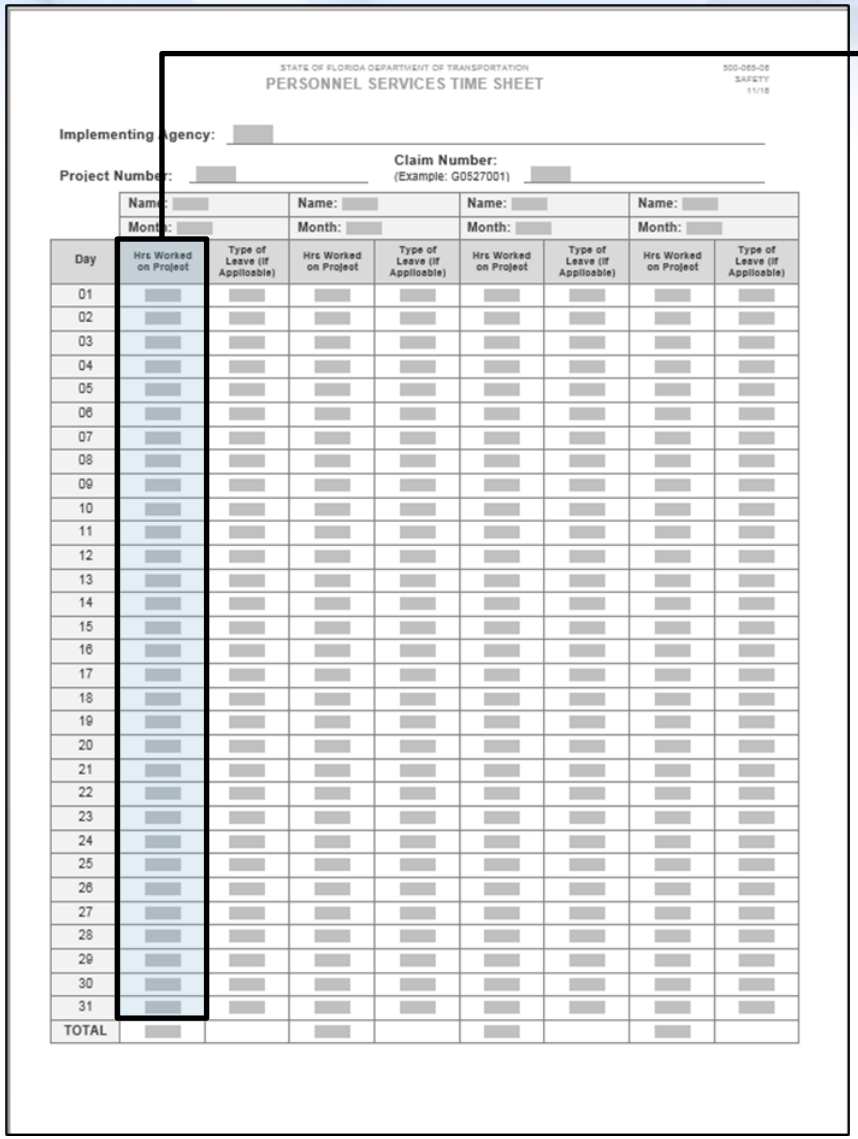
Name:

Month:

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

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

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



STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION

PERSONNEL SERVICES TIME SHEET

500-065-06
SAFETY
11/16

Implementing Agency:

Project Number:

Claim Number:
(Example: G0527001)

