NORTH CAROLINA
Department of Transportation

NORTH CAROLINA
GOVERNOR'S HIGHWAY SAFETY PROGRAM

GHSP FY24 Grantee Orientation

North Carolina Governor's Highway Safety Program

October 2024

Connecting people, products and places safely and efficiently with customer focus, accountability and environmental sensitivity to enhance the economy and vitality of North Carolina

Agenda

9:00 am	Introduction & Welcome
	Application/Claim Submissions
	Grants Management
10:15 am	BREAK (10 min)
	Change Requests
	Monitoring
	Equipment
11:30 am	ADJOURN (Non-enforcement only)
	BREAK (10 min - Law enforcement)
	Enforcement Grant Info
12:00 pm	ADJOURN

Safety City at the State Fair 2022

Introductions

Grantee Introductions

Raise your hand if you are part of:

- Law enforcement
- University/community college/research institution
- Non-profit agency
- State-level agency
- Regional or county agency
- Local or municipal agency
- Fiscal/financial/grant mgmt. staff
- Program/implementation staff

Safety City at the State Fair 2022

Welcome from the Director

Director Mark Ezzell speaks at School Bus Safety Press Conference 8/21/23

Mark Ezzell, Director

mezzell@ncdot.gov

The N.C. Governor's Highway Safety Program (GHSP) promotes traffic safety awareness and works to reduce the number of traffic crashes and fatalities in North Carolina.

NORTH CAROLINA
GOVERNOR'S HIGHWAY SAFETY PROGRAM

BOOZE IT & LOSE IT.

NHTSA
NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION

CLICK IT OR TICKET.

The Governor's Highway Safety Program accomplishes our mission in two ways - through *grant funding opportunities* and conducting *highway safety initiatives* each year.

BIKE SAFE NORTH CAROLINA

NC VISION ZERO

WATCH FOR ME NC

Your GHSP Support Team

Grant Specialists

BOB STEVENS
STEP Coord. & State Law Enforcement Liaison (LEL)
bkstevens3@ncdot.gov

LORI BROWN
Impaired Driving Coordinator
llbrown9@ncdot.gov

JESSE WEBB
Enforcement Team Coordinator
jfwebb@ncdot.gov

JENNIFER DELCOURT
Vulnerable Road Users Coordinator
jadelcourt@ncdot.gov

VACANT
Traffic Records & Occupant Protection Coordinator

QUESTIONS? Start with your grant specialist for most questions, including claims, required reporting, important deadlines, etc.

https://apps.ncdot.gov/dot/directory/authenticated/UnitPage.aspx?id=599

Your GHSP Support Team

Leadership

MARK EZZELL
Director
mezzell@ncdot.gov

STACY DEANS
Assistant Director, Internal
smdeans@ncdot.gov

Questions about funding of new grants and allowable project scope

WARREN SMITH
Planning, Programs & Evaluations Manager
wgsmith@ncdot.gov

Questions about claims and required reporting (if your specialist isn't available)

CHERYL LEONARD
Assistant Director, External
cleonard2@ncdot.gov

Questions about Safety City, Traffic Safety Conference, or community projects

https://apps.ncdot.gov/dot/directory/authenticated/UnitPage.aspx?id=599

Your GHSP Support Team

Business, Communications & Support Staff

SHANON DANIELS
Business Officer
sndaniels1@ncdot.gov

DANA FRIEDRICHS
Asst. to Director,
Task Force Manager
drfriedrichs@ncdot.gov

Questions about Occupant Protection & Impaired Driving Task Forces

LINDSAY POE
Communications Manager
lcpoe1@ncdot.gov

Questions about press releases, media events & other communications

KAYDE-ANN MILLER-FORD
Office Manager
Kymiller-ford@ncdot.gov

Questions about grant system access

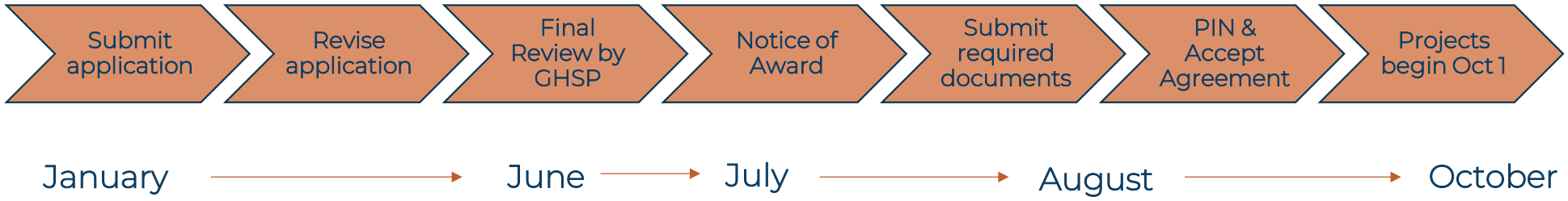
SYLVIA THOMPSON
Admin. Asst., Finance
smthompson1@ncdot.gov

https://apps.ncdot.gov/dot/directory/authenticated/UnitPage.aspx?id=599

Grant System Overview

Application Process

- GHSP funds over 100 grants each year
- Grants are awarded for one year only
- Grant management system opens for next fiscal year submissions from Jan 1 to Jan 31
- Grant period aligns with federal fiscal year: Oct 1 - Sept 30
- Program Director's Guidebook provides info regarding application requirements, change requests, claims, etc.



https://connect.ncdot.gov/municipalities/Law-Enforcement/Pages/Law-Enforcement-Reporting.aspx

Accessing the Grant System

EBS.NC.GOV

The Grants Management System is used for all phases of the grant process, including:

- Submitting applications
- Making revisions
- Submitting change requests
- Filing claims for reimbursement

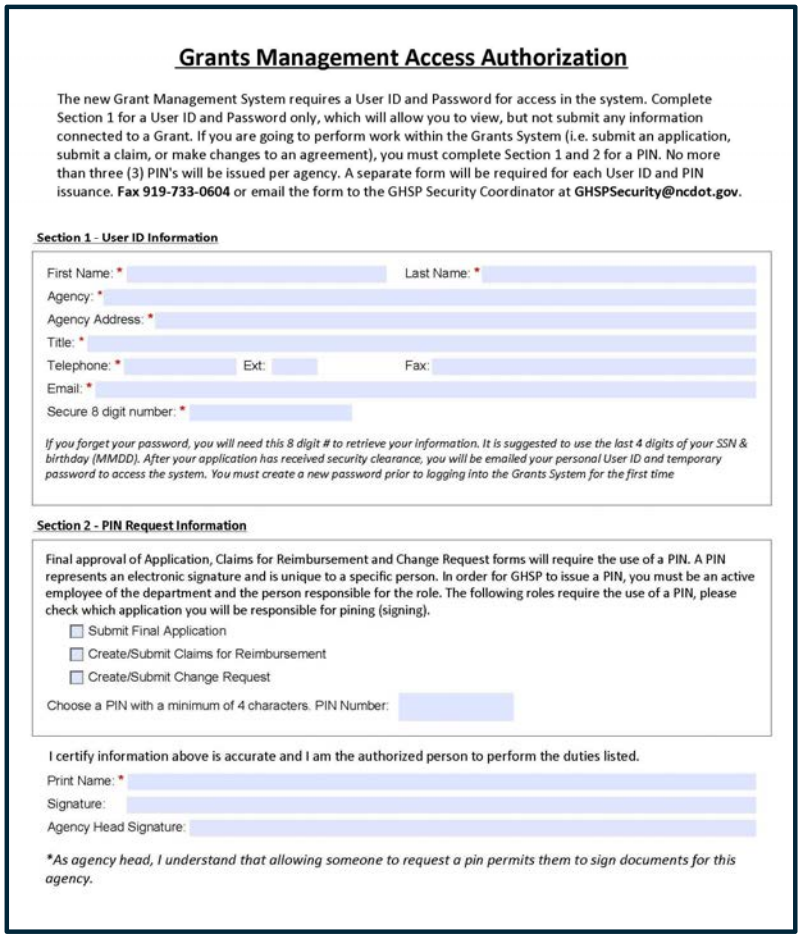
NOTE: Each agency is limited to THREE credentials with edit-level access. Additional staff may request view-only access.

Accessing the Grant System

EBS.NC.GOV

Once awarded, you must request access:

1. Complete the Grants Management Access Authorization Form
2. Email completed form to GHSPsecurity@ncdot.gov
3. Detailed instructions are located on the website under System Overview Presentation.



Grants Management Access Authorization

The new Grant Management System requires a User ID and Password for access in the system. Complete Section 1 for a User ID and Password only, which will allow you to view, but not submit any information connected to a Grant. If you are going to perform work within the Grants System (i.e. submit an application, submit a claim, or make changes to an agreement), you must complete Section 1 and 2 for a PIN. No more than three (3) PIN's will be issued per agency. A separate form will be required for each User ID and PIN issuance. **Fax 919-733-0604** or email the form to the GHSP Security Coordinator at **GHSPSecurity@ncdot.gov**.

Section 1 - User ID Information

First Name: * Last Name: *
Agency: *
Agency Address: *
Title: *
Telephone: * Ext: Fax:
Email: *
Secure 8 digit number: *

If you forget your password, you will need this 8 digit # to retrieve your information. It is suggested to use the last 4 digits of your SSN & birthday (MMDD). After your application has received security clearance, you will be emailed your personal User ID and temporary password to access the system. You must create a new password prior to logging into the Grants System for the first time

Section 2 - PIN Request Information

Final approval of Application, Claims for Reimbursement and Change Request forms will require the use of a PIN. A PIN represents an electronic signature and is unique to a specific person. In order for GHSP to issue a PIN, you must be an active employee of the department and the person responsible for the role. The following roles require the use of a PIN, please check which application you will be responsible for pining (signing).

- ☐ Submit Final Application
- ☐ Create/Submit Claims for Reimbursement
- ☐ Create/Submit Change Request

Choose a PIN with a minimum of 4 characters. PIN Number:

I certify information above is accurate and I am the authorized person to perform the duties listed.

Print Name: *
Signature:
Agency Head Signature:

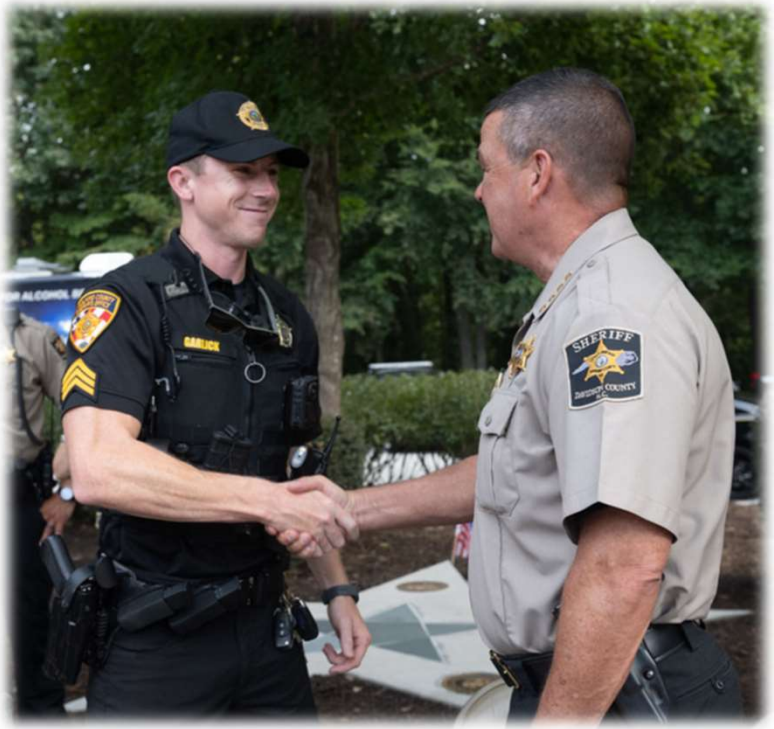
**As agency head, I understand that allowing someone to request a pin permits them to sign documents for this agency.*

https://connect.ncdot.gov/municipalities/Law-Enforcement/Pages/Law-Enforcement-Reporting.aspx

Claims & Reimbursement

Claim Overview & Guidelines

- Payments are made on a *reimbursement* basis only.
- Only allowable costs are eligible for reimbursement *(when in doubt – ask!).*
- Filing claims:
  - Minimum frequency - quarterly (4x per year)
  - Maximum frequency - monthly (12x per year)
  - NEW grantees must file monthly
  - LEO grantees *MUST* file according to your pay cycle
  - Specialists may require monthly claims for any grantee at any time
- Claims not made within the 3-month threshold may be denied



Law enforcement officers at Booze It and Lose It Kickoff 8/28/23

Getting Started - Claim Cover Sheets

- ✓ Required for every claim.
- ✓ Must be included as first page of supporting/backup documentation.
- ✓ Claims will be returned if any information on the cover sheet is incorrect.

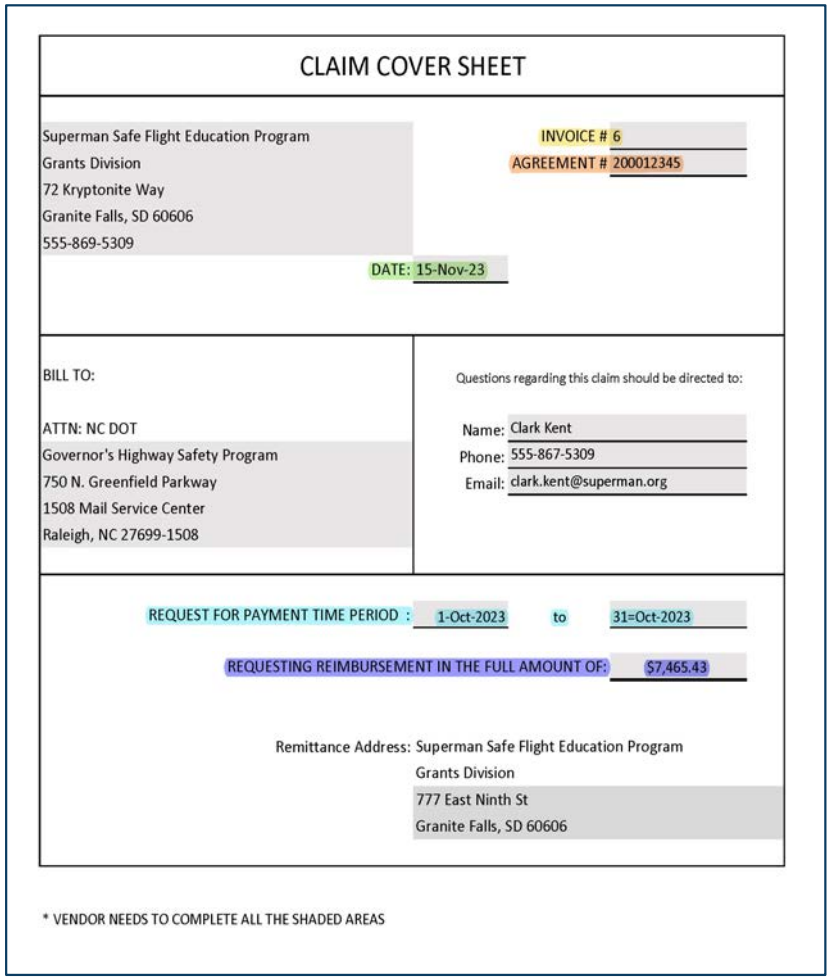
Invoice # - Any number you choose (be consistent).

