

# Subgrantee Quick Reference Guide

FDOT Safety Office  
605 Suwannee Street, MS 53  
Tallahassee, FL 32399  
**(850) 414-3100**

<http://www.dot.state.fl.us/safety/>

# TABLE OF CONTENTS

Disclaimer .....	2
Deadlines .....	3
Personnel Services .....	4
Contractual Services .....	5
Expenses .....	6
Operating Capital Outlay (OCO) .....	10
Appendix	
A. Reimbursement Claim Forms .....	15
B. Incidental Expense Reference Sheet .....	17
C. Law Enforcement Activity Reports .....	18

# DISCLAIMER

**INFORMATION PROVIDED IN THIS QUICK REFERENCE GUIDE IS A COMPIATION 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 SUBGRANTEE FROM COMPLIANCE WITH CURRENT LAWS AND EXECUTED ACCEPTANCE AND AGREEMENT TERMS**

# DEADLINES

## SAFTEY OFFICE APPROVALS:

**All preapprovals** must be submitted to the 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 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

Grants with Personnel Costs .....**Monthly**

Grants without Personnel Costs .....**Quarterly**

FINAL Reimbursement Claim.....**October 31<sup>st</sup>**

A **FINAL** financial request for reimbursement shall be **postmarked no later than October 31** following the end of the subgrant period. Such request **shall be distinctly identified as Final**. Failure to submit the invoice in a timely manner shall result in denial of payment. **The subgrantee 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.

## QUARTERLY REPORTS

1<sup>st</sup> Quarter .....**January 31st**

2<sup>nd</sup> Quarter.....**April 30th**

3<sup>rd</sup> Quarter .....**July 31st**

4<sup>th</sup> Quarter .....**October 31st**

Final Narrative .....**October 31st**

Quarterly reports postmarked after the respective submission dates listed above shall be considered past due. The implementing agency **shall submit a Final Narrative Report**, giving a chronological history of the subgrant activities, problems encountered, and major accomplishments by October 31. Requests for reimbursement will be returned to the subgrantee or implementing agency unpaid if the required reports are past due, following notification.

**BUDGET MODIFICATIONS** .....**June 30<sup>th</sup> (Postmarked)**

**RECEIPT GOODS AND SERVICES** .....**September 30th**

**CONCEPT PAPERS** .....**January 1<sup>st</sup> – February 28<sup>th</sup>**

# PERSONNEL SERVICES

## PREREQUISITES:



**Personnel Letter** – a formal letter listing all employees working under the grant, should be received prior to submitting first claim

- **Please note: Formal letters for changes to personnel or additions should also be submitted immediately prior to requesting reimbursement for employee(s)**
- If your contract includes reimbursement of benefits, please include current rates used to calculate benefit(s) on you personnel letter.



**Personnel Hired Under the grant** – The head of any implementing agency receiving **first year** funding for a new position(s) through a sub grant shall provide written notification **within 30 days** of the agreement being awarded to the Safety Office that a new position(s) has been created in the agency as a result of the sub grant being awarded.

## LEGAL LIMITATIONS:



Personnel hired under the grant shall not hold the position of **Project Director**

## REIMBURSEMENT REQUIREMENTS:



Please be mindful to define any acronyms that may occur on your payroll and benefits documentation.



Benefits – all payroll documentations 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, WC, Retirement, etc.**



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 Safety Office **shall review and approve** in writing **all consultant and contractor agreements** prior the actual employment of the consultant or the contractor by the sub grantee or implementing agency
-  A **DRAFT** copy of the subgrant agreement must be provided to the safety office for approval **prior** to any signature execution.
-  All contractual service agreements shall include as a minimum the following information:

- 1) **Beginning and end dates of the agreement (not to exceed the grant period);**
- 2) **Total contract amount;**
- 3) **Scope of work/Services to be provided;**
- 4) **Budget/Cost Analysis; and**
- 5) **Method of compensation/Payment Schedule**
- 6) All contractual service agreements shall contain the following statements:


“The parties to the contract shall be bound by all applicable sections of **Part V: Acceptance an Agreement** of Project # (**insert Project #**), DOT Contract # (**insert contract #**). A final invoice must be received by (**insert date**) or payment will be forfeited.”