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

Day	Hrs Worked on Project
01	
02	

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

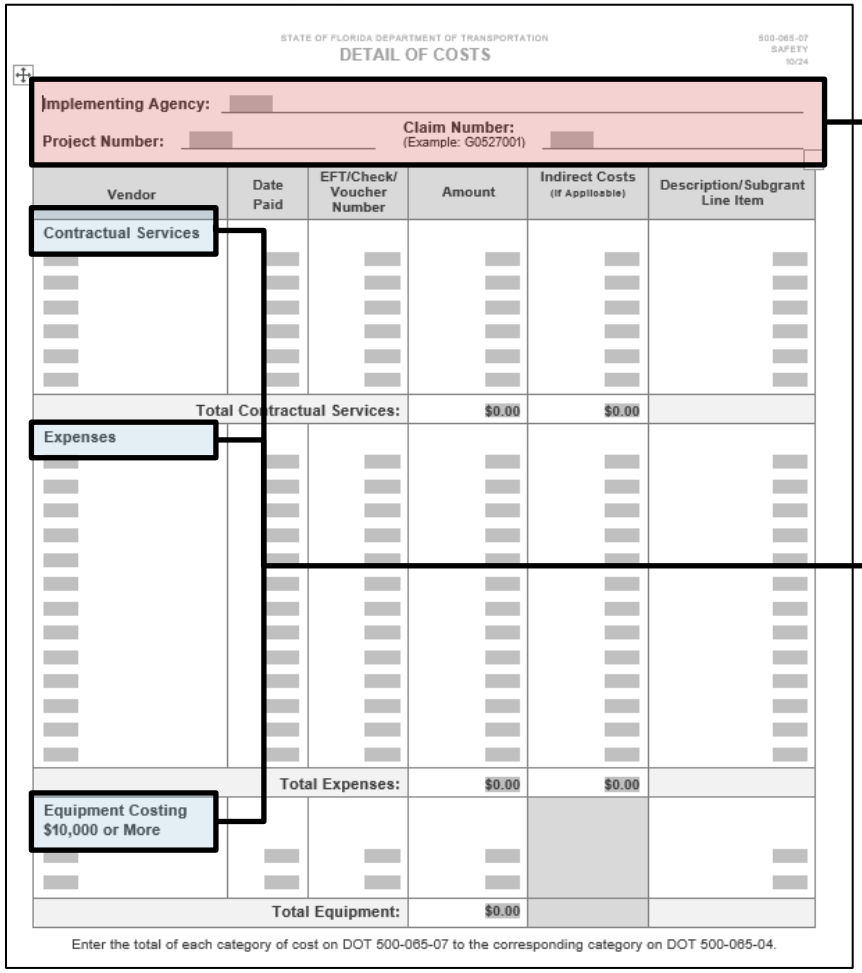
Example: *Charles Gray worked 5 hours on January 2nd, 4 hours on January 4th, and 6 hours on February 3rd.*

	Name: Charles Gray		**Name:** Charles Gray	
	Month: January		**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): If leave hours are being requested for reimbursement, enter the type of leave. (i.e.: Annual, Sick, FMLA)

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

APPENDIX D: DETAIL OF COSTS (500-065-07)



STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION

DETAIL OF COSTS

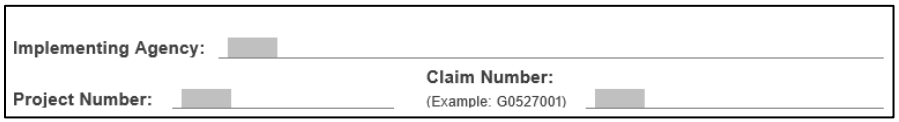
500-065-07
SAFETY
10/24

Implementing Agency:

Project Number: Claim Number: (Example: G0527001)

Vendor	Date Paid	EFT/Check/ Voucher Number	Amount	Indirect Costs (If Applicable)	Description/Subgrant Line Item
Contractual Services					
Total Contractual Services:			$0.00	$0.00	
Expenses					
Total Expenses:			$0.00	$0.00	
Equipment Costing $10,000 or More					
Total Equipment:			$0.00		

Enter the total of each category of cost on DOT 500-065-07 to the corresponding category on DOT 500-065-04.



Implementing Agency:

Project Number: Claim Number: (Example: G0527001)

Implementing Agency: Implementing Agency MUST match the name entered on the Statement of Highway Safety Project Costs (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 $10,000 or More

Use a copy of the approved Subgrant Agreement to determine which budget category (and applicable line item) invoices should 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 the UPS Store for $85.00 for mailing Teen Driver Safety brochures. Your agency paid the invoice on October 15th, 2024 on voucher number 1568889.

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

Each budget category subtotal and individual line item costs listed below cannot
Safety Office may approve shifts between budget categories and line items via a

