



FLORIDA SUBRECIPIENT REIMBURSEMENT GUIDE

ENFORCEMENT SUBGRANTS

Updated: October 17, 2025



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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 OCCURRING 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: FICA (Social Security and Medicare), FICA (Medicare Only), Workers Compensation, and Retirement.
- If requesting benefits, please provide the current rate information (e.g., the FRS rates for membership plans are updated on July 1st of each year and this change should be reflected in the reimbursement request).
- 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.
- Activity Reports are required for each employee requesting reimbursement in the claim.
- All activity reports, timesheets, and pay documentation should be compiled together and sorted by employee.
 - John Doe:
 - Activity Report
 - Timesheet
 - Pay documentation (any other documentation)

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 with the invoice for comparison of terms with the 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.

REIMBURSEMENT REQUIREMENTS

Appendix D provides step by step guidance for completing the required forms for expenses cost 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 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.

EQUIPMENT COSTING \$10,000 OR MORE

PREREQUISITES

- **Buy American**— Any manufactured product with a per 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 on or 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.

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.

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)

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 completed 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.



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)

Personnel Services: _____

Contractual Services: _____

Expenses: _____

Equipment Costing \$10,000 or More: _____

Indirect Cost: Rate _____ %

TOTAL COSTS CLAIMED FOR PERIOD: \$0.00

Personnel Services: 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 on each sheet should be entered here.

Contractual Services: This amount will come from the total for Contractual Services on the Detail of Costs form (500-065-07). If you have multiple Detail of Costs pages, the combined total of the Contractual Services on each sheet should be entered here.

Expenses: This amount will come from the total for Expenses on Detail of Costs form (500-065-07). If you have multiple Detail of Costs pages, the combined total of the Expenses on each sheet should be entered here.

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

Indirect Cost Rate %: Enforcement subgrants do not have indirect costs; therefore, this will remain blank.

Indirect Costs: Enforcement subgrants do not have indirect costs; therefore, you should enter a zero in this field.

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



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

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
PERSONNEL SERVICES TIME SHEET

500-065-06
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: _____

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

305-085-02
SAFETY

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								

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.

Day	Name: Charles Gray		Name: Charles Gray	
	Hrs Worked on Project	Type of Leave (if applicable)	Hrs Worked on Project	Type of Leave (if applicable)
	Month: January		Month: February	
01				
02	5.00			
03			6.00	
04	4.00			
05				

Type of Leave (if applicable): This column is not applicable to enforcement subgrants and should be left blank.

 Represents fields that you do not fill out

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

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 Printing Max for \$85.00 to print Teen Driver Safety brochures. Your agency paid the invoice on October 15th, 2024 on voucher number 1568889.

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	NARRATIVE	FEDERAL FUNDS	MATCH	TOTAL COST	INDIRECT ELIGIBLE
A. Personnel Services					
Overtime Salary and Benefits	Overtime Salary and Benefits for law enforcement officers, benefits to include FICA (Social Security and Medicare) and Retirement.	\$25,000	\$	\$25,000	No
Subtotal:		\$25,000	\$	\$25,000	
B. Contractual Services					
Subtotal:		\$	\$	\$	
C. Expenses					
Public Information and Education Items	For the purchase of outreach materials to be distributed to the public for program implementation and outreach. Includes banners, yard signs, or any other 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.	\$1,000	\$	\$1,000	No
Subtotal:		\$1,000	\$	\$1,000	
Subtotal:		\$	\$	\$	
Subtotal:		\$	\$	\$	
Total Cost of Project:		\$26,000	\$	\$26,000	



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

The Subgrant Agreement included an Expenses Category line item for Public Information and Education Items which approved brochure purchases; therefore, this invoice would be entered under the Expense Category of the form.

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
DETAIL OF COSTS

550-065-07
SAFETY
10/24

Implementing Agency: Example Law Enforcement Agency

Project Number: AL-2025-00123 Claim Number: (Example: G0527001) G1234001

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					
Printing Max	10/15/2024	1568889	\$85.00	\$0.00	Brochures – Public Information and Education Items
Total Expenses:			\$85.00	\$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.



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	NARRATIVE	FEDERAL FUNDS	MATCH	TOTAL COST	INDIRECT ELIGIBLE
A. Personnel Services					
Overtime Salary and Benefits	Overtime Salary and Benefits for law enforcement officers, benefits to include FICA (Social Security and Medicare) and Retirement.	\$25,000	\$	\$25,000	No
Subtotal:				\$25,000	
B. Contractual Services					
Subtotal:		\$	\$	\$	
C. Expenses					
Public Information and Education Items	For the purchase of outreach materials to be distributed to the public for program implementation and outreach. Includes banners, yard signs, or any other 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.			\$1,000	No
Subtotal:				\$1,000	
D. Equipment Costing \$5000 or More					
Subtotal:		\$	\$	\$	
E. Indirect Cost					
Subtotal:				\$	
Total Cost of Project:		\$26,000	\$	\$26,000	

Vendor: The name of the vendor where items/services 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.

