

Subrecipient Quick Reference Guide



Florida Department of Transportation
State Safety Office
Highway Safety Subgrant Program

Revised 10/2018



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DISCLAIMER

INFORMATION PROVIDED IN THIS QUICK REFERENCE GUIDE IS A COMPILATION 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 postmarked no later than October 31st 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 Subrecipient agrees to forfeit reimbursement of any amount incurred if the final request is not postmarked by October 31 following the end of the subgrant period.

REPORTS:

Performance 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 chronological history of the subgrant activities, problems encountered, and major accomplishments by October 31st. Requests for reimbursement will be returned to the subrecipient unpaid if the required supporting documentation is not provided within 15 business days and/or reports are past due, following notification.

RECEIPT GOODS AND SERVICES:September 30th

CONCEPT PAPERS:January 1st – February 28th

SUBGRANT PERIODSubgrant (Start) Date – September 30th

PERSONNEL SERVICES

PREREQUISITES:



Safety Subgrant Personnel Form – Any agency receiving subgrant funds for the reimbursement of positions (excluding law enforcement agency positions) must report and get approval in writing of any staffing. This form **MUST** be received and approved prior to incurring cost.

- **Please note: Changes or additions to positions must be submitted immediately prior to incurring costs or adding employee(s) to the subgrant.**
- Position titles and numbers will be used in lieu of the name(s) of the person(s) for whom the reimbursement requests are submitted
- The salary ceiling is the flat rate of salary a position shall receive. The total budget denotes the salary and the addition of benefits and estimates of potential fluctuations.



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

LEGAL LIMITATIONS:



Personnel hired under the subgrant shall not hold the position of **Project Director** nor receive any benefit under this subgrant.

REIMBURSEMENT REQUIREMENTS:



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.

PERSONNEL SERVICES



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, Workers Compensations, Retirement, etc.**
- **If requesting benefits, please provide the current rate information (i.e. – Retirement is 23.27% through June 30th)**



FDOT will only reimburse actual salary and benefit costs paid. Please be mindful when using an excel spreadsheet to calculate your reimbursement requests, your totals may round up. Rates are rounded to the hundredths decimal place (\$0.XX) on either the result of a calculation (item rate multiplied by number of units) or the total invoice amount.

CONTRACTUAL SERVICES

PREREQUISITES:



Approval – The FDOT State Safety Office **shall review and approve** in writing **all subcontract agreements** prior to the actual employment of the consultant or the contractor by the Subrecipient or Implementing Agency



A **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 as a minimum the following information:

- 1) Beginning and end dates of the agreement (not to exceed the subgrant period)
- 2) Total contract amount
- 3) Scope of work/Services to be provided
- 4) Quantifiable, measurable, and verifiable units of deliverables
- 5) Minimum level of service to be performed and criteria for evaluating successful completion
- 6) Budget/Cost Analysis
- 7) Method of compensation/Payment Schedule
- 8) All subcontract agreements shall contain the following statements:


“The parties to the contract shall be bound by all applicable sections of **Part V: Acceptance and Agreement** of Project # (**insert Project #**), DOT Contract # (**insert contract #**). A final invoice must be received by (**insert date**) or payment will be forfeited.”
- 9) Disadvantaged Business Enterprises (DBE) Consultant/Contractor Assurances (Found in Part V; Section 24)
- 10) Buy America clause
- 11) Certification Regarding Federal Lobbying
- 12) Cooperation with Inspector General
- 13) E-verify clause
- 14) Clean Air Act and Federal Water Pollution Control Act clause (subcontracts in excess of \$150,000)
- 15) Nondiscrimination Consultant/Contractor Assurances (Found in Part V; Section 46):

CONTRACTUAL SERVICES

LEGAL LIMITATIONS:

-  No subcontracts executed under this subgrant will be made to parties listed on the governmentwide Excluded Parties List System for Award Management (SAM), in accordance with OMB guidelines at 2 CFR 180 that implement Executive Orders 12549 (3 CFR Part 1986 Comp., p. 189) and 12689 (3 CFR Part 1989 Comp., p. 235), “Debarment and Suspension.” The Excluded Parties List System in SAM contains the names of parties debarred, suspended, or otherwise excluded by agencies, as well as parties declared ineligible under statutory or regulatory authority other than Executive Order 12549.
-  An entity or affiliate who has been placed on the discriminatory vendor list may not submit a bid, proposal, or reply on a contract to provide any goods or services to a public entity; may not submit a bid, proposal, or reply on a contract with a public entity for the construction or repair of a public building or public work; may not submit bids, proposals, or replies on leases of real property to a public entity; may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity; and may not transact business with any public entity.