Agreement # - Refer to your grant paperwork.

Date - *Must match claim form!*

Request for Payment Time Period – *Must match claim form!*

Reimbursement Amount – *Must match claim form!*



CLAIM COVER SHEET

Superman Safe Flight Education Program
Grants Division
72 Kryptonite Way
Granite Falls, SD 60606
555-869-5309

INVOICE # 6
AGREEMENT # 200012345

DATE: 15-Nov-23

BILL TO:

ATTN: NC DOT
Governor's Highway Safety Program
750 N. Greenfield Parkway
1508 Mail Service Center
Raleigh, NC 27699-1508

Questions regarding this claim should be directed to:

Name: Clark Kent
Phone: 555-867-5309
Email: clark.kent@superman.org

REQUEST FOR PAYMENT TIME PERIOD : 1-Oct-2023 to 31=Oct-2023

REQUESTING REIMBURSEMENT IN THE FULL AMOUNT OF: $7,465.43

Remittance Address: Superman Safe Flight Education Program
Grants Division
777 East Ninth St
Granite Falls, SD 60606

* VENDOR NEEDS TO COMPLETE ALL THE SHADED AREAS

Claim Cover Sheet/Claim for Reimbursement

CLAIM COVER SHEET

Southwestern State College
Grants Division
123 Kryptonite Way
Raleigh, NC 11111
919-123-4567

INVOICE # 1
AGREEMENT # 2000099999

DATE: 10-Nov-19

BILL TO:

ATTN: NC DOT
Governor's Highway Safety Program
750 N. Greenfield Parkway
1508 Mail Service Center
Raleigh, NC 27699-1508

Questions regarding this claim should be directed to:

Name: Clark Kent
Phone: 555-867-5309
Email: clark.kent@superman.org

REQUEST FOR PAYMENT TIME PERIOD : 1-Oct-2019 to 31-Oct-2019

REQUESTING REIMBURSEMENT IN THE FULL AMOUNT OF: $12,462.97

Remittance Address: Southwestern State College
Grants Division
123 Kryptonite Way
Raleigh, NC 11111

North Carolina Governor's Highway Safety Program
Claim for Reimbursement
Cost Summary Statement - GHSP-08

To: Governor's Highway Safety Program
750 N. Greenfield Parkway
Garner, NC 27529

From: 1000000999 - Southwestern State College
Phone: +1 (919) 555-1212

Project Number: SA-20-99-15
Final: * ◯Yes ◉ No

Claim Number: 1
Period of Claim - From: * 10/01/2019 To : * 10/31/2019

Agreement ID: 2000099999
Claim Date: * 11/10/2019

Funding Share - Federal %: 100.00% State / Local %: 0.00%

Expenditures This Period

Cost Categories	Total Budget	Approved Expenditures	Expenditure this Period	Federal Share this Period	State / Local Share this Period	Balance
Personnel Services	$100,000.00	$0.00	$6,750.00	$6,750.00	$0.00	$93,250.00
Contractual Services	$44,000.00	$0.00	$3,650.00	$3,650.00	$0.00	$40,350.00
Commodities	$500.00	$0.00	$39.03	$39.03	$0.00	$460.97
Other Direct Cost	$10,650.00	$0.00	$890.94	$890.94	$0.00	$9,759.06
Indirect Cost	$15,515.00	$0.00	$1,133.00	$1,133.00	$0.00	$14,382.00
Total	$170,665.00	$0.00	$12,462.97	$12,462.97	$0.00	$158,202.03

Total Federal Share Request for Reimbursement This Period: $12,462.97

Pre-Game Warm Up (1 of 4)

- Backup documentation demonstrating proof of expenditure must be attached to every claim
- Failure to submit required backup documentation by claim deadlines may result in denial of claim
- Backup documentation should be in the same order as the budget cost categories on the claim form:
  1. Personnel Services
  2. Contractual Services
  3. Other Direct Costs
  4. Indirect Costs

North Carolina Governor's Highway Safety Program
Claim for Reimbursement
Cost Summary Statement - GHSP-08

To: Governor's Highway Safety Program 750 N. Greenfield Parkway Garner, NC 27529	From: 1000000999 - Southwestern State College Phone: +1 (919) 555-1212
Project Number: SA-20-99-15	Final: * ◯Yes ◉ No
Claim Number: 1	Period of Claim - From: * 10/01/2019 To : * 10/31/2019
Agreement ID: 2000099999	Claim Date: * 11/10/2019
Funding Share - Federal %: 100.00% State / Local %: 0.00%	

Expenditures This Period

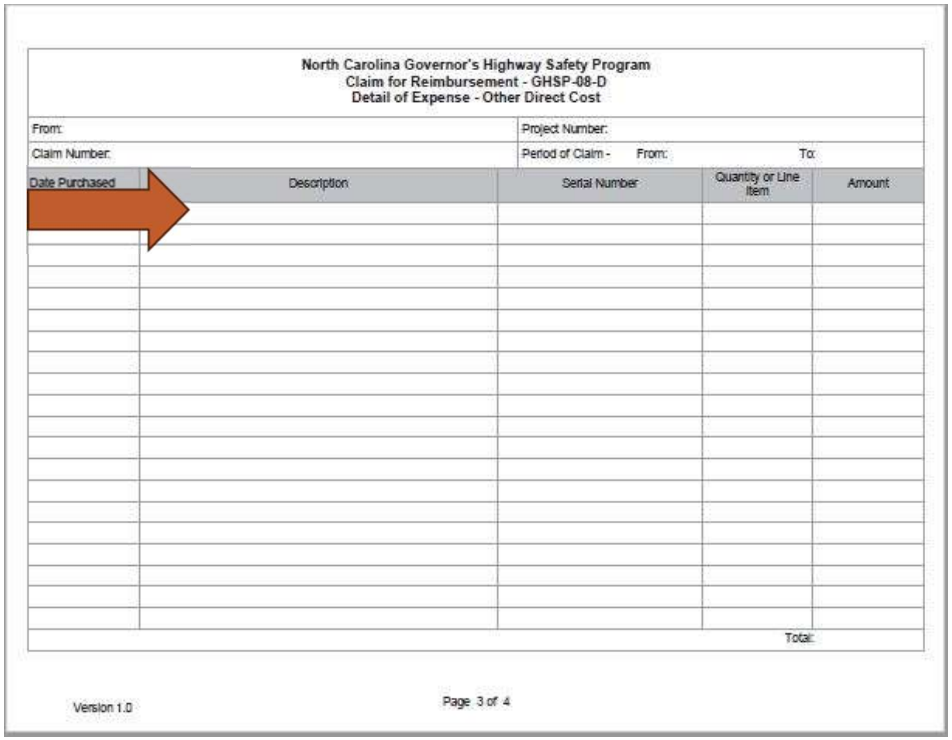
Cost Categories	Total Budget	Approved Expenditures	Expenditure this Period	Federal Share this Period	State / Local Share this Period	Balance
Personnel Services	$100,000.00	$0.00	$6,750.00	$6,750.00	$0.00	$93,250.00
Contractual Services	$44,000.00	$0.00	$3,650.00	$3,650.00	$0.00	$40,350.00
Commodities	$500.00	$0.00	$39.03	$39.03	$0.00	$460.97
Other Direct Cost	$10,650.00	$0.00	$890.94	$890.94	$0.00	$9,759.06
Indirect Cost	$15,515.00	$0.00	$1,133.00	$1,133.00	$0.00	$14,382.00
Total	$170,665.00	$0.00	$12,462.97	$12,462.97	$0.00	$158,202.03
	Total Federal Share Request for Reimbursement This Period:			$12,462.97		

Pre-Game Warm Up (2 of 4)

- Provide explanation/justification for costs that don't total amounts listed on invoices
- Food may be reimbursed *if* line item exists in your agreement *and* you provide a meeting agenda and sign-in sheet in your backup documentation.

Pre-Game Warm Up (3 of 4)

- Line-item descriptions should match line-items in application
- Backup must be legible
- GHSP will not reimburse sales tax



North Carolina Governor's Highway Safety Program
Claim for Reimbursement - GHSP-08-D
Detail of Expense - Other Direct Cost

From:	Project Number:
Claim Number:	Period of Claim - From: To:

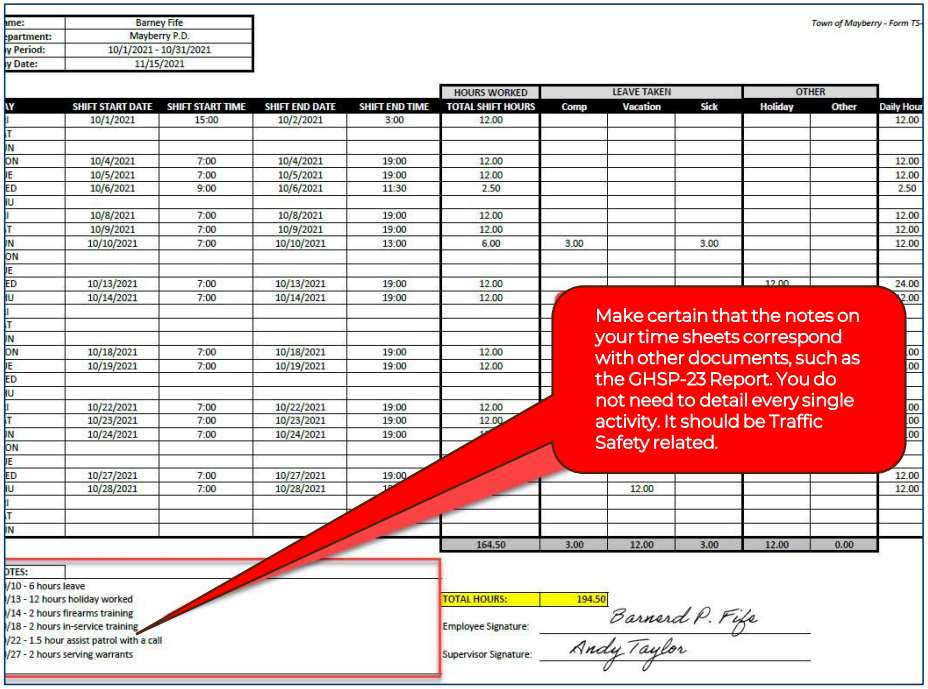
Date Purchased	Description	Serial Number	Quantity or Line Item	Amount
			Total:	

Version 1.0

Page 3 of 4

Pre-Game Warm Up (4 of 4)

- Any timesheets/time reports must be signed either electronically or on the timesheet.
- Overtime (OT) pay is *not* reimbursed at time and a half for grants that are not specifically OT grants.
- Federal grant funds may not be used for activities considered "general costs of government" (2 CFR §200.444) unless specifically allowed under the Federal statute or regulation.



Town of Mayberry - Form TS-

me:	Barney Fife
epartment:	Mayberry P.D.
y Period:	10/1/2021 - 10/31/2021
y Date:	11/15/2021

					HOURS WORKED	LEAVE TAKEN			OTHER		
AY	SHIFT START DATE	SHIFT START TIME	SHIFT END DATE	SHIFT END TIME	TOTAL SHIFT HOURS	Comp	Vacation	Sick	Holiday	Other	Daily Hour
I	10/1/2021	15:00	10/2/2021	3:00	12.00						12.00
T											
N											
ON	10/4/2021	7:00	10/4/2021	19:00	12.00						12.00
E	10/5/2021	7:00	10/5/2021	19:00	12.00						12.00
ED	10/6/2021	9:00	10/6/2021	11:30	2.50						2.50
U											
I	10/8/2021	7:00	10/8/2021	19:00	12.00						12.00
T	10/9/2021	7:00	10/9/2021	19:00	12.00						12.00
N	10/10/2021	7:00	10/10/2021	13:00	6.00	3.00		3.00			12.00
ON											
E											
ED	10/13/2021	7:00	10/13/2021	19:00	12.00				12.00		24.00
U	10/14/2021	7:00	10/14/2021	19:00	12.00						2.00
I											
T											
N											
ON	10/18/2021	7:00	10/18/2021	19:00	12.00						.00
E	10/19/2021	7:00	10/19/2021	19:00	12.00						.00
ED											
U											
I	10/22/2021	7:00	10/22/2021	19:00	12.00						.00
T	10/23/2021	7:00	10/23/2021	19:00	12.00						.00
N	10/24/2021	7:00	10/24/2021	19:00							.00
ON											
E											
ED	10/27/2021	7:00	10/27/2021	19:00							12.00
U	10/28/2021	7:00	10/28/2021				12.00				12.00
I											
T											
T											
N											
					164.50	3.00	12.00	3.00	12.00	0.00	

OTES:
/10 - 6 hours leave
/13 - 12 hours holiday worked
/14 - 2 hours firearms training
/18 - 2 hours in-service training
/22 - 1.5 hour assist patrol with a call
/27 - 2 hours serving warrants

TOTAL HOURS: 194.50

Employee Signature: Barnard P. Fife

Supervisor Signature: Andy Taylor

Make certain that the notes on your time sheets correspond with other documents, such as the GHSP-23 Report. You do not need to detail every single activity. It should be Traffic Safety related.

Claim Approval Process

Once final approval is granted by Contract Management:

- Payment by direct deposit: 2-3 business days
- Payment by check : 7-10 business days

Unapproved Costs

- Any rejected or unapproved costs shall be borne by the grantee
- Under no circumstances will reimbursement be made for costs incurred outside of the contract term (fiscal year)
- Agencies will not be reimbursed for expenses that exceed any single line item
- *Giveaways are not allowed under any circumstances!*

Safety City 2022

Buy America Act

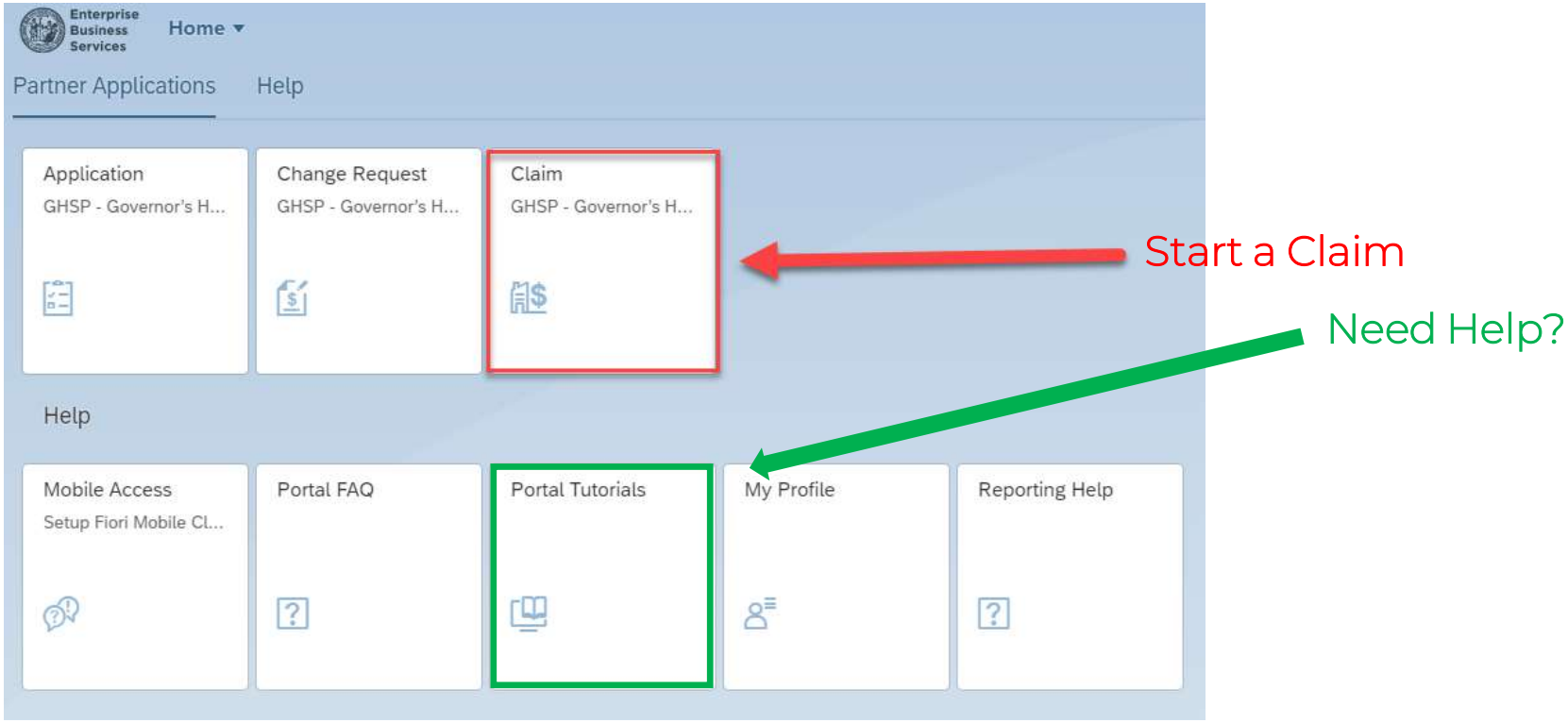
23 U.S. Code§313 outlines requirements of the Buy America Act

Applicable to purchases of equipment costing $5,000 each or more with a useful life of more than one year (including software) OR fixed-wheel items of any cost.