Indirect Costs (if applicable): This column is not applicable to enforcement subgrants and should be left blank.

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, mailing of brochures is approved under the Expenses line item "Public Information and Education Items"; therefore, the entry would look like the example below.

Expenses	Date	Vendor	Federal Funds	Match	Total Cost	Description
Printing Max	10/15/2024	1568889	\$85.00	\$0.00		Brochures – 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: _____	Claim Number: _____
Project 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. _____

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: _____	Claim Number: _____
Project 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.

PART IV: PERFORMANCE REPORT

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

Project Title: Example Law Enforcement Agency

Project Number: AL-2025-00123

FDOT Contract Number: G1234

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. Conduct impaired driving high visibility enforcement operations.
4. Conduct outreach/educational activities for impaired driving.

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.	

COMPLETING THE PERFORMANCE REPORT IS A THREE 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.

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
PERFORMANCE REPORT

500-065-19
SAFE
09

Implementing Agency: Example Law Enforcement Agency

Project Number: AL-2025-00123 Claim Number: G1234001
(Example: G0527001)

For the Period of: 10/01/2024 through 10/31/2024

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. Conduct impaired driving high visibility enforcement operations.	
4. Conduct outreach/educational activities for impaired driving.	
5.	



Implementing Agency: Example Law Enforcement Agency
 Project Number: AL-2025-00123 Claim Number: G1234001
 (Example: G0527001)
 For the Period of: 10/01/2024 through 10/31/2024

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. Conduct impaired driving high visibility enforcement operations.	
4. Conduct outreach/educational activities for impaired driving.	
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.	

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

PART IV: PERFORMANCE REPORT	
Project Title: <u>Example Law Enforcement Agency</u>	
Project Number: <u>AL-2025-00123</u>	
FDOT Contract Number: <u>G1234</u>	
<p align="center">Minimum Performance Standards</p> <p>The following are the minimum performance standards required in this subgrant agreement. The status of these standards will be reported using FDOT form number 500-085-19 Performance Report and shall be included with each request for reimbursement.</p>	
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 the 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. Conduct impaired driving high visibility enforcement operations.	Two overtime saturation patrols were conducted during this period. The first was October 4 th from 11pm until 3am on Old Mill Street, where impaired driving-related fatalities and injuries are currently the most concentrated. Three officers worked this detail (overtime activity report attached). The second operation was October 31 st from 7pm until 1am on the opposite entrance to Downtown ABC to mitigate impaired driving while children and families are 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 impaired driving-related crashes and serious injuries 3% from the previous year.
4. Conduct outreach/educational activities for impaired driving.	No outreach/educational activities were conducted for this claim period.
<p align="center">National Highway Traffic Safety Administration (NHTSA) Required Activity Reporting</p> <p>The following statistics are required reporting for any traffic safety enforcement grant. (enforcement grants only)</p>	
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.	

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
PERFORMANCE REPORT

500-085-19
SAFETY
09/18

Implementing Agency: Example Law Enforcement Agency

Project Number: AL-2025-00123 Claim Number: G1234001
(Example: G0527001) G1234001

For the Period of: 10/01/2024 through 10/31/2024

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. Conduct impaired driving high visibility enforcement operations.
4. Conduct outreach/educational activities for impaired driving.
- 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.	[]

3. Report the activities and efforts conducted within the claim period for each NHTSA required activity reporting item in the second column of each row of the form.

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.	[]

NHTSA Activity Reporting:

1. **Number of seat belt citations:** This number is calculated by totaling the seat belt citations (including Child Passenger Restrain violations) from all officer activity forms associated with the hours being reimbursed on this claim. **Enter "0" if none were issued.**
2. **Number of impaired driving arrests:** This number is calculated by totaling the impaired driving arrests for all officer activity forms associated with the hours being reimbursed on this claim. **Enter "0" if none were issued.**
3. **Number of speeding citations:** This number is calculated by totaling ALL speeding citations (including aggressive driving citations, if speeding is involved) all officer activity forms associated with the hours being reimbursed on this claim. **Enter "0" if none were issued.**

Activity Report totals are found at the bottom of the Activity Report Forms



APPENDIX G: 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

WWW.FLORIDALEL.INFO



Training the Next Generation of Law Enforcement