REIMBURSEMENT REQUIREMENTS:

-  Ensure that the invoice matches the method of compensation, as described in the approved subcontract agreement.

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.



All public information and education items reimbursed with subgrant funds shall contain a traffic safety message. Such items are defined as “materials whose purpose is to convey substantive information about highway safety.”



Requests should include the following:

1. What public information or educational item is being requested
2. What program/policy is the item supporting
3. Who the target audience is
4. How the item will be distributed
5. Estimated unit cost(s) for the item (must be economical way of conveying the information)



Either the Florida Department of Transportation logo or the words “Funding provided by the Florida Department of Transportation, or Funded by FDOT” shall appear on or in all items. “Brought to you by” or “Provided by” may also be used for this requirement.

TRAVEL:



Travel meeting any of the following criteria shall require a written request for approval from the FDOT FDOT State Safety Office prior to the incurring of actual travel costs. Request should include sufficient justification to prove that the travel will have significant benefits to the outcome of the subgrant activities and is within the travel budget of the project and relevant to the project:

- i. Purchase of Airfare
- ii. Travel to conference
- iii. Travel which includes a registration fee
- iv. Out-of-subgrant-specified work area travel
- v. Out-of-state travel

Failure to receive prior written approval will deem the entire travel cost ineligible for payment, regardless of available funding in travel budget.

EXPENSES

- ⊘ Travel costs for approved travel shall be reimbursed in accordance FDOT Disbursement Operations Handbook, but not in excess of provisions in Section 112.061, Florida Statutes.

MEAL RATES

Breakfast - \$6.00	Before 6:00 am and extends beyond 8:00 am
Lunch – \$11.00	Before 12:00 pm and extends beyond 2:00 pm
Dinner - \$19.00	Before 6:00 pm and extends beyond 8:00 pm

PER DIEM RATES

12:01 am – 6:00 am	\$20.00
6:01 am –12:00 pm	\$40.00
12:01 pm – 6:00 pm	\$60.00
6:01 pm–12:00 pm	\$80.00

MILEAGE – Mileage reimbursement rate is **0.445** per mile (**Round Down**)

- When possible, the Department of Transportation Official Highway Mileage should be used to compute the mileage. <http://www2.dot.state.fl.us/CityToCityMileage/viewer.aspx>

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 \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.

EXPENSES



The FDOT State Safety Office shall not pay for overnight lodging/hotel room rates that exceed \$150.00 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 \$150.00 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 \$150 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 \$175.00 and there is a \$20.00 per night resort fee. The hotel stay was three nights. The breakdown of charges would be as follows:

$\$150.00 \times 3 = \450.00 paid with state funds

$\$20.00 \times 3 = \60.00 paid with state funds

$\$25.00$ (amount over \$150 nightly rate) $\times 3 = \$75.00$ paid with personal funds

Example 2: The hotel nightly room rate is \$175.00 and there is a 2% per night surcharge. The hotel stay was three nights. The breakdown of charges would be as follows:

$\$150.00 \times 3 = \450.00 paid with state funds

$\$150.00 \times 2\% = \$3.00 \times 3 = \$9.00$ paid with state funds

$\$25.00$ (amount over \$150 nightly rate) $\times 3 = \$75.00$ paid with personal funds

$\$25.00 \times 2\% = \$0.50 \times 3 = \$1.50$ paid with personal funds



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

EXPENSES

REIMBURSEMENT REQUIREMENTS:

PUBLIC INFORMATION AND EDUCATION ITEMS



Proof of receipt of all public information and education items shall be submitted to the FDOT State Safety Office at the time of reimbursement request.