Equipment must be manufactured in the U.S. or final assembly must occur in the U.S.

Example Claim

Creating/Editing Claims



You can also find step-by-step instructions for the grant claim process on our website:
https://connect.ncdot.gov/municipalities/Law-Enforcement/Pages/Law-Enforcement-Reporting.aspx

Enterprise Business Services | North Carolina Governor's Highway Safety Program

Governor's Highway Safety Program - Request for Reimbursement

Current Claims/Next Steps

Create

Claim Id	Agreement ID	Grantee Name	Program	Status
3000213568	2000051878	1000000506 - NC DEPT OF TRANSPORTATION N	GHSP2022-PERSONNEL/EQUIP	L1 - GS Approved
3000213567	2000049993	1000000506 - NC DEPT OF TRANSPORTATION N	GHSP2022-PERSONNEL/EQUIP	In Process by SR
3000213566	2000051878	1000000506 - NC DEPT OF TRANSPORTATION N	GHSP2022-PERSONNEL/EQUIP	L1 - GS Approved
3000213561	2000053414	1000000506 - NC DEPT OF TRANSPORTATION N	GHSP2023-PERSONNEL/EQUIP	L1 - GS Approved
3000213552	2000050028	1000000506 - NC DEPT OF TRANSPORTATION N	GHSP2022-PERSONNEL/EQUIP	In Process by SR
3000213551	2000050041	1000000506 - NC DEPT OF TRANSPORTATION N	GHSP2022-PERSONNEL/EQUIP	In Process by SR

History Claims

Claim Id	Agreement ID	Grantee Name	Program	Status
3000213553	2000051878	1000000506 - NC DEPT OF TRANSPORTATION N	GHSP2022-PERSONNEL/EQUIP	Rejected
3000213550	2000051878	1000000506 - NC DEPT OF TRANSPORTATION N	GHSP2022-PERSONNEL/EQUIP	Rejected

Claim Form

North Carolina Governor's Highway Safety Program
Claim for Reimbursement
Cost Summary Statement - GHSP-08

To: Governor's Highway Safety Program 750 N. Greenfield Parkway Garner, NC 27529	From: 1000000999 - Southwestern State College Phone: +1 (919) 555-1212
Project Number: SA-20-99-15	Final: * ◯Yes ◉ No
Claim Number: 1	Period of Claim - From: * 10/01/2019 To : * 10/31/2019
Agreement ID: 2000099999	Claim Date: * 11/10/2019
Funding Share - Federal %: 100.00% State / Local %: 0.00%	

Expenditures This Period

Cost Categories	Total Budget	Approved Expenditures	Expenditure this Period	Federal Share this Period	State / Local Share this Period	Balance
Personnel Services	$100,000.00	$0.00	$6,750.00	$6,750.00	$0.00	$93,250.00
Contractual Services	$44,000.00	$0.00	$3,650.00	$3,650.00	$0.00	$40,350.00
Commodities	$500.00	$0.00	$39.03	$39.03	$0.00	$460.97
Other Direct Cost	$10,650.00	$0.00	$890.94	$890.94	$0.00	$9,759.06
Indirect Cost	$15,515.00	$0.00	$1,133.00	$1,133.00	$0.00	$14,382.00
Total	$170,665.00	$0.00	$12,462.97	$12,462.97	$0.00	$158,202.03
Total Federal Share Request for Reimbursement This Period:				$12,462.97		

Version 1.0

Page 1 of 7

North Carolina Governor's Highway Safety Program
Claim for Reimbursement - GHSP-08-A
Detail of Expense - Personnel

From: 1000000001 - TOWN OF MAYBERRY POLICE DEPARTMENT	Project Number: PT-23-06-33
Claim Number: 3000245678	Period of Claim - From: 11/01/2022 To: 11/30/2022

Name of Employee	Job Title	Type of work Performed on Project	Hours Worked on Project	Pay Rate	Charged to Project
Andy Taylor	Sheriff	Overtime Enforcement Shifts	9.00	$42.7075	$384.37
Barney Fife	Deputy	Overtime Enforcement Shifts	12.00	$37.4242	$449.09
Gomer Pyle	Deputy	Overtime Enforcement Shifts	6.00	$34.3313	$205.99
Otis Campbell	Deputy	Overtime Enforcement Shifts	4.00	$35.0834	$140.33
				Sub Total:	$1,179.78
				Add Actual Cost of Retirement, FICA taxes, etc.:	$291.29
				Total Personnel Services Cost to Project:	$1,471.07

☒ Under penalties of perjury, I certify that the billing is correct and based upon actual expenditures for the period stipulated above, and that the progress of work and services under the project agreement is consistent with the amount billed.

Name: Andy Taylor PIN: **** Date: 12/15/2022

Supporting Documentation – Example 1 - PERSONNEL

Southwestern State College

Employee Salary Report	
Report Description:	Data Services Section
Report Date:	11/10/2019
Beginning:	10/1/2019
Ending:	10/31/2019

Name	Check Date	Pay/Benefit	Budget	Pay Rate	Time	Amount
Allan, John D.	10/11/2019	4550-Salary	11-234-9875	$20.00	68	$1,360.00
Allan, John D.	10/25/2019	4550-Salary	11-234-9875	$20.00	57	$1,140.00
						$2,500.00
Rogers, Jane	10/11/2019	4550-Salary	11-234-9875	$15.00	50	$750.00
Rogers, Jane	10/25/2019	4550-Salary	11-234-9875	$15.00	50	$750.00
						$1,500.00
Smith, James	10/11/2019	4560-Hourly	11-234-9875	$10.00	50	$500.00
Smith, James	10/25/2019	4560-Hourly	11-234-9875	$10.00	50	$500.00
						$1,000.00
Allan, John D.	10/11/2019	1245-FICA	11-234-9875			$136.00
Allan, John D.	10/11/2019	1250-Medicare	11-234-9875			$68.00
Allan, John D.	10/11/2019	1255-Healthcare	11-234-9875			$272.00
Allan, John D.	10/25/2019	1245-FICA	11-234-9875			$114.00
Allan, John D.	10/25/2019	1250-Medicare	11-234-9875			$57.00
Allan, John D.	10/25/2019	1255-Healthcare	11-234-9875			$228.00
Rogers, Jane	10/11/2019	1245-FICA	11-234-9875			$75.00
Rogers, Jane	10/11/2019	1250-Medicare	11-234-9875			$37.50
Rogers, Jane	10/11/2019	1255-Healthcare	11-234-9875			$150.00
Rogers, Jane	10/25/2019	1245-FICA	11-234-9875			$75.00
Rogers, Jane	10/25/2019	1250-Medicare	11-234-9875			$37.50
Rogers, Jane	10/25/2019	1255-Healthcare	11-234-9875			$150.00
Smith, James	10/11/2019	1245-FICA	11-234-9875			$50.00
Smith, James	10/11/2019	1250-Medicare	11-234-9875			$25.00
Smith, James	10/11/2019	1255-Healthcare	11-234-9875			$100.00
Smith, James	10/25/2019	1245-FICA	11-234-9875			$50.00
Smith, James	10/25/2019	1250-Medicare	11-234-9875			$25.00
Smith, James	10/25/2019	1255-Healthcare	11-234-9875			$100.00
						$1,750.00

Total Hours =	325
Total Salary =	$5,000.00
Total Fringe =	$1,750.00
Total Personnel =	$6,750.00

The University of North Carolina at Chapel Hill
103 South Building, Campus Box 9100
Chapel Hill, NC 27599-9100

Pay Group:	SPN-SHRA Non-Exempt	Business Unit:	UNCCH
Pay Begin Date:	07/10/2017	Advice #:	**00000002214873**
Pay End Date:	07/23/2017	Advice Date:	08/04/2017

Employee Name			**TAX DATA:**	**Federal**	**NC State**
123 Franklin St	Employee ID:	000000000	Tax Status:	Single	Single
CHAPEL HILL, NC 27517	Department:	260108-WSEE-HR Information Mgmt	Allowances:	0	0
	Location:	OHR-Ofc of the Vice Chancellor	Addl. Percent:		
	Job Title:	Admin Support Specialist	Addl. Amount:		
	Pay Rate:	$45,000.00 Annual			

HOURS AND EARNINGS

		Current		YTD	
Description	**Rate**	**Hours**	**Earnings**	**Hours**	**Earnings**
Regular	20.346846	74.50	1,515.84	855.00	17,446.65
Sick	20.346846	3.50	71.21	19.50	395.51
Bonus Leave	20.346846	2.00	40.69	16.00	325.27
Adverse Weather Cond III Close			0.00	3.00	60.81
Civil Leave			0.00	8.00	162.23
Holiday			0.00	72.00	1,459.97
MobileCommunication Device-$70			0.00		560.00
Overtime @ .50 Time			0.00	14.50	147.50
Overtime - Straight Time			0.00	14.50	295.04
Regular (Overtime Week)			0.00	360.00	7,296.84
Vacation			0.00	27.50	557.39
TOTAL:		**80.00**	**1,627.74**	**1,390.00**	**28,707.21**

TAXES

Description	**Current**	**YTD**
Fed Withholdng	182.98	3,319.78
Fed MED/EE	22.12	394.81
Fed OASDI/EE	94.58	1,688.15
NC Withholdng	61.00	1,126.00
TOTAL:	**360.68**	**6,528.74**

BEFORE-TAX DEDUCTIONS

Description	**Current**	**YTD**
TSERS - Retirement	97.66	1,688.82
Critical Illness	32.10	513.60
UNC Traffic Office - Parking	26.51	425.84
NC Flex Group Life Employee	12.70	203.20
Dental Plan	10.61	169.76
Cancer Plan	7.59	121.44
State Health Plan 80/20	7.52	120.32
Vision Plan	4.29	68.64
NC Flex Voluntary AD&D Empl	0.85	13.60
TOTAL:	**199.83**	**3,325.22**

AFTER-TAX DEDUCTIONS

Description	**Current**	**YTD**
NC State Empl Credit Union	25.00	425.00
Reliance Standard AD&D Emplye	2.00	32.00
TOTAL:	**27.00**	**457.00**

EMPLOYER PAID BENEFITS

Description	**Current**	**YTD**
TSERS - Retirement	278.83	4,685.51
State Health Plan 80/20	239.74	3,835.84
Imputed Income for LIF600*	0.00	157.48

***TAXABLE**

	TOTAL GROSS	**FED TAXABLE GROSS**	**TOTAL TAXES**	**TOTAL DEDUCTIONS**	**NET PAY**
Current	1,627.74	1,427.91	360.68	226.83	1,040.23
YTD	28,707.21	25,539.47	6,528.74	3,782.22	18,396.25

LEAVE BALANCES/ACTIVITY	**VACATION**	**SICK**
Year Begin Balance	167.83	244.00
Earned This Year	79.33	56.00
Used This Year	33.50	27.50
End Balance	**213.66**	**272.50**
LEAVE DATA VALID THRU:		**07/23/2017**

For current and detailed leave information, log into TIM

NET PAY DISTRIBUTION

	Account Type	**Account Number**	**Deposit Amount**
Advice #00000002214873	Checking	XXXXX000000	1,040.23
TOTAL:			**1,040.23**

Supporting Documentation – Example 2 – CONTRACTUAL SERVICES

KSM CONSULTING

KSM Consulting Services

145 West Jones Street
Raleigh, NC 27615

(919) 555-7894
timarmstrong@jonesconsulting.com

INVOICE

10/11/2019
Invoice #6396
PO#

Attn: Mr. John Allan
Southwestern State College

Dear Mr. Allan,

We have completed the data cleansing for NC crash data from the years 2013-2017. Once we receive the additional data, it will take us approximately five business days to complete the work for Southwestern State College.

Please pay this invoice upon receipt. If you have any questions, please feel free to give me a call.