- 7) **Disadvantaged Business Enterprises (DBE) Consultant/Contractor Assurances (Found in Part V; Section 24)**

## LEGAL LIMITATIONS:

-  Per Part V; Section 3: The subgrantee and implementing agency agree to comply with all applicable provisions of Chapter 287, Florida Statutes; especially sections 287.133(3)(a) and 287.134(3)(a)


## REIMBURSEMENT REQUIREMENTS:

-  All invoices for contractual services shall contain the following **certification statement and must be signed by the contractor:**

“All costs are true and valid costs incurred in accordance with the agreement”


# EXPENSES


## PREREQUISITES:

 **BUY AMERICAN** – Any and all equipment or promotional items purchased with subgrant funds **MUST** be **MADE IN AMERICA**.


## PUBLIC AWARENESS /PROMOTIONAL:


 **Approval - Before** printing public awareness materials or ordering promotional items, a final draft or drawing of the items must be **submitted to the Safety Office** for **review and approval**.

 All public awareness materials and promotional items reimbursed with subgrant funds shall contain a traffic safety message.

 Either the Florida Department of Transportation logo or the words “Funding provided by the Florida Department of Transportation” **shall appear** on all items

## TRAVEL:

 All **out-of-state travel, conference travel, meeting travel which includes a registration fee, and out-of-grant-specified work area** travel **shall require written approval** of the Safety Office prior to the commencement of the actual travel

 **Prior written approval** shall be obtained from the Safety Office for **hotel rooms** rates exceeding **\$150 per day**

# EXPENSES

## LEGAL LIMITATIONS:

- ⊘ Travel costs for approved travel shall be reimbursed in accordance FDOT Disbursement Operations Manual, Chapter 3 Travel, 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. <http://www2.dot.state.fl.us/CityToCityMileage/viewer.aspx>

You may use the map mileage available from on-line sources such as MapQuest or Yahoo Maps.

- When reimbursing actual mileage, the amount **must be rounded down**. For example, the calculation for a traveler claiming 157 miles would be:  $157 \times \$0.445 = \$69.865$ . 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.

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



# EXPENSES

## REIMBURSEMENT REQUIREMENTS:

### PUBLIC AWARENESS /PROMOTIONAL:

- 💰 Two (2) samples of all promotional items shall be submitted to the Safety Office at the time of reimbursement request

Note: Pictures of promo items with required logo is acceptable for large or high priced items

### TRAVEL:

- 💰 ALL travel reimbursement requests must include a **Consultant Travel Form or State of Florida Travel form signed** by both the traveler and supervisor.

- 💰 Travel forms **MUST** include:

- 1) **Accurate dates of travel**
- 2) **Meals, Lodging/Per Diem, Mileage Rates per FDOT Disbursement Operations Manual** (Provided in Legal Limitations section)
- 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” 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.**

# EXPENSES






Travel to formal Conferences require the following additional information/adjustments:



- 1) A copy of the Agenda(s) from the conference
- 2) 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.
- 3) A continental breakfast is considered a meal and **must be deducted if included in a registration fee** per Attorney General Opinion 081-53.
- 4) 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

# OPERATING CAPITAL OUTLAY

## PREREQUISITES:

-  **BUY AMERICAN** – Any and all equipment with subgrant funds **MUST** be **MADE IN AMERICA**.
-  **Equipment Costing More than \$1,000 per item** – The head of any implementing agency purchasing **equipment costing more than \$1,000** per item **shall send a letter** to the Safety Office upon award of the sub grant certifying that none of the items being purchased with federal highway safety funds is replacing previously purchased equipment that is damaged, stolen, or lost or that wears out as a result of misuse, whether the equipment was purchased with federal, state, or local funds.
-  **Equipment Costing more than \$5,000 per item** – Any equipment purchased with subgrant funds costing over \$5,000 must be approved by NHTSA. Be mindful if your estimated unit cost was less than \$5,000, at the time of award; however, at time of purchase now exceeds \$5,000, you will need to notify the 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 subgrantee and its implementing agency; however, the **USDOT maintains an interest in the equipment for three fiscal years following the end of the subgrant period. Any equipment purchased with Federal highway safety funds that is not being used by the subgrantee or its implementing agency for the purposes described in the subgrant shall be repossessed by the 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 this subgrant.
-  **Disposition of Grant Purchased Equipment:** Equipment purchased with a unit cost of over \$5,000 **requires a written request for approval to dispose.**
  - Equipment **with a fair market value less than \$5,000** must may be retained, sold or otherwise disposed of without further responsibility to FDOT beyond the initial approval.
  - Equipment **with a fair market value in excess of \$5,000** is still an invested property of FDOT; therefore, FDOT has the right to recoup an amount proportionate to its share of the original investment.