Note: Pictures of promo items with required logo is acceptable.



A copy of the FDOT State Safety Office approval must be included with the invoice for public information and education items.

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:

- 1) Accurate dates of travel
- 2) Rates for Meals, Lodging/Per Diem, Mileage Rates, per FDOT *Disbursement Handbook for Employees and Managers* (Provided in Legal Limitations section above)
- 3) Justification for any car rental above "Compact" rate
- 4) Copies of all applicable invoices and receipts (hotel, rental car, airfare, etc)
- 5) Include receipts and/or justification for incidental expenses, as required (see incidental expense reference sheet)
- 6) Proof of payment to traveler
- 7) Include the source of your claimed mileage in the justification or as an attachment

EXPENSES

- 8) Mandatory Parking at Hotels – If a hotel charges a mandatory fee for parking (free self-parking is not available), **you must state that the charge was mandatory**. The statement “mandatory parking fee” or “no free parking available” can be written on the hotel receipt or Travel Form as justification for the charge. When requesting reimbursement for mandatory hotel parking, **separate the parking fee from the hotel room charge and list the parking fee under Incidental Expenses on the Travel Form**.
- 9) Rental Car Charges beyond the travel dates: in the event your travel ends on Friday and you don’t return the rental car until the following date, or you pick up the rental car a day before travel, justification must be provided with the receipt to explain the extra charges.
- 10) All acronyms must be spelled out at least once. This can be handwritten on the documentation, if necessary.



Travel to formal **Conferences requires** the following additional information/adjustments:

- 1) A copy of the Agenda(s) from the conference
- 2) A copy of your FDOT State Safety Office Approval to Attend the Conference
- 3) If a meal is included in the registration fee, the **meal allowance must be deducted from the reimbursement claim**, even if the traveler decides for personal reasons not to eat the meal per FS 112.061(8)(a)5 and FS 112.061(11)(b)1.
- 4) A continental breakfast is considered a meal and **must be deducted if included in a registration fee** per Attorney General Opinion 081-53.
- 5) If there is no registration fee or the fee is waived, **you still must submit the detailed agenda and deduct any meals that were provided** during the conference



Travel **Out of State requires** the following additional information/adjustments:

- 1) A copy of your FDOT State Safety Office approval to travel out of state



Airfare requires the following additional information/adjustments:

- 1) A copy of your FDOT State Safety Office approval to fly

Equipment Costing \$5,000 Or More

PREREQUISITES:



Buy American – Any manufactured product whose unit purchase price is \$5,000 or more, or a motor vehicle, **MUST** be MADE IN AMERICA.



Equipment Costing \$5,000 or more per item – Any equipment purchased with subgrant funds costing \$5,000 or more must be approved by NHTSA. Be mindful if your estimated unit cost was less than \$5,000, at the time of award; if, at time of purchase the cost is \$5,000 or more, you will need to notify the FDOT State Safety Office **PRIOR** to making the purchase, to allow time for this required approval.

LEGAL LIMITATIONS:



Repossession of Equipment - Ownership of all equipment purchased with Federal highway safety funds rests with the subrecipient and its implementing agency; however, the USDOT maintains an interest in the equipment until the end of its' useful life. Any equipment purchased with Federal highway safety funds that is not being used by the subrecipient or its implementing agency for the purposes described in the subgrant shall be repossessed by the FDOT State Safety Office, on behalf of the USDOT. Items that are repossessed shall be disbursed to agencies that agree to use the equipment for the activity described in the subgrant.



Disposition of Subgrant Purchased Equipment - Equipment purchased with a unit cost of \$5,000 or more **requires a written request for approval to dispose.**

- Equipment **with a fair market value less than \$5,000** may be retained, sold or otherwise disposed of 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 FDOT; therefore, FDOT has the right to recoup an amount proportionate to its share of the original investment.