Sincerely,

Tim Armstrong
Data Analyst
KSM Consulting Services
(919) 555-7894

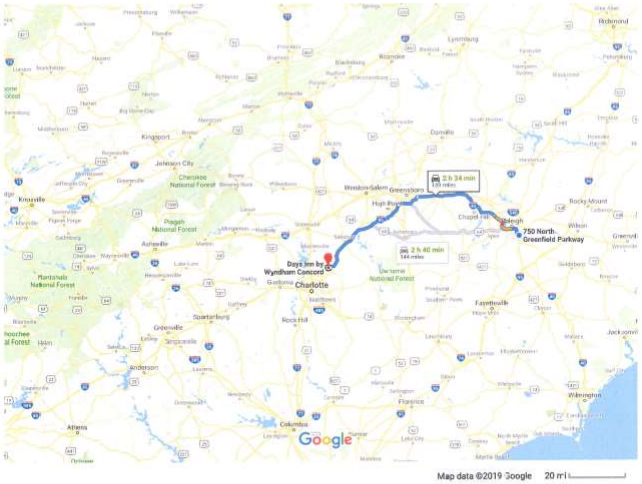
#	Item Description	desc	Amount	Total ($)
1	Crash Data Cleansing (2013-2017)	Data Services	$3,650.00	$3,650.00
2				-
3				-
4	Contractual Services			-
5				-
6				-
7				-
8				-
Subtotal				**$3,650.00**
Sales Tax (20%)				**n/a**
Total				**$3,650.00**

Supporting Documentation – Example 3 – TRAVEL and MILEAGE

9/25/2019 750 North Greenfield Parkway, Garner, NC to days inn kannapolis nc - Google Maps

Google Maps 750 North Greenfield Parkway, Garner, NC to days inn kannapolis nc Drive 159 miles, 2 h 34 min

Personal Vehicle Mileage for Jane Rogers on 10/18/2019



750 N Greenfield Pkwy
Garner, NC 27529

Other Direct Costs - In-State Travel
318 miles round-trip
x $0.33 per mile
$104.94

Get on I-40 W from N Greenfield Pkwy
5 min (3.0 mi)

1. Head west on N Greenfield Pkwy — 0.5 mi
2. At the traffic circle, take the 3rd exit and stay on N Greenfield Pkwy — 1.7 mi
3. Slight right (signs for U.S. 70 Business W) — 0.4 mi
4. Merge onto US-70 BUS W — 0.3 mi

https://www.google.com/maps/dir/750+North+Greenfield+Parkway,+Garner,+NC/days+inn+kannapolis+nc/@35.7543642,-80.7350889,8z/am=t/data=!... 1/2

9/25/2019 750 North Greenfield Parkway, Garner, NC to days inn kannapolis nc - Google Maps

5. Use the right 2 lanes to merge onto I-40 W via the ramp to Raleigh — 0.8 mi

Follow I-40 W and I-85 S to NC-73 W in Concord. Take exit 55 from I-85 S
2 h 14 min (156 mi)

6. Merge onto I-40 W — 78.2 mi
7. Keep left to continue on I-85 S, follow signs for I-73 N/US-421/Thomasville/High Point — 14.2 mi
8. Keep left to stay on I-85 S — 63.1 mi
9. Use the right lane to take exit 55 to merge onto NC-73 W — 0.2 mi

Drive to NC-73 E in Kannapolis
1 min (0.4 mi)

10. Merge onto NC-73 W — 331 ft
11. Continue straight to stay on NC-73 W — 0.2 mi
12. Use the left 2 lanes to turn slightly left to stay on NC-73 W — 0.1 mi
13. Make a U-turn — 374 ft
    Destination will be on the right

Days Inn by Wyndham Concord
5125 Davidson Hwy, Concord, NC 28027

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

https://www.google.com/maps/dir/750+North+Greenfield+Parkway,+Garner,+NC/days+inn+kannapolis+nc/@35.7543642,-80.7350889,8z/am=t/data=!... 2/2

Travel documentation should always include:

1. Your agency's approved travel form
2. Your approved GHSP-08 Out-of-State (OST)Travel Form (if applicable)

Supporting Documentation – Example 4 – TRAVEL and LODGING

Days Inn & Suites

Receipt

5125 Davidson Highway
Concord, NC 28027

10/18/2019
Invoice #2334889

(704) 555-1212
daysinnandsuites@daysinn.com

Attn: Ms. Jane Rogers
Southwestern State College

Paid by: Credit Card – xxxx-xxxx-xxxx-1234
Amount: $86.37
Payment Date: 10/19/2019

#	Item Description	desc	Amount	Total ($)
1	Lodging	1 night	75.10	75.10
2				
3	Other Direct Costs - In-State Travel			-
4				-
5				-
6				-
7				-
8				-
Subtotal				**75.10**
Occupancy Tax (15%)				**11.27**
Total				**$86.37**

Many thanks for your business! Please stay with us again soon!

https://www.osbm.nc.gov/budget/budget-manual#5-travel-policies

Supporting Documentation – Example 5 – OTHER DIRECT COSTS

Office Max

Date: October 23, 2019 Receipt# 6756-098A

Customer Information
Name: Mr. John Allan
Address: 78 Main Street, Mayberry, NC 27678

Invoice Amount: $ 199.63

For payment of: [Printing & Binding Services]

Duration of payment: From [10/22/2019] To [10/23/2019]

Paid by: Cash [X] Check [ ] (if) Check No: ..... Money Order [ ]

Received By: [Office Max]
Address: 456 Corporation Parkway, Raleigh, NC 27610
PHONE: (919)-555-5555

Printing & Binding Services
500 spiral bound books – 39 pages each

Other Direct Costs - Printing and Binding

Materials	$99.99
Labor	$87.02
Subtotal	$187.01
Discount	$0.00
Sales Tax	$12.62
Total	$199.63

Supporting Documentation – Example 6 – INDIRECT COSTS (IDC)

Indirect Costs (IDC)

- Indirect costs are fixed or variable costs of an organization that are not readily assignable to a particular project but are necessary to the operation of the organization and the performance of the project.
- Examples: facility operation, utilities, administrative salaries, etc.
- Generally, only non-profits, universities, research institutions and other eligible types of organization may charge indirect costs.
- Rate Types:
  1. *De Minimis* – 10% of direct costs
  2. *Negotiated Rate** – A rate the organization negotiates with the state or federal gov.

North Carolina Governor's Highway Safety Program
Claim for Reimbursement - GHSP-08-E
Detail of Expense - Indirect Cost

From: 1000[redacted] | Project Number: [redacted]

Claim Number: 300[redacted] | Period of Claim - From: 04/01/2023 To: 06/30/2023

Date Purchased	15% Description	Quantity or Line Item	Amount
06/30/2023	Indirect Costs	1	$6,839.31
		Total:	$6,839.31

☒ Under penalties of perjury, I certify that the billing is correct and based upon actual expenditures for the period stipulated above, and that the progress of work and services under the project agreement is consistent with the amount billed.

Name: [redacted] PIN: **** Date: 09/08/2023

** If your organization has a negotiated rate, we must have a copy of the official letter on file!*

Supporting Documentation – Example 6 – PROOF OF PAYMENT

General Ledger

Personnel = $5,000.00
Fringe = $1,750.00
Total Personnel = $6,750.00

RPT DATE: 11/1/2019
EMPLOYEE: jmaustin1
Southwestern State College - Production
GENERAL LEDGER for FY20 (10/1/19 to 9/30/2020)

Initial Balance = $15,429.32
Balance Method = Debit/Credit
Ending Balance = $4,616.03

Transaction ID	Pay Date	Type	Transaction Code	Description 1	Decsription 2	Debit	Credit	Balance
10005485	10/11/2019	AP	4560	Employee Hourly	Smith, James	$ (500.00)		$14,929.32
10005504	10/25/2019	AP	4560	Employee Hourly	Smith, James	(500.00)		$14,429.32
10005483	10/11/2019	AP	4550	Employee Salary	Allan, John D	$ (1,360.00)		$13,069.32
10005502	10/25/2019	AP	4550	Employee Salary	Allan, John D	(1,140.00)		$11,929.32
10005484	10/11/2019	AP	4550	Employee Salary	Rogers, Jane	$ (750.00)		$11,179.32
10005503	10/25/2019	AP	4550	Employee Salary	Rogers, Jane	(750.00)		$10,429.32
10005486	10/11/2019	AP	1245	FICA	Allan, John D	$ (136.00)		$10,293.32
10005505	10/25/2019	AP	1245	FICA	Allan, John D	(114.00)		$10,179.32
10005489	10/11/2019	AP	1245	FICA	Rogers, Jane	$ (75.00)		$10,104.32
10005508	10/25/2019	AP	1245	FICA	Rogers, Jane	$ (75.00)		$10,029.32
10005492	10/11/2019	AP	1245	FICA	Smith, James	$ (50.00)		$9,979.32
10005511	10/25/2019	AP	1245	FICA	Smith, James	$ (50.00)		$9,929.32
10005488	10/11/2019	AP	1255	Healthcare	Allan, John D	$ (272.00)		$9,657.32
10005507	10/25/2019	AP	1255	Healthcare	Allan, John D	(228.00)		$9,429.32
10005491	10/11/2019	AP	1255	Healthcare	Rogers, Jane	$ (150.00)		$9,279.32
10005510	10/25/2019	AP	1255	Healthcare	Rogers, Jane	$ (150.00)		$9,129.32
10005494	10/11/2019	AP	1255	Healthcare	Smith, James	$ (100.00)		$9,029.32
10005513	10/25/2019	AP	1255	Healthcare	Smith, James	$ (100.00)		$8,929.32
10005487	10/11/2019	AP	1250	Medicare	Allan, John D	$ (68.00)		$8,861.32
10005506	10/25/2019	AP	1250	Medicare	Allan, John D	(57.00)		$8,804.32
10005490	10/11/2019	AP	1250	Medicare	Rogers, Jane	$ (37.50)		$8,766.82
10005509	10/25/2019	AP	1250	Medicare	Rogers, Jane	$ (37.50)		$8,729.32
10005493	10/11/2019	AP	1250	Medicare	Smith, James	$ (25.00)		$8,704.32
10005512	10/25/2019	AP	1250	Medicare	Smith, James	$ (25.00)		$8,679.32
10005496	10/17/2019	AP	4220	Consulting Services	KSM Consulting	$ (3,650.00)		$5,029.32
10005498	10/17/2019	AP	4270	Hosting/Cloud Services	Microsoft	$ (500.00)		$4,529.32
10005501	10/23/2019	AP	4275	Printing	John Allan (cash payment Office Max)	(199.63)		$4,329.69
10005497	10/17/2019	AP	4250	Project Supplies	Taylor Supply	$ (41.67)	not claiming tax ($2.64)	$4,288.02
10005495	10/12/2019	AR	3340	Refund	Postage		$ 519.32	$4,807.34
10005500	10/18/2019	AP	4290	Travel	Lodging (Rogers)	(86.37)		$4,720.97
10005499	10/18/2019	AP	4290	Travel	Mileage (Rogers)	$ (104.94)		$4,616.03

Grant Management

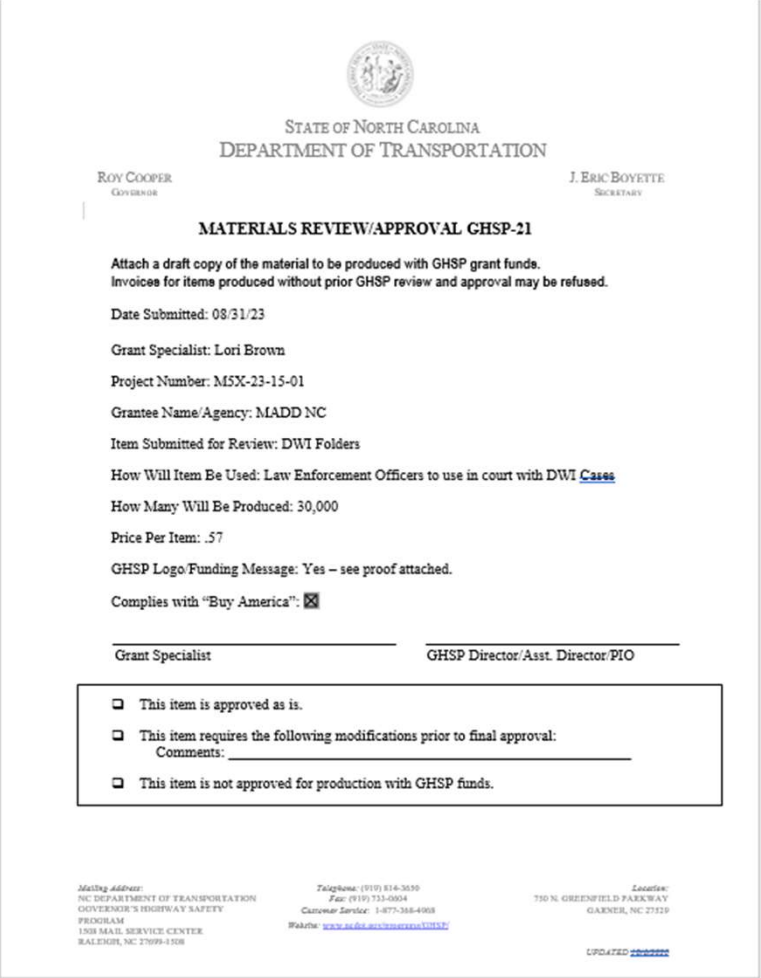
Materials Review

Form GHSP-21

If your agreement allows for the development of materials:

- Materials require the review and approval of GHSP *prior to production.*
- Form GHSP-21 must be completed and emailed to your Specialist.
- Materials must be educational, not promotional (i.e. materials cannot promote a program).
- Must deliver a message directly related to highway safety.

https://connect.ncdot.gov/municipalities/Law-Enforcement/Pages/Law-Enforcement-Reporting.aspx



STATE OF NORTH CAROLINA
DEPARTMENT OF TRANSPORTATION

ROY COOPER, GOVERNOR

J. ERIC BOYETTE, SECRETARY

MATERIALS REVIEW/APPROVAL GHSP-21

Attach a draft copy of the material to be produced with GHSP grant funds.
Invoices for items produced without prior GHSP review and approval may be refused.

Date Submitted: 08/31/23

Grant Specialist: Lori Brown

Project Number: M5X-23-15-01

Grantee Name/Agency: MADD NC

Item Submitted for Review: DWI Folders

How Will Item Be Used: Law Enforcement Officers to use in court with DWI Cases

How Many Will Be Produced: 30,000

Price Per Item: .57

GHSP Logo/Funding Message: Yes – see proof attached.

Complies with "Buy America": ☒

Grant Specialist

GHSP Director/Asst. Director/PIO

- ☐ This item is approved as is.
- ☐ This item requires the following modifications prior to final approval:
  Comments: _____
- ☐ This item is not approved for production with GHSP funds.

Mailing Address:
NC DEPARTMENT OF TRANSPORTATION
GOVERNOR'S HIGHWAY SAFETY PROGRAM
1508 MAIL SERVICE CENTER
RALEIGH, NC 27699-1508

Telephone: (919) 814-3650
Fax: (919) 733-0604
Customer Service: 1-877-368-4968
Website: www.ncdot.gov/connect/ghsp/

Location:
750 N. GREENFIELD PARKWAY
GARNER, NC 27529

UPDATED [redacted]

Travel Policies

- Subgrantees are expected to exercise the same care when incurring expenses for business as they would for personal travel.
- Reimbursement will be made in accordance with your agency's travel policies. *Ensure your specialist has a copy on file.*
- Your organization's travel authorization must be included with your backup documentation when filing a claim for overnight travel.

Travel Policies, continued...

- Maximum allowable subsistence is limited to rates established by the NC Office of State Budget and Management (OSBM) OR your local governing authority (per your agency's travel policy).
- GHSP will not reimburse for meals provided during conferences, meetings, etc.

Out-of-State Travel (OST)

Form GHSP-07

- If your agreement allows for out-of-state travel (OST), GHSP can reimburse for OST expenses.
- Requires written prior approval 30 days in advance of travel by submitting *Form GHSP-07*.
- Amounts listed are the maximum amounts that can be reimbursed for each line item.

NORTH CAROLINA GOVERNOR'S HIGHWAY SAFETY PROGRAM
Out-of-State Travel Request – Form GHSP-07
*Submit **at least 30 days** prior to departure.*

Project Number: SA-20-19-20 Agency: ABC Corporation

Traveler(s): John Doe, Jane Doe

Origin: Raleigh, NC Destination: Portland, OR

Date: Depart: October 25, 2019 Return: October 30, 2019

Purpose of Travel: (Include an explanation of how this travel will benefit the project or enhance the attainment of the stated goals in the contract.): John Doe and Jane Doe will attend the Safe States annual conference beginning on October 26th at 8:00 a.m. and ending on October 30th at 11:00 a.m. The Safe States Conference provides four and a half days of educational sessions featuring leading professionals involved in research, policy, and practice. Also, Safe States provides additional networking opportunities with leading state and national partners involved in injury prevention. Safe States includes sessions on how to use surveillance data to inform injury prevention activities, including transportation injury prevention. For example, Safe States includes a session titled, "The Right of Way: Driving Towards Roadway Safety" which will focus on how injury surveillance data, cross-cutting collaborations, and innovative programs can prevent roadway injuries and fatalities. While not all sessions are transportation specific, most sessions have broad implications that can be applied to the field of transportation safety (e.g. "Communicating with Impact: Messaging and Narratives in Injury and Violence Prevention"). See attached meeting agenda with potentially relevant sessions highlighted.