# OPERATING CAPITAL OUTLAY

## REIMBURSEMENT REQUIREMENTS:



**All requests for reimbursement of OCO items having a unit cost of \$5,000** or more and a useful life of one year or more shall be accompanied by a Non-Expendable Property Accountability Record (FDOT Form No. 500-065-09)

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

# APPENDIX

# A: REIMBURSEMENT CLAIM FORMS

Rule 16-44005, F.A.C. STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION STATEMENT OF HIGHWAY SAFETY PROJECT COSTS 500-065-04 SAFETY 0102

<b>To:</b> Florida Department of Transportation State Safety Office 605 Suwannee Street, MS 17 Tallahassee, FL 32399-0450 Telephone: (850) 245-1500		<b>Date:</b> <u>12/1/2012</u> <b>Claim Number:</b> <u>APH30001</u> <input checked="" type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL
<b>From:</b> <u>Grant County Board of County Commissioners</u> <small>Subgrantee Agency</small> <u>5000 Wall Street Blvd., Funds City, FL 123456</u> <small>Remittance Address</small> <u>850-245-1500</u> <small>Telephone Number</small>		
<b>Implementing Agency:</b> <u>Grant County Health Department</u>		
<b>Project Number:</b> <u>PS-13-08-56</u>		<b>Contract Number:</b> <u>APH30</u>
<b>For the period of:</b> <u>10/29/2012</u>		<b>through</b> <u>11/25/2012</u>
1. Personnel Services		<u>4,473.03</u>
2. Contractual Services		<u>1,000.00</u>
3. Expenses		<u>16,306.20</u>
4. Operating Capital Outlay		<u>5,000.00</u>
5. Indirect Cost		<u>1,337.19</u>
<b>Total Cost Claim for Period</b>		<u>28,116.42</u>
I hereby certify that the above costs are true and valid costs incurred in accordance with the project agreement.		
_____ <small>Signature of Authorized Representative for Subgrantee</small>		
<u>Joe Moneybags, Chairman of the Board</u> <small>Name and Title of Authorized Representative Typed</small>		

**Date:** The date the form is being completed

**Claim Number:** The contract number following a sequential numbering beginning with 001. (Example: APH30001; the following claim would be APH30002)

**Partial/Final:** All claims are partial except for the final claim, which is explicitly marked as final.

**From:** The name and address of the Applicant Agency on the Subgrant Agreement

**Implementing Agency:** The name of the Implementing Agency on the Subgrant Agreement

**Project Number:** The project number indicated on the executed subgrant agreement.

**Contract Number:** The contract number indicated on the executed subgrant agreement.

**For the period of:** Service dates should indicate the earlier of (earliest date of service for personnel charges or earliest date of payment for cost reimbursable items) and the latest date of payment for any cost identified within the claim. **The start date of services can never be before the contract was executed.**

The only exception is the final invoice, where bills are paid outside the grant/contract period, **this end date will always be September 30th.**

**Item 1:** This amount will come from the Summary Statement of Personnel Services Cost form (500-065-05)

**Items 2-5:** These amounts will come from the Detail of Costs form (500-065-07).

**Authorized Representative Signature:** Authorized Representatives are those persons who signed as agency administrators of the signature page of the subgrant agreement. Administrators may delegate signature authority (Delegation letters must be provided)