Equipment Costing \$5,000 Or More

REIMBURSEMENT REQUIREMENTS:



All requests for reimbursement of items having a unit cost of \$5,000 or more and a useful life of one year or more shall be accompanied by a Non-Expendable Property 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: REIMBURSEMENT CLAIM FORMS

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
STATEMENT OF HIGHWAY SAFETY PROJECT COSTS
500-065-04 SAFETY 10/16

Submit claims to: Florida Department of Transportation State Safety Office 605 Suwannee Street, MS 53 Tallahassee, FL 32399-0450	Date: _____ Claim Number: <small>(Example: G0527001)</small> _____ <input type="checkbox"/> Partial Claim <input type="checkbox"/> Final Claim
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Subrecipient Agency: _____

Payment Remittance Address: (as indicated on subgrant)

Address Line 1: _____

Address Line 2: _____

City, State, Zip: _____

Implementing Agency: _____

Project Title: _____

Project Number: _____ **FDOT Contract Number:** _____

For the Period of: _____ through _____

1. Personnel Services:	_____
2. Contractual Services:	_____
3. Expenses:	_____
4. Equipment Costing Over \$5,000:	_____
5. Indirect Cost:	_____
TOTAL COSTS CLAIMED FOR PERIOD:	_____

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: The date the form is being completed

Claim Number: The FDOT contract number following a sequential numbering beginning with 001. (Example: Contract number APH30; claim 1 would be APH30001 and claim 15 would be APH30015)

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

Subrecipient Agency: The name and address of the Applicant Agency on the subgrant agreement

Payment Remittance Address: The address as stated in Part 11 of form (500-065-01).

Implementing Agency: The name of the Implementing Agency as stated on Part 4 of form (500-065-01).

Project Title: The project title indicated on the top of form (500-065-01)

Project Number: The project number indicated on the top of form (500-065-01)

FDOT Contract Number: The contract number indicated on the top of form (500-065-01). This is the five digit contract number and does not include claim number.

For the Period of: The period dates should represent earliest date worked or earliest date of expenditure through the latest date of payment. **The only exception is that the 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 10/15/2016 through 10/31/2016.

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

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 on the signature page of the subgrant agreement. Administrators may delegate signature authority (**Delegation letters must be provided**)

A: REIMBURSEMENT CLAIM FORMS

[illegible]

Implementing Agency: The name of the Implementing Agency on the subgrant agreement

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

Claim Number: The FDOT contract number following a sequential numbering beginning with 001. (Example: Contract number APH30; claim 1 would be APH30001 and claim 15 would be APH30015)

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

Name of Employee: Name of employee as indicated on supporting payment documentation and personnel list provided.

Title of Employees: Title of employee as indicated in the subgrant and personnel list.

Hours Worked on the Project: Employee hours worked on subgrant.

Salary Charged to Project: Total cost requested for reimbursement for those hours worked on the subgrant.

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

Notes: Can be used to define acronyms or provide any necessary clarifications.

A: REIMBURSEMENT CLAIM FORMS

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
PERSONNEL SERVICES TIME SHEET

500-065-05
SAFETY
11/16

Implementing Agency: _____

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

Day	Name: _____		Name: _____		Name: _____		Name: _____	
	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: The name of the Implementing Agency on the subgrant agreement

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

Claim Number: The FDOT contract number following a sequential numbering beginning with 001. (Example: Contract number APH30; claim 1 would be APH30001 and claim 15 would be APH30015)

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

Month: The month the hours are being reported for.

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

Type of Leave (if applicable): Personnel who are paid salary will reference type of leave as "Annual", "Sick", "Comp", etc. THIS DOES NOT APPLY TO OVERTIME ONLY PERSONNEL COSTS.

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.

A: REIMBURSEMENT CLAIM FORMS

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION DETAIL OF COSTS				
Implementing Agency:				
Project Number:		Claim Number: <small>(Example: G0527001)</small>		
2. Contractual Services				
Total Contractual Services:				
3. Expenses				
Total Expenses:				
4. Equipment Costing Over \$5,000				
Total OCO:				
5. Indirect Cost %	Total Indirect Cost:			

Enter the total of each category of cost on DOT 500-085-07 to the corresponding category on DOT 500-085-04.

Implementing Agency: The name of the Implementing Agency on the subgrant agreement

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

Claim Number: The FDOT contract number following a sequential numbering beginning with 001. (Example: Contract number APH30; claim 1 would be APH30001 and claim 15 would be APH30015)

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

Date Paid: check date or transaction date

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

Amount: Dollar amount being requested for reimbursement.