Maximum Costs (in whole dollars):*		Total	
Transportation:	Airline	$1,000	
	Ground**	$50	
Subsistence:***	Lodging	$1,830	per day $159 plus 15% tax
	Food	$421	per day $43
Program Registration:		$300	
Other: Baggage Fees		$100	
	TOTAL COST	$3,701	

* Amounts listed in the Cost Section are the maximum amounts that can be reimbursed for each line item.
**Rental car expenses are not approved unless specifically noted and approved prior to travel.
***Maximum allowable subsistence is limited to the rates as established by the State Budget Manual or local governing authority.

Attach agenda and an approved travel request as required by your agency.

Project Director Signature: James Smith Date: October 1, 2019

Print Project Director Name: James Smith

FOR GHSP USE ONLY

☐ Travel approved subject to limitations imposed by G.S. 138-6. Applicant must assure sufficient funds remain in the out-of-state travel budget to accommodate requests.

https://connect.ncdot.gov/municipalities/Law-Enforcement/Pages/Law-Enforcement-Reporting.aspx

Out-of-State Travel (OST), continued…

Form GHSP-07

- Form must include an explanation of how requested travel will benefit the project or advance attainment of project goals.
- Estimated costs should be entered in whole dollars (write $346.00 rather than $345.51).
- Rental car expenses are not allowed unless specifically approved prior to travel – *rental cars are generally not approved*.

Out-of-State Travel (OST), continued…

- Provide justification if arriving and/or leaving more than one day before/after the conference or training ends.
- Must include a copy of the agenda and, when appropriate, indicate which sessions you will attend.

In-State Travel (IST)

- IST should be documented in application
- No approval form is required for planned IST, but expenses must not exceed budget line item
- IST not documented in your application requires written justification and approval from GHSP *prior to incurring expenses*
- Ensure all travel expenses are related to highway safety

Change Requests

a.k.a. Budget Revisions

- Utilized during the grant cycle to make fiscal and program changes
- Request to reallocate funds or spend funds on something other than originally intended
- Step-by-Step Quick Guide for Change Requests located on our website

https://connect.ncdot.gov/municipalities/Law-Enforcement/Pages/Law-Enforcement-Reporting.aspx

Change Requests, continued...

Examples include:

- Increasing or decreasing funding amounts
- Reallocating funds within the grant
- Amending previously identified goals, tasks, or activities

Change Requests, continued...

Program Revisions

- Changes to scope and activities
- Moving funds between budget lines WITHIN the major cost categories of personnel, contractual, other direct costs, indirect costs

Budget Revisions

- Moving funds BETWEEN the major cost categories of personnel, contractual, other direct costs, indirect costs
- Changes which affect 10% of more of the overall grant budget

North Carolina Governor's Highway Safety Program
Addendum to Highway Safety Project Contract

The deadline for revisions is June 30 of the current federal fiscal year

Agreement Number:	[redacted]		
Agency Name:	[redacted]		
Project Number:	[redacted]	Date:* Jan 18, 2023	Revision #:* 1
Please Indicate Type of Request:*	◉ Budget Revision	○ Program Revision Only	
Contact Phone Number:*	[redacted]	Federal %: 100.00%	State/Local %: 0.00%
Submitted By:	[redacted]		

Specific Areas to be Revised

Cost Type	Current Approved	Claimed Amount	Change (+) or (-)	Federal Amount	State/Local Amount	Requested Amount
P100 - GHSP Personnel Costs	$73,024.00	$3,966.23	$7,670.00	$80,694.00		$80,694.00
P200 - GHSP Contractual Servic	$9,240.00			$9,240.00		$9,240.00
P300 - GHSP Commodities Cos						

Change Request Approval Process

Grantee Submits Change Request

Highway Specialist Approves

PPE Manager Approves

Asst. Director (Internal) approves

Director/NHTSA Approves *(if necessary)*

Contract Management

Revisions may require additional Director and NHTSA approval at this point, depending on scope of changes

Change Requests Requiring NHTSA Approval

1. Grantee wishes to add a new planned activity or delete a planned activity previously identified in the Highway Safety Plan
2. Change in scope or objective of the planned activity
3. Change in subrecipients
4. Eligible use of funds

Change Request Deadline

June 30th

Grant Monitoring

Required Reporting

No final claim may be reimbursed until all forms are on file!

1. *Risk Assessments (internal)*
2. PMRs - Project Management Reviews
3. QPRs - Quarterly Progress Reports
4. FAR - Final Accomplishments Report
5. *Final Project Evaluation (internal)*
6. MEDs - Monthly Enforcement Data Sheets

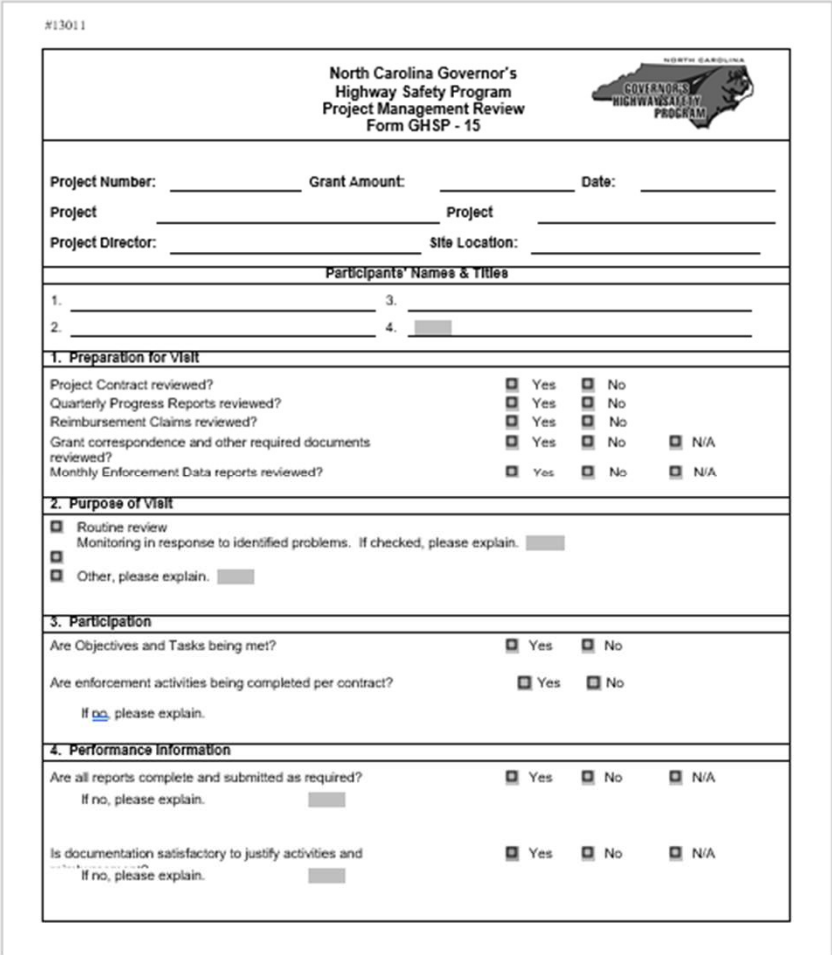
https://connect.ncdot.gov/municipalities/Law-Enforcement/Pages/Law-Enforcement-Reporting.aspx

1. Risk Assessments

- Completed by GHSP staff (not grantees)
- Filled out prior to application receiving final approval and creating agreements
- Level of risk determines number and type of project management reviews (PMRs) required

2. Project Management Reviews (PMRs)

- Low Risk Projects – 1 desk PMR before Sept 2024
- Medium Risk Projects – 1 in-person PMR before Sept 2024
- High Risk Projects – 2 in-person PMRs
  - first before March 2024
  - second before Sept 2024



#13011

North Carolina Governor's Highway Safety Program
Project Management Review
Form GHSP - 15

Project Number: _____ Grant Amount: _____ Date: _____

Project _____ Project _____

Project Director: _____ Site Location: _____

Participants' Names & Titles

1. _____ 3. _____

2. _____ 4. _____

1. Preparation for Visit

Project Contract reviewed?	☐ Yes	☐ No	
Quarterly Progress Reports reviewed?	☐ Yes	☐ No	
Reimbursement Claims reviewed?	☐ Yes	☐ No	
Grant correspondence and other required documents reviewed?	☐ Yes	☐ No	☐ N/A
Monthly Enforcement Data reports reviewed?	☐ Yes	☐ No	☐ N/A

2. Purpose of Visit

☐ Routine review

☐ Monitoring in response to identified problems. If checked, please explain.

☐ Other, please explain.

3. Participation

Are Objectives and Tasks being met?	☐ Yes	☐ No
Are enforcement activities being completed per contract?	☐ Yes	☐ No

If no, please explain.

4. Performance Information

Are all reports complete and submitted as required?	☐ Yes	☐ No	☐ N/A
If no, please explain.			
Is documentation satisfactory to justify activities and	☐ Yes	☐ No	☐ N/A
If no, please explain.			

https://connect.ncdot.gov/municipalities/Law-Enforcement/Pages/Law-Enforcement-Reporting.aspx

3. Quarterly Progress Reports (QPRs)

Form GHSP-09

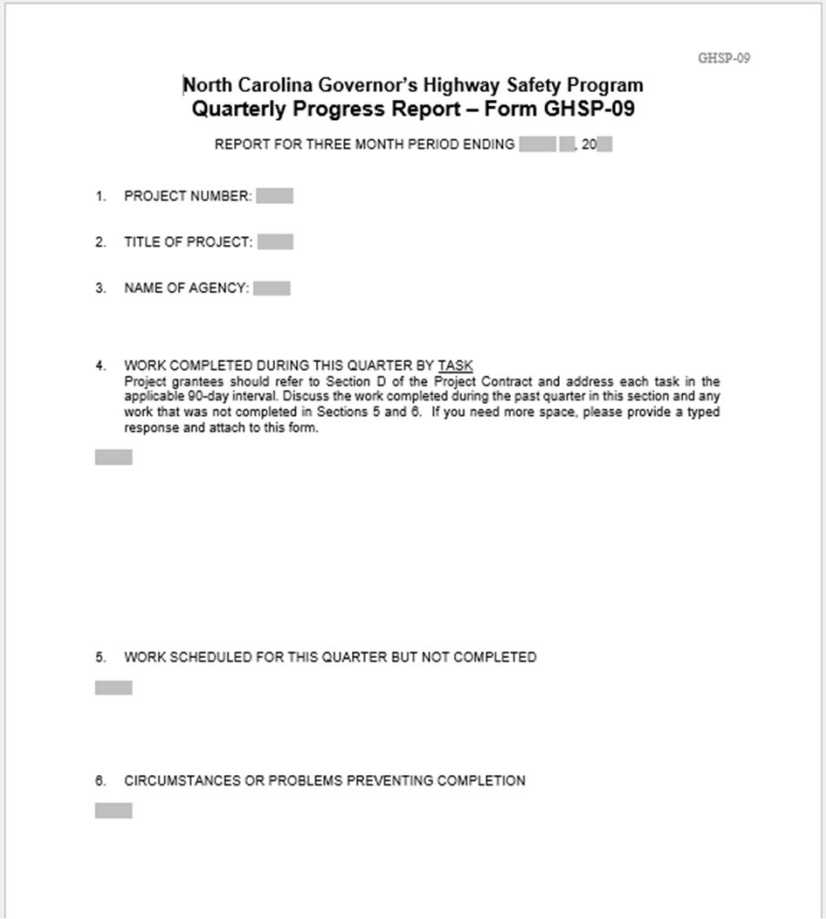
- Each progress report should describe the project status and report activities
- Should be submitted to GHSP no later than 15 days after the end of each quarter.

  Q1: Oct 1 – Dec 31 due by Jan 15, 2024

  Q2: Jan 1 – Mar 31 due by Apr 15, 2024

  Q3: Apr 1 – Jun 30 due by July 15, 2024

  Q4: Jul 1 – Sep 30 due by Oct 15, 2024



GHSP-09

North Carolina Governor's Highway Safety Program
Quarterly Progress Report – Form GHSP-09

REPORT FOR THREE MONTH PERIOD ENDING , 20

1. PROJECT NUMBER:
2. TITLE OF PROJECT:
3. NAME OF AGENCY:
4. WORK COMPLETED DURING THIS QUARTER BY TASK
   Project grantees should refer to Section D of the Project Contract and address each task in the applicable 90-day interval. Discuss the work completed during the past quarter in this section and any work that was not completed in Sections 5 and 6. If you need more space, please provide a typed response and attach to this form.
5. WORK SCHEDULED FOR THIS QUARTER BUT NOT COMPLETED
6. CIRCUMSTANCES OR PROBLEMS PREVENTING COMPLETION

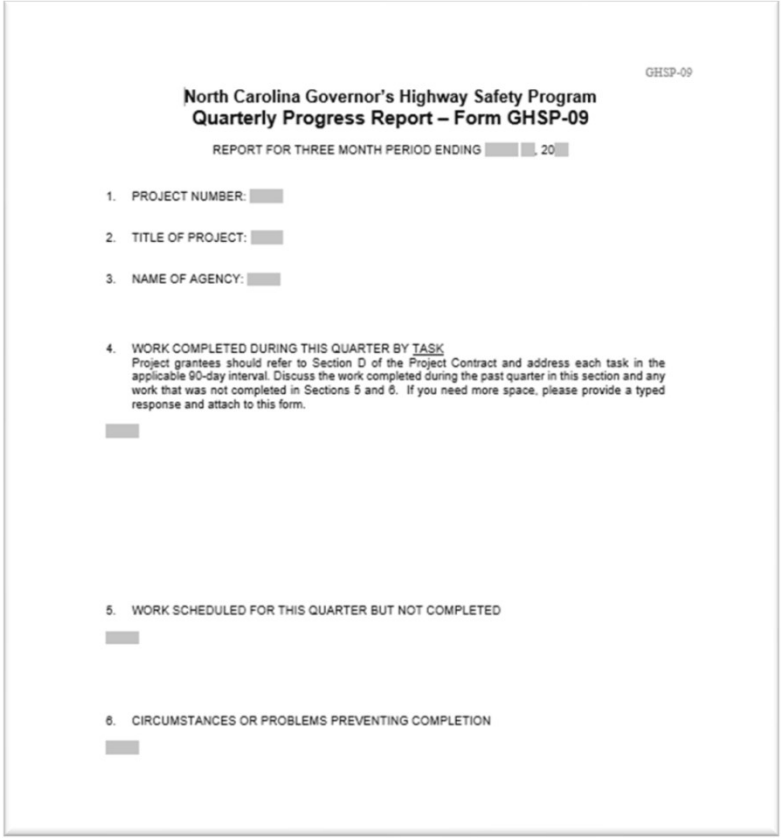
https://connect.ncdot.gov/municipalities/Law-Enforcement/Pages/Law-Enforcement-Reporting.aspx

3. Quarterly Progress Reports (QPRs, continued…)

Form GHSP-09

- From your approved grant application, copy all tasks completed in this quarter and paste them under *4. Work Completed this Quarter by Task.* Provide an update on all activities completed.