BUDGET CATEGORY	NARRATIVE	FEDERAL FUNDS			
A. Personnel Services					
Faculty (66307)	Salary and Benefits to perform work on the project. The fringe benefits are Retirement, Optional Retirement Plan, Florida Retirement System Investment Plans, FICA, Medicare, Terminal Leave, Worker's Compensation, Unemployment, Standard Health Insurance, and Life Insurance Flat Rate	$45,388	$	$45,388	Yes
Senior Research Support Specialist (140946)	Salary and Benefits to perform work on the project. The fringe benefits are Retirement, Optional Retirement Plan, Florida Retirement System Investment Plans, FICA, Medicare, Terminal Leave, Worker's Compensation, Unemployment, Standard Health Insurance, and Life Insurance Flat Rate	$16,017	$	$16,017	Yes
Other Personnel Services (OPS)	Salary and Benefits to perform work on the project. The fringe benefits are Retirement, Optional Retirement Plan, Florida Retirement System Investment Plans, FICA, Medicare, Terminal Leave, Worker's Compensation, Unemployment, Standard Health Insurance, and Life Insurance Flat Rate	$23,207	$	$23,207	Yes
Post-Doctoral Researcher (154793)	Salary and Benefits to perform work on the project. The fringe benefits are Retirement, Optional Retirement Plan, Florida Retirement System Investment Plans, FICA, Medicare, Terminal Leave, Worker's Compensation, Unemployment, Standard Health Insurance, and Life Insurance Flat Rate	$16,157	$	$16,157	Yes
	Subtotal:	**$100,769**	**$**	**$100,769**	
B. Contractual Services					
	Subtotal:	**$**	**$**	**$**	
C. Expenses					
Public information and Educational Items	For the purchase of outreach materials to be distributed to the public for program implementation and outreach. Publicly distributed printed program material to include shipping and handling charges. Materials must have written approval from the FDOT State Safety Office prior to purchasing.	$6,000	$	$6,000	Yes
Postage and Shipping	Outgoing shipping, freight and/or postage for program implementation and outreach	$9,731	$	$9,731	Yes
Advertisements	Advertisements to promote program survey(s) for program implementation	$3,000	$	$3,000	Yes

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
DETAIL OF COSTS
500-065-07
SAFETY
10/24

Implementing Agency: _____

Project Number: _____ Claim Number: (Example: G0527001) _____

Vendor	Date Paid	EFT/Check/ Voucher Number	Amount	Indirect Costs (If Applicable)	Description/Subgrant Line Item
Contractual Services					
Total Contractual Services:			$0.00	$0.00	
Expenses					
The UPS Store	10/15/2024	1568889	$85.00	$8.50	Brochure Mailing – Public Information and Education Items
Total Expenses:			$85.00	$8.50	
Equipment Costing $10,000 or More					
Total Equipment:			$0.00		

Enter the total of each category of cost on DOT 500-065-07 to the corresponding category on DOT 500-065-04.

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION

DETAIL OF COSTS

500-065-07
SAFETY
10/24

Implementing Agency:

Project Number: Claim Number: (Example: G0527001)

Vendor	Date Paid	EFT/Check/ Voucher Number	Amount	Indirect Costs (If Applicable)	Description/Subgrant Line Item
Contractual Services					
Total Contractual Services:			$0.00	$0.00	
Expenses					
Total Expenses:			$0.00	$0.00	
Equipment Costing $10,000 or More					
Total Equipment:			$0.00		

Enter the total of each category of cost on DOT 500-065-07 to the corresponding category on DOT 500-065-04.

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 "Public Information and Education Items", the vendor was The UPS Store, the date paid was October 15, 2024, the amount was $85, and the Public Information and Education Items 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	10/15/2024	1568889	$85.00	$8.50	Brochure Mailing – Public Information and Education Items

APPENDIX E: PERFORMANCE REPORT (500-065-19)

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
PERFORMANCE REPORT
500-065-19
SAFETY
09/18

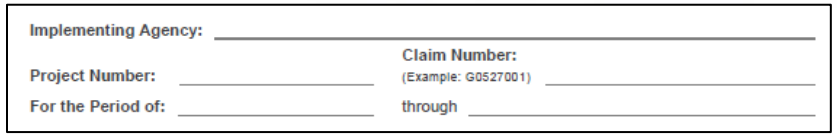
Implementing Agency:

Project Number: Claim Number: (Example: G0527001)

For the Period of: through

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

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



Implementing Agency:

Project Number: Claim Number: (Example: G0527001)

For the Period of: through

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

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

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

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

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

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.

THIS IS AN IMAGE FROM PART IV OF THE SUBGRANT AGREEMENT!!!

Project Title: Testing the PDF
Project Number: WZ-2021-00053
FDOT Contract Number: GFS10

PART IV: PERFORMANCE REPORT

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 request for reimbursement.
1. Submit request(s) for financial reimbursement.
2. Provide performance report(s).
3. Facilitate meetings for Florida Aging Road User Coalition.
4. Provide assistance and support for the Aging Road User Program.