Description/Subgrant Line Item: Description of purchase and the line item identified in the subgrant agreement budget (Example: Item purchased was brochures and your subgrant line item was Printing, the description would read “brochures/printing”)

Items should be listed under the category they funded under in the subgrant agreement budget table. (Example: The brochures were approved under the Printing 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 subgrant 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. Please round up on 3rd digit for indirect calculations.

B. PERFORMANCE REPORT

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
PERFORMANCE REPORT
REDUCES-20
SAFETY
2006

Implementing Agency: _____

Project Number: _____ Claim Number: _____
(Example: Gega0001)

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.	_____

National Highway Traffic Safety Administration (NHTSA) Required Activity Reporting	
The following statistics are required reporting for any traffic safety enforcement grant. (enforcement grants only)	
1. Number of seat belt citations issued during subgrant-funded enforcement activities.	_____
2. Number of impaired driving arrests made during subgrant-funded enforcement activities.	_____
3. Number of speeding citations issued during subgrant-funded enforcement activities.	_____

Implementing Agency: The name of the Implementing Agency on the subgrant agreement

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

Claim Number: The FDOT contract number following a sequential numbering beginning with 001. (Example: Contract number APH30; claim 1 would be APH30001 and claim 15 would be APH30015)

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 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.

If you are unsure which objectives should be reported under which performance standard, please contact your respective Traffic Safety Program Manager.

B. PERFORMANCE REPORT

The following are examples of how to report objective activities under the minimum performance standards:

Example Objective: Monitor and analyze crash related fatality and serious injury data for adults aged 65 and older.

Example Performance Standard Report:

1. Provide assistance and support for the Aging Road User Program.

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

Example Objective: Conduct at least one motorcycle safety education class per month.

Example Performance Standard Report:

2. Conduct training operations for motorcycle safety.

One motorcycle education training class was conducted at the local Harley Davidson dealership on October 15th. Attached is the roster of those citizens in attendance. This training supports the subgrant objective to conduct at least one motorcycle safety education class per month

Example Objective: Conduct at least 12 DUI saturation patrols within the subgrant cycle.

Example Performance Standard Report:

3. Conduct enforcement operations for the enforcement of DUI in City of XYZ.

One DUI saturation patrol was conducted on October 11th from 11pm to 3am. Three officers worked this detail (overtime activity report attached). This patrol supports the subgrant objective to conduct at least 12 DUI saturation patrols within the subgrant cycle.

B. PERFORMANCE REPORT

Example Objective: Reduce speed related crashes by 5% from the previous year.

Example Performance Standard Report:

3. Conduct Enforcement Operations for the reduction of Speed in ABC County

Two overtime saturation patrols were conducted during this period. The first was October 4th from 11pm until 3am on Old Mill Street, where speed related fatalities and injuries are currently the most concentrated. Three officers worked this detail (overtime activity report attached). The second operation was October 31st from 7pm until 1am on the opposite entrance to Downtown ABC to mitigate speeding while children and families participating in Halloween activities. Two pedestrians were hit during this period last year; however, there were no injuries this year. Four officers worked this detail (overtime activity report attached). These activities are toward the subgrant objective to reduce speed related crashes and serious injuries 5% from the previous year

Example Objective: Conduct at least 4 coalition meetings within the subgrant period.

Example Performance Standard Report:

4. Facilitate meetings for Florida Impaired Driving Coalition.

Calendar invites, agendas and previous meeting minutes were forwarded to coalition members on October 31st in preparation for the December 8th 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.

Example Performance Standard Report:

5. Provide performance reports.

Per the terms of the subgrant agreement, the performance report is provided with reimbursement claim number 1 for the period of October 1st through October 31st and all subgrant performance has been noted.

Example Performance Standard Report:

6. 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.