- If there are any tasks you did not complete, paste them under *5. Work Scheduled for this Quarter but not Completed.* Please explain circumstances or problems that prevented you from completing the task.



GHSP-09

North Carolina Governor's Highway Safety Program
Quarterly Progress Report – Form GHSP-09

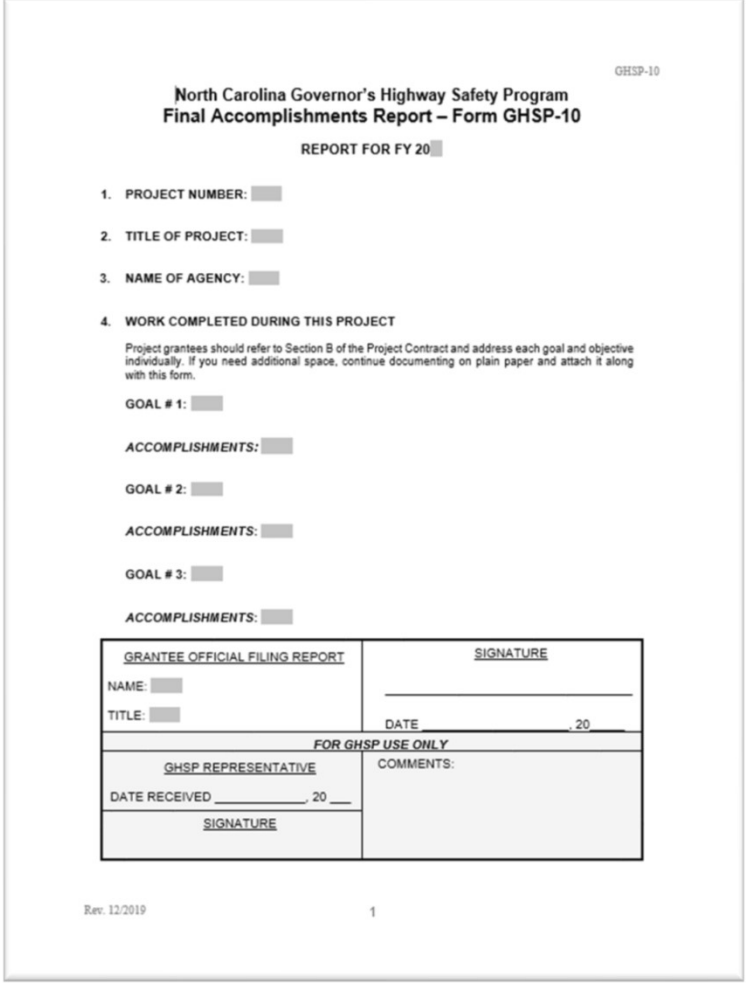
REPORT FOR THREE MONTH PERIOD ENDING ____, 20__

1. PROJECT NUMBER: ____
2. TITLE OF PROJECT: ____
3. NAME OF AGENCY: ____
4. WORK COMPLETED DURING THIS QUARTER BY TASK
Project grantees should refer to Section D of the Project Contract and address each task in the applicable 90-day interval. Discuss the work completed during the past quarter in this section and any work that was not completed in Sections 5 and 6. If you need more space, please provide a typed response and attach to this form.
5. WORK SCHEDULED FOR THIS QUARTER BUT NOT COMPLETED
6. CIRCUMSTANCES OR PROBLEMS PREVENTING COMPLETION

4. Final Accomplishments Report (FAR)

Form GHSP-10

- Refer to Section B of the approved grant contract and address *each goal and objective* for your project year (Oct 1 –Sep 30).
- Please remember that GHSP must provide information to NHTSA about whether GHSP's grantees achieved their goals and accomplished their objectives.



GHSP-10

North Carolina Governor's Highway Safety Program
Final Accomplishments Report – Form GHSP-10

REPORT FOR FY 20

1. PROJECT NUMBER:
2. TITLE OF PROJECT:
3. NAME OF AGENCY:
4. WORK COMPLETED DURING THIS PROJECT

Project grantees should refer to Section B of the Project Contract and address each goal and objective individually. If you need additional space, continue documenting on plain paper and attach it along with this form.

GOAL # 1:

ACCOMPLISHMENTS:

GOAL # 2:

ACCOMPLISHMENTS:

GOAL # 3:

ACCOMPLISHMENTS:

GRANTEE OFFICIAL FILING REPORT	SIGNATURE
NAME: TITLE:	DATE _____, 20____
FOR GHSP USE ONLY	
GHSP REPRESENTATIVE DATE RECEIVED _____, 20 ___	COMMENTS:
SIGNATURE	

Rev. 12/2019 1

https://connect.ncdot.gov/municipalities/Law-Enforcement/Pages/Law-Enforcement-Reporting.aspx

5. Final Evaluation Report

Form GHSP-17

- Completed internally by GHSP Staff each November
- Audits all required documents
- Attached to grant agreement

GHSP-17

North Carolina Governor's Highway Safety Program
Final Project Evaluation Report – Form GHSP-17

REPORT FOR FISCAL YEAR 20

PROJECT NUMBER(S) TITLE OF PROJECT

NAME OF AGENCY

YEAR OF PROJECT 1ST☐ 2ND☐ 3RD☐ OTHER☐

AMOUNT PROGRAMMED EXPENDED $ LIQUIDATION RATE %

QUARTERLY AND FINAL REPORTS (dates received):
Quarterly: 1ST 2ND 3RD 4TH
Final Accomplishments Report

TASKS COMPLETED? ☐ YES ☐ NO (EXPLAIN)

OBJECTIVES MET? ☐ YES ☐ NO (EXPLAIN)

GOALS MET? ☐ YES ☐ NO (EXPLAIN)

RECOMMENDED FOR FUTURE FUNDING? ☐ YES ☐ NO (EXPLAIN)

ADDITIONAL COMMENTS

GRANT DOCUMENTATION AUDIT:
Application: Review Sheet attached ☐ YES ☐ NO (EXPLAIN)
Agreement:
QPRs attached ☐ YES ☐ NO (EXPLAIN)
PMRs: Number required: Number completed:
Attached ☐ YES ☐ NO (EXPLAIN)
Final attached ☐ YES ☐ NO (EXPLAIN)

HIGHWAY SAFETY SPECIALIST:

DATE SIGNATURE _____

17. REVIEWED BY MANAGER, PLANNING AND EVALUATION

DATE _____ SIGNATURE _____

6. Monthly Enforcement Data Reports (MED) – *Law Enforcement ONLY*

Form GHSP-11

- Due 15th of each month for each officer working on the project

Project Number: _____ Officer Name: _____ Month: _____ Year: 20 _____

Agency: _____

(Please use minimum size 9 Bold Font for stats)

Project Traffic Offenses and Criminal Charges																
Driving While Impaired		Occupant Restraint		Other Traffic Offenses									Criminal Charges			Total Charges
Total DWI Charges	Test Refusal	Seat Belt	Child Safety Restraint	Speed	DWLR	NOL	GDL	Motorcycle / Moped No Permit or Endorsement	Motorcycle / Moped Helmet	Other Violations Not Listed	Total Warning Citations	Total Traffic Offenses	Total Drug Charges	Criminal Charges Not Listed	Total Criminal Charges	Traffic and Criminal
												0			0	0

Fugitives Arrested	
Stolen Vehicles Recovered	
Number of Officers on Project	

Enforcement Initiative	Day	Night
DWI Checking Station		
Seat Belt Intiative		
License Checks		

Public Information Data	
Number of Presentations	
Number of Displays	
Number of People Reached	

Project Hrs Worked	
Enforcement	
Training	
Court	
Crashes	
Public Info	
Other	
TOTAL	0

Total Number Traffic Stops	
TOTAL	

Crash Data	
Injury Crashes	
A/R Injury Crashes	
Fatal Crashes	
A/R Fatal Crashes	
PDO Crashes	
A/R PDO Crashes	
Total Crashes	0

CLICK IT OR TICKET

BOOZE IT & LOSE IT

NORTH CAROLINA GOVERNOR'S HIGHWAY SAFETY PROGRAM

Certification	
Printed Name:	
Signature:	
Date Submitted:	

Rev 10/2013

https://connect.ncdot.gov/municipalities/Law-Enforcement/Pages/Law-Enforcement-Reporting.aspx

Equipment

§200.33 Equipment.

Equipment means tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds the lesser of the capitalization level established by the non-Federal entity for financial statement purposes, or $5,000.

Equipment – Buy America Certification

"Buy America Act" Certification

The _____(agency name) certifies the _____(item for reimbursement) purchased and being submitted for reimbursement in this claim fully comply with the "Buy America Act", as required in your grant contract (Agreement of Conditions, item A.3.f. NHTSA Grant Funding Policies) meaning the items are either manufactured or assembled in the United States of America. By signing and certifying that these items are in compliance with the "Buy America Act", if the items are later discovered by the Governor's Highway Safety Program (GHSP), National Highway Traffic Safety Administration (NHTSA), or any other auditor to not be in compliance with the Act, then the certifying agency will be required to reimburse GHSP for the non-compliant items in full.

_____ _____

Certified by Date

https://www.nhtsa.gov/highway-safety-grants-program/resources-guide

Adding Direct Costs

Claim Submission

- ✓ Grant Description
- ✓ Invoice with serial #
- ✓ Picture with serial #
- ✓ Buy America Certification

North Carolina Governor's Highway Safety Program
Claim for Reimbursement - GHSP-08-D
Detail of Expense - Other Direct Cost

From:	Project Number:
Claim Number:	Period of Claim - From: To:

Date Purchased	Description	Serial Number	Quantity or Line Item	Amount
			Total:	

Version 1.0

Page 3 of 4

Non-Expendable Property Disposition Request

Form GHSP-13

- Must notify GHSP of the status change of any non-expendable equipment
- Must be completed by the grantee

GHSP-13

North Carolina Governor's Highway Safety Program

Non-Expendable Property Disposition Request – Form GHSP-13

1. Project Number:
2. Agency:
3. Serial Number of Equipment:
4. Description of Equipment:
5. Location of Equipment:
6. Original Cost of Equipment: $
7. Date Equipment Received: , 20
8. Nature of Disposition Request: ☐ Sell ☐ Trade
   ☐ Wrecked / Destroyed on , 20 ☐ Other (Explain)

Signature of Responsible Official _____ Date _____

FOR GHSP USE ONLY			
	Approved by	Disapproved by	Date
Grants Specialist			
Finance Officer			
Manager, P & E			

Comments: _____ Initials: ____

☐ Not Approved

☐ Approved - Effective Date: _____

Signature: _____ Date

Director or Designee
NC Governor's Highway Safety Program

FOR GHSP DATA ENTRY ONLY
Entered by:
Date:

Rev: 5/04

1

https://connect.ncdot.gov/municipalities/Law-Enforcement/Pages/Law-Enforcement-Reporting.aspx

Important Dates

- MEDs are due:
  15th of each month beginning November (one per officer)
- 1st QPR due:
  January 15, 2024
- 2nd QPR due:
  April 15, 2024
- 3rd QPR due:
  July 15, 2024
- 4th QPR due:
  October 15, 2024
- Grants system open for next fiscal year applications:
  January 1 - January 31, 2024
- Final Accomplishments Report (FAR) due:
  October 15, 2024
- Final claim due:
  October 30, 2024

Resources

NHTSA Resource Guide - https://www.nhtsa.gov/highway-safety-grants-program/resources-guide

Uniform Procedures for State Highway Safety Grant Programs (23 CFR Part 1300) - https://www.govinfo.gov/content/pkg/FR-2018-01-25/pdf/2018-01266.pdf

Uniform Administrative Requirements, Costs Principles, and Audit Requirements for Federal Awards (2 CFR 200) - https://www.ecfr.gov/cgi-bin/text-idx?SID=00edfa4e33dfa0201f97589e3924f3b8&tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl

GHSP Grant Information and Law Enforcement Documents - https://connect.ncdot.gov/municipalities/Law-Enforcement/Pages/Law-Enforcement-Reporting.aspx

Grantees that do not have Overtime or Enforcement Grants may be released.

Thank you!

ENFORCEMENT AND OVERTIME GRANTS

Traffic Enforcement Units & DWI Taskforces

Enforcement Employee Reimbursement

The University of North Carolina at Chapel Hill
103 South Building, Campus Box 9100
Chapel Hill, NC 27599-9100

Pay Group:	SPN-SHRA Non-Exempt
Pay Begin Date:	07/10/2017
Pay End Date:	07/23/2017

Business Unit:	UNCCH
Advice #:	**000000002214873**
Advice Date:	08/04/2017

Employee Name
123 Franklin St
CHAPEL HILL, NC 27517

Employee ID:	000000000
Department:	260108-WSEE-HR Information Mgmt
Location:	OHR-Ofc of the Vice Chancellor
Job Title:	Admin Support Specialist
Pay Rate:	$45,000.00 Annual

TAX DATA:	Federal	NC State
Tax Status:	Single	Single
Allowances:	0	0
Addl. Percent:		
Addl. Amount:		

HOURS AND EARNINGS

Description	Rate	Current Hours	Current Earnings	YTD Hours	YTD Earnings
Regular	20.346846	74.50	1,515.84	855.00	17,446.65
Sick	20.346846	3.50	71.21	19.50	395.51
Bonus Leave	20.346846	2.00	40.69	16.00	325.27
Adverse Weather Cond III Close			0.00	3.00	60.81
Civil Leave			0.00	8.00	162.23
Holiday			0.00	72.00	1,459.97
MobileCommunication Device-$70			0.00		560.00
Overtime @ .50 Time			0.00	14.50	147.50
Overtime - Straight Time			0.00	14.50	295.04
Regular (Overtime Week)			0.00	360.00	7,296.84
Vacation			0.00	27.50	557.39
TOTAL:		**80.00**	**1,627.74**	**1,390.00**	**28,707.21**

TAXES

Description	Current	YTD
Fed Withholdng	182.98	3,319.78
Fed MED/EE	22.12	394.81
Fed OASDI/EE	94.58	1,688.15
NC Withholdng	61.00	1,126.00
TOTAL:	**360.68**	**6,528.74**

BEFORE-TAX DEDUCTIONS

Description	Current	YTD
TSERS - Retirement	97.66	1,688.82
Critical Illness	32.10	513.60
UNC Traffic Office - Parking	26.51	425.84
NC Flex Group Life Employee	12.70	203.20
Dental Plan	10.61	169.76
Cancer Plan	7.59	121.44
State Health Plan 80/20	7.52	120.32
Vision Plan	4.29	68.64
NC Flex Voluntary AD&D Empl	0.85	13.60
TOTAL:	**199.83**	**3,325.22**

AFTER-TAX DEDUCTIONS

Description	Current	YTD
NC State Empl Credit Union	25.00	425.00
Reliance Standard AD&D Emplye	2.00	32.00
TOTAL:	**27.00**	**457.00**

EMPLOYER PAID BENEFITS

Description	Current	YTD
TSERS - Retirement	278.83	4,685.51
State Health Plan 80/20	239.74	3,835.84
Imputed Income for LIF600*	0.00	157.48
*TAXABLE		

	TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PAY
Current	1,627.74	1,427.91	360.68	226.83	1,040.23
YTD	28,707.21	25,539.47	6,528.74	3,782.22	18,396.25

LEAVE BALANCES/ACTIVITY	VACATION	SICK
Year Begin Balance	167.83	244.00
Earned This Year	79.33	56.00
Used This Year	33.50	27.50
End Balance	**213.66**	**272.50**
LEAVE DATA VALID THRU:		07/23/2017

For current and detailed leave information, log into TIM

NET PAY DISTRIBUTION

	Account Type	Account Number	Deposit Amount
Advice #000000002214873	Checking	XXXXX000000	1,040.23
TOTAL:			**1,040.23**

MESSAGE:

GHSP-23 Claim Reconciliation Report

NORTH CAROLINA GOVERNOR'S HIGHWAY SAFETY PROGRAM

Claim Reconciliation Report - ***Form GHSP-23*** (revised 2/9/2023)

Agency		Project #		Project Name
Employee		Period Start		

Date		9/22	9/23	9/24	9/25	9/26	9/27	9/28	9/29	9/30	10/1	10/2	10/3	10/4	10/5	10/6	10/7	10/8	10/9	10/10	10/11	10/12	10/13	10/14	10/15	10/16	10/17	10/18	10/19	10/20	10/21	Totals
Total Time Reported																																0.00
HV Enforcement																																0.00
HTS Training																																0.00
Traffic Court																																0.00
Outreach/Education																																0.00
Unallowable	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

GHSP-23 Claim Reconciliation Report

Hourly Rate	Fringe Rate	HV Enforcement	HTS Training	Traffic Court	Outreach/Edu.	Allowable HRS	Unallowable HRS	Total Time Reported	%Project
	25.6594%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%

Pay Date	Salary Total	SOC-SEC	MEDICARE	LEO RET	401K	Health	Dental								Fringe Total
10/15/2023										$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
10/29/2023										$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
Totals	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00

GHSP – 08 Claim Form				
HRS	Pay Rate	Charged	Fringe	Total
0.00		$ 0.00	$ 0.00	$ 0.00

Notes: List Highway Traffic Safety Training and Outreach/Education Events for Justification

GHSP-23 Claim Reconciliation Report

NORTH CAROLINA GOVERNOR'S HIGHWAY SAFETY PROGRAM

Claim Reconciliation Report - ***Form GHSP-23*** (revised 2/9/2023)

Agency		Project #		Project Name
Employee		Period Start		

Warning: JavaScript Window -

The value entered does not match the format of the field [Fringe RateRow1]

OK

Date		10/4	10/5	10/6	10/7	10/8	10/9	10																	/24	10/25	10/26	10/27	10/28	10/29	10/30	10/31	11/1	11/2	Totals
Total Time Reported	8																																		8.00
HV Enforcement																																			0.00
HTS Training																																			0.00
Traffic Court																																			0.00
Outreach/Education																																			0.00
Unallowable	8.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	8.00

Hourly Rate	Fringe Rate	HV Enforcement	HTS Training	Traffic Court	Outreach/Edu.	Allowable HRS	Unallowable HRS	Total Time Reported	%Project
	25.6594%	0.00	0.00	0.00	0.00	0.00	8.00	8.00	0.00%

GHSP-23 Claim Reconciliation Report

Employee Name:		**Title:**	
Manager Name:		**Week Of:**	11/2/2022
Hourly Rate:		**Overtime Rate:**	

Date	Day	Start Time	Lunch Start	Lunch End	End Time	Regular Hours	Overtime Hours	Total Hours
11/2/2022	Monday							0
11/3/2022	Tuesday							0
11/4/2022	Wednesday							0
11/5/2022	Thursday							0
11/6/2022	Friday							0
11/7/2022	Saturday							0
11/8/2022	Sunday							0
					Total Time	0	0	0
					Total Pay	$ -	$ -	$ -

Employee Signature: _____ **Date:** _____

Manager Signature: _____ **Date:** _____

Powered By https://apploye.com/

NORTH CAROLINA GOVERNOR'S HIGHWAY SAFETY PROGRAM

Claim Reconciliation Report - ***Form GHSP-23*** (revised 2/9/2023)

Agency		Project #		Project Name	
Employee		Period Start			

Date		9/22	9/23	9/24	9/25	9/26	9/27	9/28	9/29	9/30	10/1	10/2	10/3	10/4	10/5	10/6	10/7	10/8	10/9	10/10	10/11	10/12	10/13	10/14	10/15	10/16	10/17	10/18	10/19	10/20	10/21	Totals
Total Time Reported																																0.00
HV Enforcement																																0.00
HTS Training																																0.00
Traffic Court																																0.00
Outreach/Education																																0.00
Unallowable	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Hourly Rate	Fringe Rate	HV Enforcement	HTS Training	Traffic Court	Outreach/Edu.	Allowable HRS	Unallowable HRS	Total Time Reported	%Project
	25.6594%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%

Pay Date	Salary Total	SOC-SEC	MEDICARE	LEO RET	401K	Health	Dental								Fringe Total
10/15/2023										$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
10/29/2023										$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
Totals	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00

GHSP – 08 Claim Form				
HRS	Pay Rate	Charged	Fringe	Total
0.00		$ 0.00	$ 0.00	$ 0.00

Notes: List Highway Traffic Safety Training and Outreach/Education Events for Justification

Name & Signature

NORTH CAROLINA GOVERNOR'S HIGHWAY SAFETY PROGRAM

GHSP-23 Claim Reconciliation Report

The University of North Carolina at Chapel Hill
103 South Building, Campus Box 9100
Chapel Hill, NC 27599-9100

Pay Group: SPN-SHRA Non-Exempt
Pay Begin Date: 07/10/2017
Pay End Date: 07/23/2017

Business Unit: UNCCH
Advice #: 0000000002214873
Advice Date: 08/04/2017

Employee Name
123 Franklin St
CHAPEL HILL, NC 27517

Employee ID: 000000000
Department: 260108-WSEE-HR Information Mgmt
Location: OHR-Ofc of the Vice Chancellor
Job Title: Admin Support Specialist
Pay Rate: $45,000.00 Annual

TAX DATA:	Federal	NC State
Tax Status:	Single	Single
Allowances:	0	0
Addl. Percent:		
Addl. Amount:		

HOURS AND EARNINGS

Description	Rate	Current Hours	Current Earnings	YTD Hours	YTD Earnings
Regular	20.346846	74.50	1,515.84	855.00	17,446.65
Sick	20.346846	3.50	71.21	19.50	395.51
Bonus Leave	20.346846	2.00	40.69	16.00	325.27
Adverse Weather Cond III Close			0.00	3.00	60.81
Civil Leave			0.00	8.00	162.23
Holiday			0.00	72.00	1,459.97
MobileCommunication Device-$70			0.00		560.00
Overtime @ .50 Time			0.00	14.50	147.50
Overtime - Straight Time			0.00	14.50	295.04
Regular (Overtime Week)			0.00	360.00	7,296.84
Vacation			0.00	27.50	557.39
TOTAL:			1,627.74	1,390.00	28,707.21

TAXES

Description	Current	YTD
Fed Withholding	182.98	3,319.78
Fed MED/EE	22.12	394.81
Fed OASDI/EE	94.58	1,688.15
NC Withholding	61.00	1,126.00
TOTAL:	360.68	6,528.74

BEFORE-TAX DEDUCTIONS

Description	Current	YTD
TSERS - Retirement	97.66	1,688.82
Critical Illness	32.10	513.60
UNC Traffic Office - Parking	26.51	425.84
NC Flex Group Life Employee	12.70	203.20
Dental Plan	10.61	169.76
Cancer Plan	7.59	121.44
State Health Plan 80/20	7.52	120.32
Vision Plan	4.29	68.64
NC Flex Voluntary AD&D Empl	0.85	13.60
TOTAL:	199.83	3,325.22

AFTER-TAX DEDUCTIONS

Description	Current	YTD
NC State Empl Credit Union	25.00	425.00
Reliance Standard AD&D Emplye	2.00	32.00
TOTAL:	27.00	457.00

EMPLOYER PAID BENEFITS

Description	Current	YTD
TSERS - Retirement	278.83	4,685.51
State Health Plan 80/20	239.74	3,835.84
Imputed Income for LIF600*	0.00	157.48
*TAXABLE		

	TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PAY
Current	1,627.74	1,427.91	360.68	226.83	1,040.23
YTD	28,707.21	25,539.47	6,528.74	3,782.22	18,396.25

LEAVE BALANCES/ACTIVITY	VACATION	SICK
Year Begin Balance	167.83	244.00
Earned This Year	79.33	56.00
Used This Year	33.50	27.50
End Balance	213.66	272.50
LEAVE DATA VALID THRU:		07/23/2017

For current and detailed leave information, log into TIM

NET PAY DISTRIBUTION

	Account Type	Account Number	Deposit Amount
Advice #0000000002214873	Checking	XXXXXX000000	1,040.23
TOTAL:			1,040.23

MESSAGE:

NORTH CAROLINA GOVERNOR'S HIGHWAY SAFETY PROGRAM

Claim Reconciliation Report - ***Form GHSP-23*** (revised 2/9/2023)

Agency		Project #		Project Name
Employee		Period Start		

Date		9/22	9/23	9/24	9/25	9/26	9/27	9/28	9/29	9/30	10/1	10/2	10/3	10/4	10/5	10/6	10/7	10/8	10/9	10/10	10/11	10/12	10/13	10/14	10/15	10/16	10/17	10/18	10/19	10/20	10/21	Totals
Total Time Reported																																0.00
HV Enforcement																																0.00
HTS Training																																0.00
Traffic Court																																0.00
Outreach/Education																																0.00
Unallowable	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Hourly Rate	Fringe Rate	HV Enforcement	HTS Training	Traffic Court	Outreach/Edu.	Allowable HRS	Unallowable HRS	Total Time Reported	%Project
	25.6594%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%

Pay Date	Salary Total	SOC-SEC	MEDICARE	LEO RET	401K	Health	Dental								Fringe Total
										$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
										$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
Totals	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00

GHSP – 08 Claim Form				
HRS	Pay Rate	Charged	Fringe	Total
0.00		$ 0.00	$ 0.00	$ 0.00

Notes: List Highway Traffic Safety Training and Outreach/Education Events for Justification

Name & Signature

NORTH CAROLINA GOVERNOR'S HIGHWAY SAFETY PROGRAM

GHSP-23 Claim Reconciliation Report

NORTH CAROLINA GOVERNOR'S HIGHWAY SAFETY PROGRAM

Claim Reconciliation Report - ***Form GHSP-23*** (revised 2/9/2023)

Agency		Project #		Project Name
Employee		Period Start		

Date		9/22	9/23	9/24	9/25	9/26	9/27	9/28	9/29	9/30	10/1	10/2	10/3	10/4	10/5	10/6	10/7	10/8	10/9	10/10	10/11	10/12	10/13	10/14	10/15	10/16	10/17	10/18	10/19	10/20	10/21	Totals
Total Time Reported																																0.00
HV Enforcement																																0.00
HTS Training																																0.00
Traffic Court																																0.00
Outreach/Education																																0.00
Unallowable	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Hourly Rate	Fringe Rate	HV Enforcement	HTS Training	Traffic Court	Outreach/Edu.	Allowable HRS	Unallowable HRS	Total Time Reported	%Project
	25.6594%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%

Pay Date	Salary Total	SOC-SEC	MEDICARE	LEO RET	401K	Health	Dental								Fringe Total
10/15/2023										$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
10/29/2023										$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
Totals	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00

GHSF – 08 Claim Form		
Charged	Fringe	Total
$ 0.00	$ 0.00	$ 0.00

Notes: List Highway Traffic Safety Training and Outreach/Education Events for Justification

Name & Signature

NORTH CAROLINA GOVERNOR'S HIGHWAY SAFETY PROGRAM

North Carolina Governor's Highway Safety Program
Claim for Reimbursement - GHSP-08-A
Detail of Expense - Personnel

From: 1000000001 - TOWN OF MAYBERRY POLICE DEPARTMENT | Project Number: PT-23-06-33

Claim Number: 3000245678 | Period of Claim - From: 11/01/2022 To: 11/30/2022

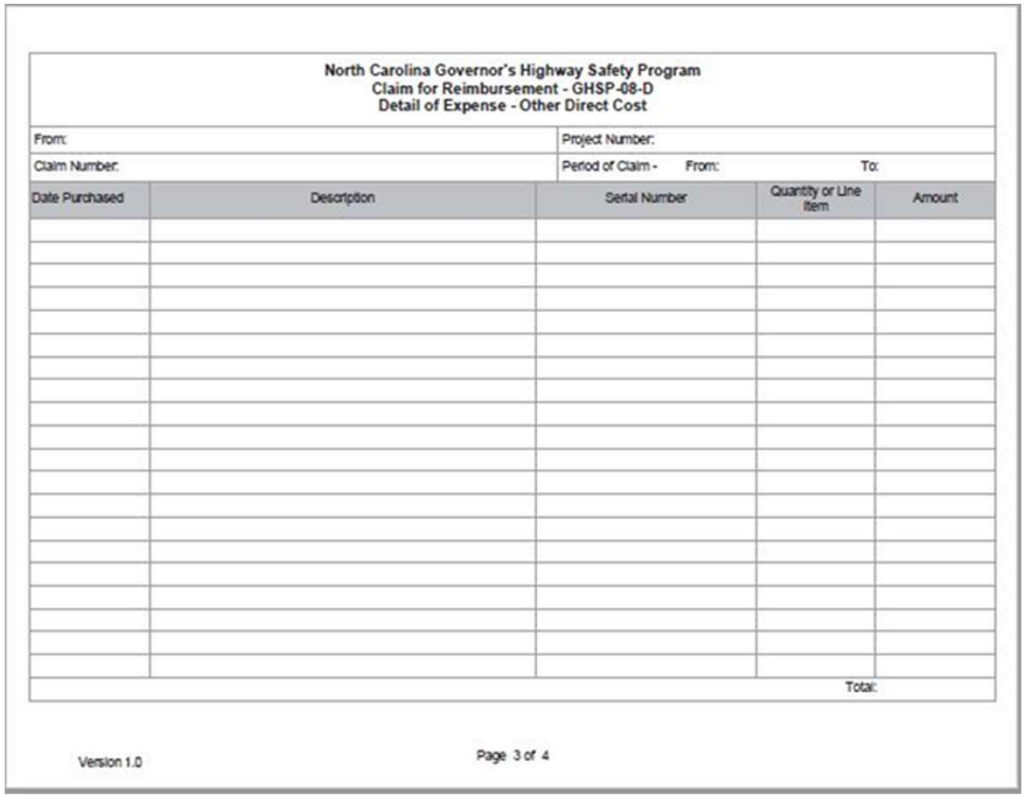
Name of Employee	Job Title	Type of work Performed on Project	Hours Worked on Project	Pay Rate	Charged to Project
Andy Taylor	Sheriff	Overtime En[illegible]	[illegible]	[illegible]	$384.37
Barney Fife	Deputy	Overtime Enforcement Shifts	[illegible]	[illegible]	$449.09
Gomer Pyle	Deputy	Overtime Enforcement Shifts	6.00	$34.3313	$205.99
Otis Campbell	Deputy	Overtime Enforcement Shifts	4.00	$35.0834	$140.33
				Sub Total:	$1,179.78
				Add Actual Cost of Retirement, FICA taxes, etc.:	$291.29
				Total Personnel Services Cost to Project:	$1,471.07

☒ Under penalties of perjury, I certify that the billing is correct and based upon actual expenditures for the period stipulated above, and that the progress of work and services under the project agreement is consistent with the amount billed.