# A: REIMBURSEMENT CLAIM FORMS

<small>FD-114-0605, F.A.C.</small>	<small>STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION</small> <b>SUMMARY STATEMENT OF PERSONNEL SERVICES COSTS</b>	<small>500-065-04 SAFETY 0102</small>				
Implementing Agency: <u>Grant County Health Department</u>						
Project Number: <u>PS-13-08-56</u>	Claim Number: <u>APH30001</u>					
For a period of: <u>11/2/2012</u>	to: <u>11/16/2012</u>					
Name and Title of Employees	Hours Worked on Project	Total Hours Worked	Gross Pay Period Salary	Salary Charged to project	Benefits for Pay Period	Benefits Charged to Project
Mark Daytimer Program Coordinator	80	80	2231.75	2231.75	170.73	170.73
Sara Philmer OPS Graphic Designer	80	80	1569.95	1569.95	120.10	120.10
Dep. Dale Grant	40	80	1000.00	500.00	200.00	100.00
Sgt. Brian Safe	5	5	105.00	105.00	10.50	10.50
LT Renae Claim	5	20	600.00	150.00	60.00	15.00
	■	■	■	■	■	■
	■	■	■	■	■	■
<b>SUBTOTAL \$</b>			<b>5,506.70</b>	<b>4,056.7</b>	<b>561.33</b>	<b>416.33</b>
			Subtotal of Salary Charged to Project: <u>4056.70</u>			
			Subtotal of Benefits Charged to Project: <u>416.33</u>			
			<b>Total Charged to Project: <u>4,473.03</u></b>			
			<small>Transfer the total for Personnel Services Costs to line 1 of the Statement of Highway Safety Project Costs form, 500-065-04.</small>			
Certified Correct by: _____			Date: _____			
<small>Signature of Administrator of Implementing Agency</small>						

**Implementing Agency:** The name of the Implementing Agency on the Subgrant Agreement

**Project Number:** The project number indicated on the executed subgrant agreement.

**Contract Number:** The contract number indicated on the executed subgrant agreement.

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

**Name and Title of Employees:** Name and titles of authorized personnel indicated on the agency personnel letter.

**Hours Worked on the Project:** Employee hours worked on grant.

**Total Hours Worked:** Total number of hours paid in the pay period (including vacation, sick leave, comp, etc)

**Gross Pay Period Salary:** Total employee salary for the pay period

**Salary Charged to Project:** Total salary requested for reimbursement for those hours worked on the grant.

**Benefits for Pay Period:** Total Benefits pay for the pay period

**Benefits Charged to Project:** Total of benefits calculated for the hours worked on the grant.

**Signature of Administrator of Implementing Agency:** The Administrator of the Implementing Agency is identified on the signature page of the subgrant application. Administrators may delegate this signature authority ( Delegation letters must be provided)

# A: REIMBURSEMENT CLAIM FORMS

RULE 14-60005, F.A.C.      STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION      800-08504  
**PERSONNEL SERVICES TIME SHEET**      SAFETY 01/02

---

Implementing Agency: Grant County Health Department  
 Project Number: RS-13-08-56      Claim Number: APH30001  
 For a period of: 11/2/2012      to: 11/15/2012  
 Certified Correct by: \_\_\_\_\_  
Signature of Administrator of Implementing Agency

---

Instructions

1. Project Time reflects the number of hours directly related to duties associated with this project. Annual and sick leave are a part of project time.  
 2. Total Hours reflects project time and other hours performing duties paid for by agency.

Day of Month	Name: <u>Mark Daytime</u>		Name: <u>Sara Philmer</u>		Name: <u>Dep. D. Grant</u>	
	Project Time	Total Hours	Project Time	Total Hours	Project Time	Total Hours
01						
02	8.00	8.00	8.00	8.00	4.00	8.00
03						
04						
05	8.00	8.00	8.00	8.00	4.00	8.00
06	8.00	8.00	8.00	8.00	4.00	8.00
07	8.00	8.00	8.00	8.00	4.00	8.00
08	8.00	8.00	8.00	8.00	4.00	8.00
09	8.00	8.00	8.00	8.00	4.00	8.00
10						
11						
12	8.00	8.00	8.00	8.00	4.00	8.00
13	8.00	8.00	8.00	8.00	4.00	8.00
14	8.00	8.00	8.00	8.00	4.00	8.00
15	8.00	8.00	8.00	8.00	4.00	8.00
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
<b>Total</b>	<b>80.00</b>	<b>80.00</b>	<b>80.00</b>	<b>80.00</b>	<b>40.00</b>	<b>80.00</b>

**Implementing Agency:** The name of the Implementing Agency on the Subgrant Agreement

**Project Number:** The project number indicated on the executed subgrant agreement.

**Contract Number:** The contract number indicated on the executed subgrant agreement.

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

**Certified Correct by:** The Administrator of the Implementing Agency is identified on the signature page of the subgrant application. Administrators may delegate this signature authority ( Delegation letters must be provided)