C. INCIDENTAL EXPENSES REFERENCE SHEET

Expense	Receipt Requirement (Per Occurrence)	Reimbursement Guidelines	Justification Required
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

D: LAW ENFORCEMENT ACTIVITY REPORT

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
SPEED AND AGGRESSIVE DRIVING
HIGH VISIBILITY ENFORCEMENT ACTIVITY REPORT

500-065-35
SAFETY
09/18

Implementing Agency: _____
 Officer Name: _____ Officer ID: _____ Date: _____
 Start Time: _____ End Time: _____ Total Hrs: _____

This activity report is used to record activity for a high visibility speed and aggressive driving enforcement subgrant. Speed and aggressive driving related fatalities and serious injuries in your city or county were among the highest of cities and counties of the same size in the State. Data has proven that driver behavior is influenced by the visibility of active law enforcement; therefore, your agency has been awarded subgrant funds to increase high visibility enforcement in your area to reduce fatalities and serious injuries and ultimately save lives.

1. The primary focus of this enforcement detail should be speed and aggressive driving.
2. The location of this detail should be focused those areas where the most fatalities and injuries are occurring.
3. If your agency has a minimum pay out of overtime, the detail should consist of the visible presence of the enforcement vehicle in high risk areas for those minimum hours. If the weather does not improve within those minimum hours, the detail should stop.
4. High Visibility Enforcement does not directly translate to citations or warnings; however, it does translate to making active contacts and providing education. Education materials have been provided for distribution to all contacts during the enforcement detail. Officer discretion is to be used to determine if citations or warnings are warranted.

LOCATION	CODE(S)	CITATION	WARNING	ARREST	COMMENT(S)
<small>Example: 45th and Washington</small>	3, 4	X	X	<input type="checkbox"/>	<small>Warning for speeding/educational materials provided, citation for safety belt</small>

CODE(S)
1. No Safety Belt
2. DUI
3. Excessive Speed
4. Aggressive Driving
5. No/Improper Child Restraint
6. Other Moving Violation
7. Other Non-Moving Violation

Total Contacts: _____
 # Materials Distributed: _____
I affirm that the information above is true and accurate to the best of my knowledge.
 Signature: _____

Enforcement Activity Reports MUST be provided with each request for financial reimbursement for overtime worked. Agency specific activity reports may be used, if those reports include all information detailed in the associated FDOT HVE Activity Forms.

Enforcement activity should be focused on the specific program area of the subgrant.

Comments are to be used to document active contacts and the distribution of educational material.

Location: provide the street, intersection, zone where the stop was made.

Code(s): using the codes provided at the bottom of the form to identify the type of violation.

Citation: check this box if a citation was issued

Warning: check this box if a warning was issued

Arrest: check this box if an arrest was made

Comments: using the example provided, please provide details concerning the stop and document materials distributed.

Motorcycle(MC)/Vehicle(V): indicate MC if stopping a motorcyclist or V if stopping a vehicle (Motorcycle Safety HVE ONLY)

E: PERSONNEL FORM

[illegible]

This form is required for subgrants with funded positions (excludes law enforcement). This form replaces previous need for personnel lists. The positions to be reimbursed under the subgrant are listed and approved with the subgrant award. Position numbers are listed instead of names to allow reimbursement of that position regardless of how many times the name of the person holding the position changes.

Changes or additions to positions approved personnel must be submitted immediately, prior to incurring costs or adding employee(s) to the subgrant.

Project Number: Indicate the project number of the subgrant the personnel request is being approved for

Contract Number: Indicate the FDOT contract number of the subgrant the personnel request is being approved for

Project Title: Indicate the project title of the subgrant the personnel request is being approved for

Position Title: Indicate the title of the position that will be reimbursed under the subgrant

Position Number: Indicate the agency position number assigned to the position that will be reimbursed (Positions with the same title will be identified by the position number)

% of Time on Project: Identify the percentage of this position's time assigned to this subgrant

Project Responsibilities: Identify the duties that will be supported by this position for this subgrant

Salary Ceiling: Identify the maximum salary (excluding benefits and overtime) the position will be paid

Total Budget: This will represent the total budget within the subgrant for this position including estimated benefits and overtime (estimated benefits should include any projected increase that may occur after during the subgrant period)

Additional Comments: Indicate any special circumstances/credentials that would support an especially high salary, or indicate that overtime is being requested in addition to the salary amount.