Name: Andy Taylor PIN: **** Date: 12/15/2022

Equipment Reimbursement

- ✓ Approved in application
- ✓ Invoice with serial number
- ✓ Photos with serial number
- ✓ Proof of payment
- ✓ Buy America Certification
- ✓ Copy of title (vehicle)



North Carolina Governor's Highway Safety Program
Claim for Reimbursement - GHSP-08-D
Detail of Expense - Other Direct Cost

From:	Project Number:
Claim Number:	Period of Claim - From: To:

Date Purchased	Description	Serial Number	Quantity or Line Item	Amount
			Total:	

Version 1.0

Page 3 of 4

Submitting Enforcement Supporting Documentation

I. Claim Cover Sheet

II. GHSP-23 Report and Officer Schedule/Time Sheet

III. Pay Stub/Payroll Report

IV. CAD Reports (If 100% Reporting on GHSP-23 Report)

Complete this process for each approved position

V. Equipment Purchases

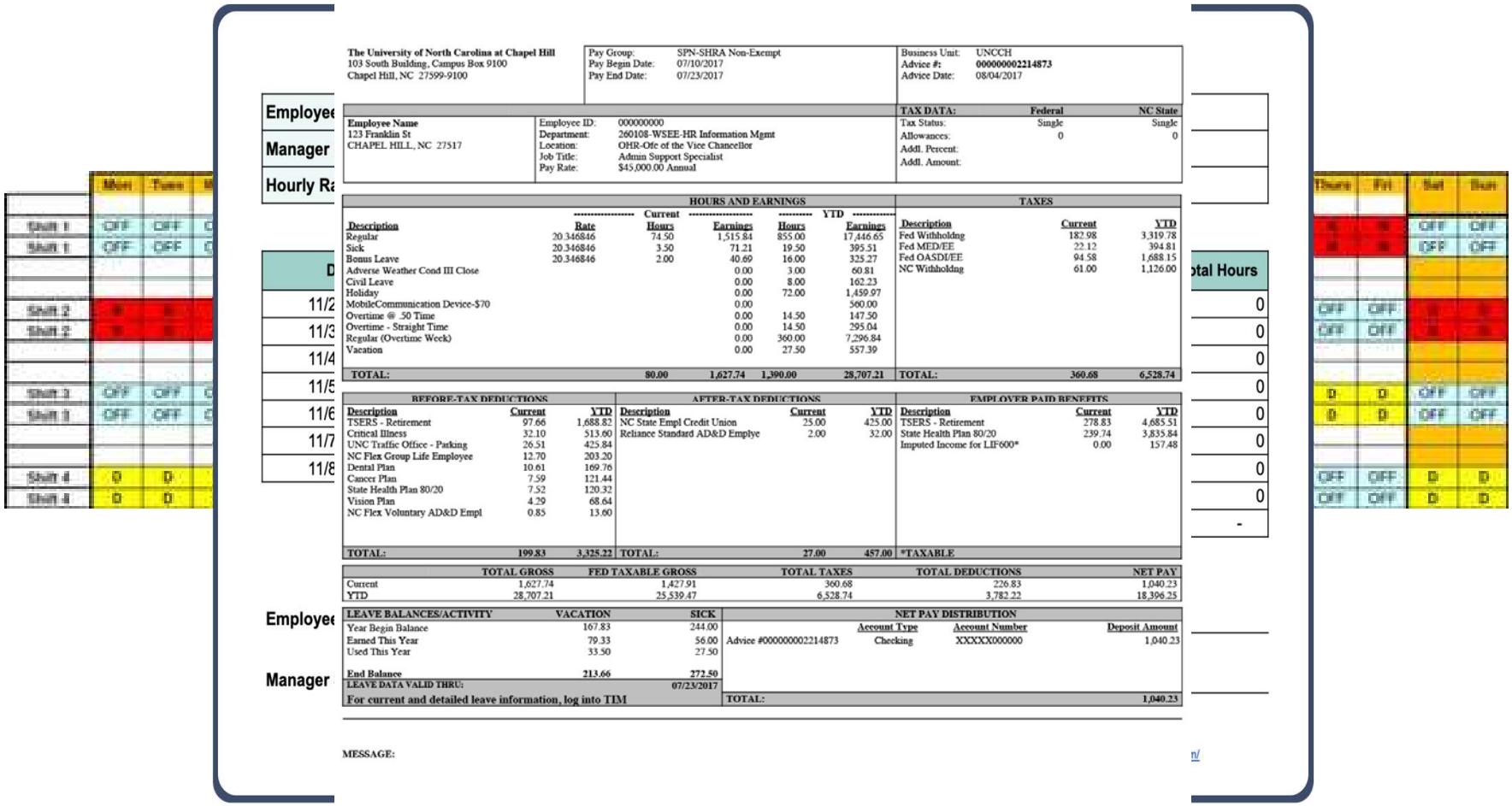
A. Vehicles
(Invoice/Proof of Payment/Copy of Title/Buy America Certification)

B. In-Car Cameras
(Invoice/Proof of Payment/Buy America Certification)

C. MDTs/Radars/Lidars
(Invoice/Proof of Payment)

Overtime

Overtime Employee Reimbursement



The University of North Carolina at Chapel Hill
103 South Building, Campus Box 9100
Chapel Hill, NC 27599-9100

Pay Group:	SPN-SHRA Non-Exempt
Pay Begin Date:	07/10/2017
Pay End Date:	07/23/2017
Business Unit:	UNCCH
Advice #:	00000000214873
Advice Date:	08/04/2017

Employee Name		
123 Franklin St	Employee ID:	000000000
CHAPEL HILL, NC 27517	Department:	260108-WSEE-HR Information Mgmt
	Location:	OHR-Ofc of the Vice Chancellor
	Job Title:	Admin Support Specialist
	Pay Rate:	$45,000.00 Annual

TAX DATA:	Federal	NC State
Tax Status:	Single	Single
Allowances:	0	0
Addl. Percent:		
Addl. Amount:		

HOURS AND EARNINGS

Description	Current Rate	Current Hours	Current Earnings	YTD Hours	YTD Earnings
Regular	20.346846	74.50	1,515.84	855.00	17,446.65
Sick	20.346846	3.50	71.21	19.50	395.51
Bonus Leave	20.346846	2.00	40.69	16.00	325.27
Adverse Weather Cond III Close			0.00	3.00	60.81
Civil Leave			0.00	8.00	162.23
Holiday			0.00	72.00	1,459.97
MobileCommunication Device-$70			0.00		560.00
Overtime @ .50 Time			0.00	14.50	147.50
Overtime - Straight Time			0.00	14.50	295.04
Regular (Overtime Week)			0.00	360.00	7,296.84
Vacation			0.00	27.50	557.39
TOTAL:		80.00	1,627.74	1,390.00	28,707.21

TAXES

Description	Current	YTD
Fed Withholdng	182.98	3,319.78
Fed MED/EE	22.12	394.81
Fed OASDI/EE	94.58	1,688.15
NC Withholdng	61.00	1,126.00
TOTAL:	360.68	6,528.74

BEFORE-TAX DEDUCTIONS

Description	Current	YTD
TSERS - Retirement	97.66	1,688.82
Critical Illness	32.10	513.60
UNC Traffic Office - Parking	26.51	425.84
NC Flex Group Life Employee	12.70	203.20
Dental Plan	10.61	169.76
Cancer Plan	7.59	121.44
State Health Plan 80/20	7.52	120.32
Vision Plan	4.29	68.64
NC Flex Voluntary AD&D Empl	0.85	13.60
TOTAL:	199.83	3,325.22

AFTER-TAX DEDUCTIONS

Description	Current	YTD
NC State Empl Credit Union	25.00	425.00
Reliance Standard AD&D Emplye	2.00	32.00
TOTAL:	27.00	457.00

EMPLOYER PAID BENEFITS

Description	Current	YTD
TSERS - Retirement	278.83	4,685.51
State Health Plan 80/20	239.74	3,835.84
Imputed Income for LIF600*	0.00	157.48
*TAXABLE		

	TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PAY
Current	1,627.74	1,427.91	360.68	226.83	1,040.23
YTD	28,707.21	25,539.47	6,528.74	3,782.22	18,396.25

LEAVE BALANCES/ACTIVITY	VACATION	SICK
Year Begin Balance	167.83	244.00
Earned This Year	79.33	56.00
Used This Year	33.50	27.50
End Balance	213.66	272.50
LEAVE DATA VALID THRU:		07/23/2017

For current and detailed leave information, log into TIM

NET PAY DISTRIBUTION

	Account Type	Account Number	Deposit Amount
Advice #00000000214873	Checking	XXXXX000000	1,040.23
TOTAL:			1,040.23

MESSAGE:

Overtime Claim

North Carolina Governor's Highway Safety Program
Claim for Reimbursement - GHSP-08-A
Detail of Expense - Personnel

From: 1000000001 - TOWN OF MAYBERRY POLICE DEPARTMENT

Project Number: PT-23-06-33

Claim Number: 3000245678

Period of Claim - From: 11/01/2022 To: 11/30/2022

Name of Employee	Job Title	Type of work Performed on Project	Hours Worked on Project	Pay Rate	Charged to Project
Andy Taylor	Sheriff	Overtime Enforcement Sh		$42.7075	$384.37
Barney Fife	Deputy	Overtime Enforcement Shifts	12.00	$37.4242	$449.09
Gomer Pyle	Deputy	Overtime Enforcement Shifts	6.00	$34.3313	$205.99
Otis Campbell	Deputy	Overtime Enforcement Shifts	4.00	$35.0834	$140.33
				Sub Total:	$1,179.78
				Add Actual Cost of Retirement, FICA taxes, etc.:	$291.29
				Total Personnel Services Cost to Project:	$1,471.07

☒ Under penalties of perjury, I certify that the billing is correct and based upon actual expenditures for the period stipulated above, and that the progress of work and services under the project agreement is consistent with the amount billed.

Name: Andy Taylor PIN: **** Date: 12/15/2022

Submitting Overtime Supporting Documentation

I. Claim Cover Sheet

II. OT Calendar or Officer Schedule

III. General Ledger or Payroll Report

IV. Pay/Check Stub for Officers Working Overtime

V. CAD Reports and Citations

A. CAD Report for Officer "A" on Day 1

1. CAD Report for Officer "A" on 1st Date Worked
2. Citations for Officer "A" on 1st Date Worked

B. CAD Report for Officer "A" on Day 2

1. CAD Report for Officer "A" on 2nd Date Worked
2. Citations for Officer "A" on 2nd Date Worked

Complete this process for each approved position

Attach to claim as one complete document

Claim Cover Sheet/Claim for Reimbursement

CLAIM COVER SHEET

Southwestern State College
Grants Division
123 Kryptonite Way
Raleigh, NC 11111
919-123-4567

INVOICE # 1
AGREEMENT # 2000099999

DATE: 10-Nov-19

BILL TO:

ATTN: NC DOT
Governor's Highway Safety Program
750 N. Greenfield Parkway
1508 Mail Service Center
Raleigh, NC 27699-1508

Questions regarding this claim should be directed to:

Name: Clark Kent
Phone: 555-867-5309
Email: clark.kent@superman.org

REQUEST FOR PAYMENT TIME PERIOD : 1-Oct-2019 to 31-Oct-2019

REQUESTING REIMBURSEMENT IN THE FULL AMOUNT OF: $12,462.97

Remittance Address: Southwestern State College
Grants Division
123 Kryptonite Way
Raleigh, NC 11111

North Carolina Governor's Highway Safety Program
Claim for Reimbursement
Cost Summary Statement - GHSP-08

To: Governor's Highway Safety Program
750 N. Greenfield Parkway
Garner, NC 27529

From: 1000000999 - Southwestern State College
Phone: +1 (919) 555-1212

Project Number: SA-20-99-15
Final: * ○ Yes ◉ No

Claim Number: 1
Period of Claim - From: * 10/01/2019 To : * 10/31/2019

Agreement ID: 2000099999
Claim Date: * 11/10/2019

Funding Share - Federal %: 100.00% State / Local %: 0.00%

Expenditures This Period

Cost Categories	Total Budget	Approved Expenditures	Expenditure this Period	Federal Share this Period	State / Local Share this Period	Balance
Personnel Services	$100,000.00	$0.00	$6,750.00	$6,750.00	$0.00	$93,250.00
Contractual Services	$44,000.00	$0.00	$3,650.00	$3,650.00	$0.00	$40,350.00
Commodities	$500.00	$0.00	$39.03	$39.03	$0.00	$460.97
Other Direct Cost	$10,650.00	$0.00	$890.94	$890.94	$0.00	$9,759.06
Indirect Cost	$15,515.00	$0.00	$1,133.00	$1,133.00	$0.00	$14,382.00
Total	$170,665.00	$0.00	$12,462.97	$12,462.97	$0.00	$158,202.03

Total Federal Share Request for Reimbursement This Period: $12,462.97

GHSP-11 Monthly Enforcement Data Report

North Carolina Governor's Highway Safety Program
Monthly Enforcement Data Report - Form GHSP-11

Project Number: _____ Officer Name: _____ Month: _____ Year: 20 _____
Agency: _____

(Please use minimum size 9 Bold Font for stats)

Project Traffic Offenses and Criminal Charges																
Driving While Impaired		Occupant Restraint		Other Traffic Offenses									Criminal Charges			Total Charges
Total DWI Charges	Test Refusal	Seat Belt	Child Safety Restraint	Speed	DWLR	NOL	GDL	Motorcycle / Moped No Permit or Endorsement	Helmet	Other Violations Not Listed	Total Warning Citations	Total Traffic Offenses	Total Drug Charges	Criminal Charges Not Listed	Total Criminal Charges	Traffic and Criminal
												0			0	0

Fugitives Arrested	
Stolen Vehicles Recovered	
Number of Officers on Project	

Enforcement Initiative	Day	Night
DWI Checking Station		
Seat Belt Intiative		
License Checks		

Public Information Data	
Number of Presentations	
Number of Displays	
Number of People Reached	

Project Hrs Worked	
Enforcement	0.000
Training	0.000
Court	0.000
Crashes	0.000
Public Info	0.000
Other	0.000
TOTAL	0.000

Total Number Traffic Stops	
TOTAL	

Crash Data	
Injury Crashes	
A/R Injury Crashes	
Fatal Crashes	
A/R Fatal Crashes	
PDO Crashes	
A/R PDO Crashes	
Total Crashes	0

CLICK IT OR TICKET.

BOOZE IT & LOSE IT.

NORTH CAROLINA GOVERNOR'S HIGHWAY SAFETY PROGRAM

Certification

Printed Name: _____
Signature: _____
Date Submitted: _____

Rev 10/2013

Important Dates

- MEDs are due:
  15th of each month beginning November (one per officer)
- 1st QPR due:
  January 15, 2024
- 2nd QPR due:
  April 15, 2024
- 3rd QPR due:
  July 15, 2024
- 4th QPR due:
  October 15, 2024
- Grants system open for next fiscal year applications:
  January 1 - January 31, 2024
- Final Accomplishments Report (FAR) due:
  October 15, 2024
- Final claim due:
  October 30, 2024

Thank you!