**Name:** The name of the authorized employee from the personnel letter.

**Project Time:** Indicate the number of hours on the appropriate day of the month that were worked on the grant.

**Total Hours:** Indicate the total hours worked by the employee on each work day.



# A: REIMBURSEMENT CLAIM FORMS

Vendor	Date Paid	Voucher #	Amount	Description
<small>Form 14-6605, F.A.C.      STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION      500-065-07 SAFETY 0102</small> Implementing Agency: <u>Grant County Health Department</u> Project Number: <u>RS-13-08-56</u> Claim Number: <u>APH30001</u> For a period of: <u>10/29/2012</u> to: <u>11/25/2012</u>				
<b>2. Contractual Services</b>				
Safety Publications, Inc	11/25/2012	21005	1,000.00	Contract Line 1 Deliverable
<b>Total Contractual Services</b>			1,000.00	
<b>3. Expenses</b>				
Big Top Tents	10/29/2012	31589	3,965.75	(5) Tents 12 x 12
Promo's R Us	11/4/2012	33891	5,000.00	Promotional Items
Low's	10/30/2012	48510	438.70	Air Compressors and Scissors
Pedalini Express	11/4/2012	32586	1,858.00	Bike Station Supplies
CAP's	11/6/2012	45261	2,750.00	Bicycle Helmets
Walmart	11/11/2012	78205	2,273.75	Bicycles for Give aways
<b>Total Expenses</b>			16,306.20	
<b>4. Operating Capital Outlay</b>				
Hitches and Trailers	10/31/2012	108539	5,000.00	Trailer
<b>Total O.C.O.</b>			5,000.00	
<b>5. Indirect Cost</b>				
5% of 26,743.73			1,337.19	
<b>Total Indirect Cost</b>			1,337.19	
<small>Enter the total of each category of cost on DOT 500-065-07 to the corresponding category on DOT 500-065-04.</small>				

**Implementing Agency:** The name of the Implementing Agency on the Subgrant Agreement

**Project Number:** The project number indicated on the executed subgrant agreement.

**Contract Number:** The contract number indicated on the executed subgrant agreement.

**For the period of:** The period reflects the earliest and latest payment dates being requested for reimbursement.

**Vendor:** The name of the vendor items were purchased from.

**Date Paid:** Check Date or transaction date

**Voucher Number:** Check number or transaction number

**Amount:** Dollar amount being requested for reimbursement.

**Description:** Description of purchase as identified in the subgrant agreement budget (Example: Item purchased was brochures and your grant line item was Promotional Items, which included the printing of brochures)

Items should be listed under the category they funded under in the subgrant agreement budget table. (Example: The brochures were approved under the Promotional Line item under Expenses; therefore, the reimbursement is requested under the Expenses category)

**Indirect Costs:** Indirect cost is reimbursed based on the rate approved in the subcontract agreement. This rate is applied to all direct costs and calculated for each individual claim. If your subgrant budget does not include indirect costs, you may not request indirect costs.

# **B: INCIDENTAL EXPENSES**

## **REFERENCE SHEET**

<b>Expense</b>	<b>Receipt Requirement (Per Occurrence)</b>	<b>Reimbursement Guidelines</b>	<b>Justification Required</b>
Taxi Fares/Tips	Required In excess of \$25	Taxi tips up to 15% of fare	No
Tolls	Required In excess of \$25		No
Parking/Tips	Required In excess of \$25	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)	If available	Charges must be for business purposes only	Yes
Portage	Not Required	\$1.00 per bag for up to 5 bags per occurrence	More than 2 bags require justification
Other Tips/Gratuities	Not Required	Airport shuttle up to \$1 per trip	No

# C: LAW ENFORCEMENT ACTIVITY REPORTS

Example Single officer log



## Traffic Grant

Name ID#: \_\_\_\_\_

Name ID#: \_\_\_\_\_

Vehicle #: \_\_\_\_\_

Beginning Milage: \_\_\_\_\_

Ending Milage: \_\_\_\_\_

### Areas Patrolled:

#	Location	Contacts	CAD #	# of Citations

Total: \_\_\_\_\_

Total: \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date: \_\_\_\_\_  
Employee Signature \_\_\_\_\_ Date: \_\_\_\_\_  
Employee Signature \_\_\_\_\_ Date: \_\_\_\_\_