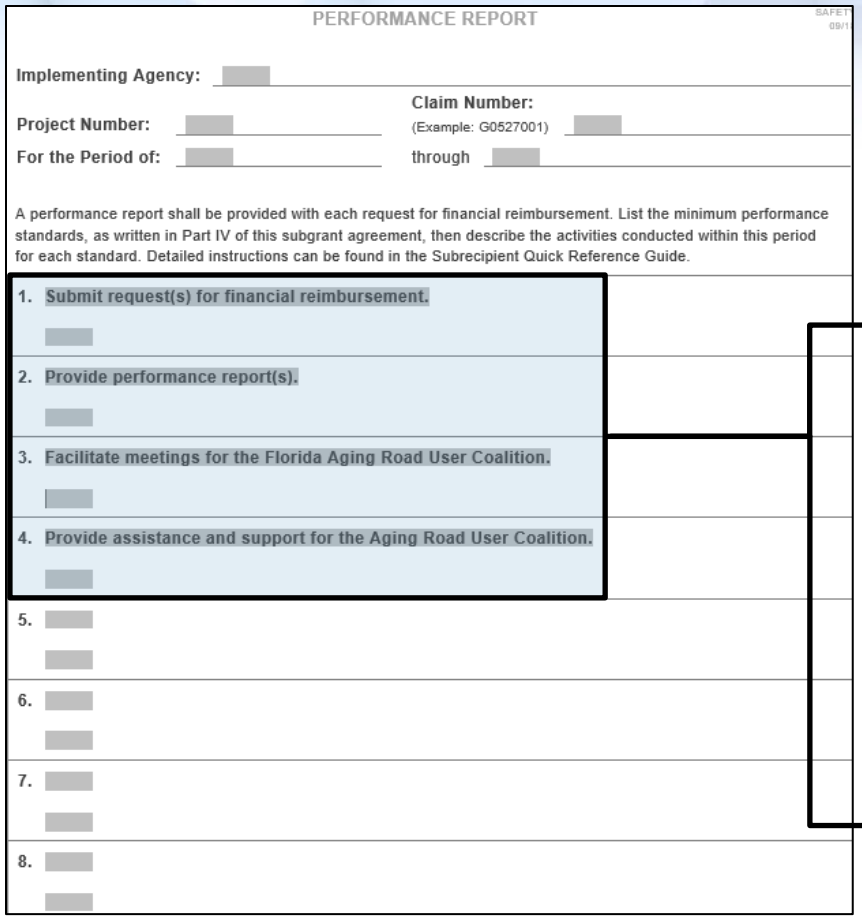
COMPLETING THE PERFORMANCE REPORT IS A TWO STEP PROCESS!!

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.

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

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

1. Submit request(s) for financial reimbursement.
2. Provide performance report(s).
3. Facilitate meetings for the Florida Aging Road User Coalition.
4. Provide assistance and support for the Aging Road User Coalition.
5.
6.
7.



PERFORMANCE REPORT

Implementing Agency:

Project Number:

Claim Number:
(Example: G0527001)

For the Period of:

through

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

1. Submit request(s) for financial reimbursement.
2. Provide performance report(s).
3. Facilitate meetings for the Florida Aging Road User Coalition.
4. Provide assistance and support for the Aging Road User Coalition.
5.
6.
7.
8.

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

Implementing Agency:

Project Number:

Claim Number:
(Example: G0527001)

For the Period of:

through

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

1. **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 this reimbursement claim and all subgrant performance has been noted.

3. **Facilitate meetings for the 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 was confirmed and travel forms were provided for those members requiring travel reimbursement to attend the meeting.These activities are in support of the subgrant objective to conduct at least 4 coalition meetings within the subgrant cycle.

4. **Provide assistance and support for the Aging Road User Coalition.**

   An annual comparison report was created and distributed to the data subcommittee of the coalition on 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.

5.

APPENDIX F: 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 education 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 education item being requested.
2. The program/policy the item is 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 an 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.

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 Suwannee Street, MS 53
Tallahassee, Florida 32399

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

Dear Mr. Craig:

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

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

I appreciate your consideration of this request.
Sincerely,

Tim Roberts
Law Enforcement Liaison Coordinator

Enclosure

cc: Al Roop
Dan Orel
Attachment

Training the Next Generation of Law Enforcement

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

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

All products must conform to the Buy America Act.

Design Image:

Front

Back

Training the Next Generation of Law Enforcement

FDOT

TARGET ZERO

FATALITIES & SERIOUS INJURIES