# C: LAW ENFORCEMENT ACTIVITY REPORTS

example of single officer log

## DOT OVERTIME SHEET

DEPUTY \_\_\_\_\_

DATE WORKED: \_\_\_\_\_

TIME ON DUTY: \_\_\_\_\_

TIME OFF DUTY: \_\_\_\_\_

TOTAL HOURS WORKED: \_\_\_\_\_

OVERTIME PAY RATE: \_\_\_\_\_

SPEEDING		DUI	
SEAT BELT		RAN STOP SIGN	
CHILD RESTRAINTS		NO INSURANCE	
EXPIRED DL		EXPIRED TAG	
CARELESS DRIVING		DWLS	
DRUG ARRESTS		OTHER CITATIONS	
MOTORCYCLE CITATIONS		Total Stops	

DEPUTY'S SIGNATURE \_\_\_\_\_

DATE SUBMITTED: \_\_\_\_\_

# C: LAW ENFORCEMENT ACTIVITY REPORTS

multiple unit Enforcement

## OPERATIONAL PLAN

Activity	Stats
Traffic Stops	
Citations Total	
Speed citations	
Seatbelt citations	
Other moving citations	
Non-moving citations	
Criminal citations	
Aggressive Box Checked	
Arrests	

**TYPE:** Speed/Aggressive Driving Enforcement

**MISSION STATEMENT:** This operation targets speeding offenses and other moving and aggressive driving violations with the intent of improving traffic and pedestrian safety through the following:

- Reduce speed violations and dangerous driving behaviors;
- Heighten awareness;
- Educate the public on the dangers of speeding.

A ZERO TOLERANCE approach will be utilized for this operation.

**OPERATIONAL AREA:**

**PROPOSED DATE:**

**ALTERNATE DATE:**

**OPERATIONAL TIMES:**

**OPERATION COORDINATORS:**

**PERSONNEL:**

# C: LAW ENFORCEMENT ACTIVITY REPORTS

**VEHICLE:** Marked Patrol Vehicles (Motors included) and Unmarked

**COMMUNICATIONS:** Radio Channel -

**TARGET VIOLATIONS:**

FSS 316.183(2)	Unlawful Speed
FSS 316.614	Seatbelt Violations
FSS 316.074(1)	Violation of Traffic Control Devices
FSS 316.123(2)(a)	Ran stop sign
FSS 316.089	Failure to use Designated Lane
FSS 316.610	Inoperative Equipment
FSS 316.075(1)C(1)	Red light Violation

**\*\*All other traffic violations\*\***

**TIME LINE:**

**APPROVAL:**

**Traffic Lieutenant** \_\_\_\_\_

**Captain of Operations** \_\_\_\_\_

# C: LAW ENFORCEMENT ACTIVITY REPORTS

example single officer Log. (motorcycle)

## FDOT MOTORCYCLE GRANT ACTIVITY SHEET

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

LOCATION(S):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TRAFFIC STOPS: \_\_\_\_\_

TOTAL CITATIONS: \_\_\_\_\_

MOVING: \_\_\_\_\_

NON-MOVING: \_\_\_\_\_

EQUIPMENT: \_\_\_\_\_

NO HELMET W/NO PROOF OF MEDICAL INS: \_\_\_\_\_

NO M/C ENDORSEMENT: \_\_\_\_\_

OTHER CRIMINAL: \_\_\_\_\_

WARNINGS WITH M/C CHECKLIST ISSUED: \_\_\_\_\_

ARRESTS: \_\_\_\_\_

OFFENSE REPORTS: \_\_\_\_\_

REMARKS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# C: LAW ENFORCEMENT ACTIVITY REPORTS

*Example of monthly log*

Month: September 2012

Aggressive Driving GRANT  
ACTIVITY LOG

DATE	HOURS	STOPS	ARREST FELONY	ARREST MISD	CHILD SEAT	CRIM FUTCS	DUIs	MOVING VIOL.	NonMOV VIOL	RECKLESS	SEAT BELT	SPEED
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												
21												
22												
23												
24												
25												
26												
27												
28												
29												
30												
31												
TOTALS:	0	0	0	0	0	0	0	0	0	0	0	0

FDOT Project #: