

NORTH CAROLINA

Department of Transportation



GHSP FY25 Grantee Orientation

North Carolina Governor's Highway Safety Program

September 25, 2024 – Justice Academy, Salemburg

October 2, 2024 – GHSP Office, Garner

October 8, 2024 – Wake Tech Public Safety Campus, Raleigh

October 10, 2024 – Hickory Police Dept., Hickory

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 & Overtime Grant Info
- 12:00 pm ADJOURN



Safety City at the State Fair 2022

Introductions

Grantee Introductions

Please quickly share:

- 1) Your name
- 2) Your title/position/role
- 3) Your agency



Safety City at the State Fair 2022

Welcome from the Director



Mark Ezzell, Director
mezzell@ncdot.gov

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



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





GHSP accomplishes our mission in two ways:

- 1) grant funding opportunities, and
- 2) annual highway safety initiatives





GHSP is part of the NC Department of Transportation (NCDOT).

GHSP's grant funding is through the National Highway Traffic Safety Administration (NHTSA).

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

EMILY MOORE

Traffic Records & Occupant
Protection Coordinator

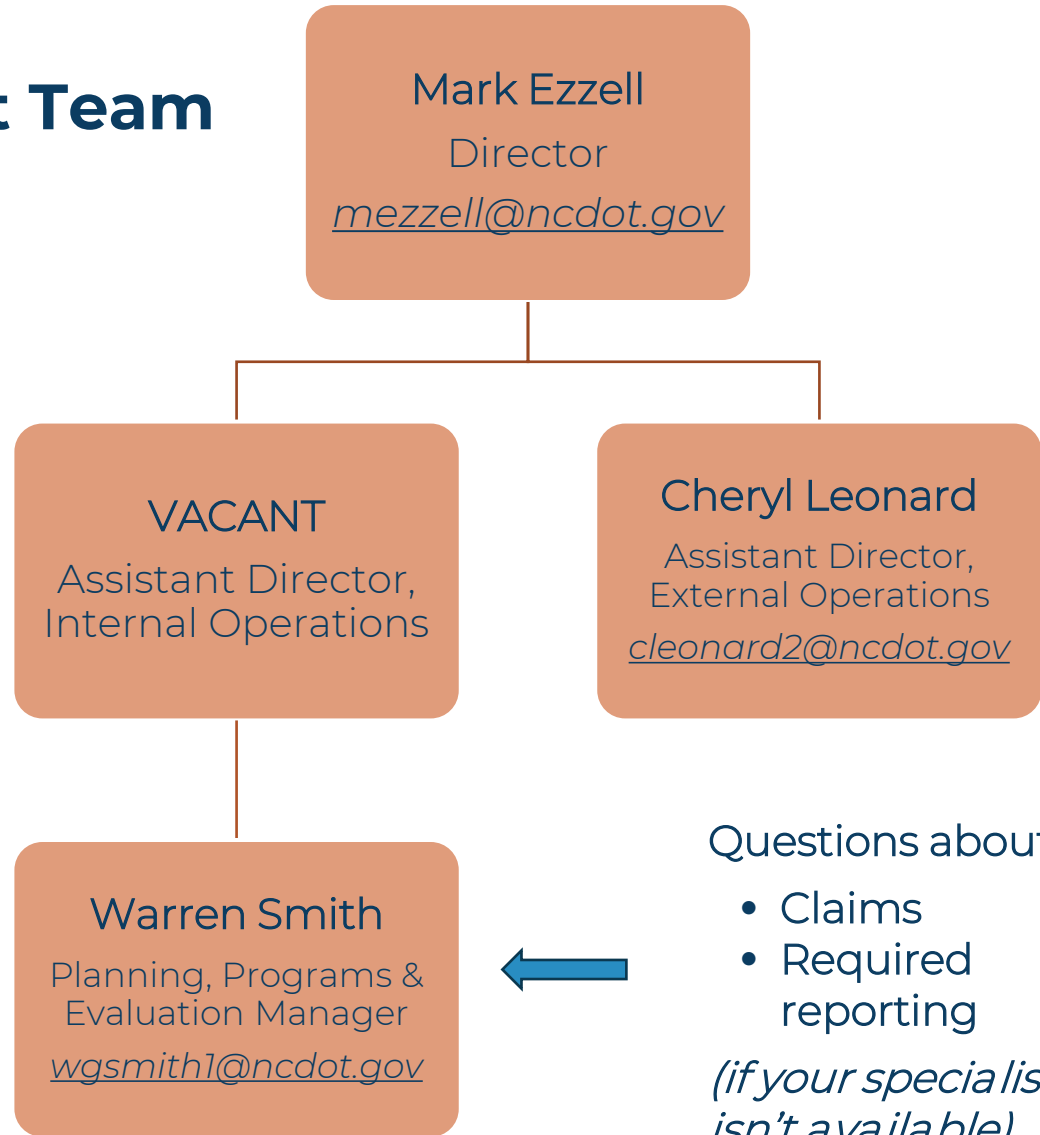
ermoore1@ncdot.gov

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



Questions about:

- Safety City
- Traffic Safety Conference
- Public Events



Questions about:

- Claims
- Required reporting

(if your specialist isn't available)



Your GHSP Support Team

Business, Communications & Support Staff

SHANON DANIELS
Business Officer
sndaniels1@ncdot.gov

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

LINDSAY POE
Communications Manager
lcpoe1@ncdot.gov

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

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

↑
Questions about
Occupant
Protection &
Impaired Driving
Task Forces

↑
Questions about
press releases,
media events
& other
communications

↑
Questions about
grant system access

Grant Basics

Application Process Timeline

- 🚗 Grants are awarded for one year only
- 🚗 Grant system is open for next fiscal year applications from Jan 1 - 31
- 🚗 Grant period aligns with federal fiscal year (FFY): Oct 1 - Sept 30



Grant Guidance

1. Every grantee must attend orientation at the beginning of the grant year & may request a copy of this presentation.
2. Many resources are located on this webpage: <https://connect.ncdot.gov/municipalities/Law-Enforcement/Pages/Law-Enforcement-Reporting.aspx>, including:
3. The **Program Director's Guidebook**, which provides information regarding application requirements, change requests, claims, etc. *(updated version coming soon!)*
4. Ask your grant specialist!



Grant System (EBS) Overview

Accessing the Grant System

EBS.NC.GOV

The [Grants Management System](#) is used for all phases of the grant process, including:

- ↔ Submitting & revising applications
- ↔ Submitting change requests
- ↔ Filing claims for reimbursement



The screenshot shows the login interface for Enterprise Business Services. On the left is the Great Seal of the State of North Carolina. In the center, the text 'Enterprise Business Services' is displayed. To the right, there is a login form with two input fields: 'User *' and 'Password *'. Below the password field, it says 'Passwords are case sensitive'. A 'Log On' button is positioned below the password field. At the bottom right, there are two links: 'Login Help' and 'Browser Support'.

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

You must request access to submit applications, claims, and/or change requests.

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.

Save me!

Claims for Reimbursement

Guidelines & Rules for Claims

- ✔ DO NOT EXPEND FUNDS BEFORE START OF GRANT PERIOD on Oct 1
- ✔ Payments are made on a reimbursement basis only.
- ✔ Only allowable costs are eligible for reimbursement (when in doubt – ASK!)
- ✔ Expenses not claimed within 3 months of expenditure may be denied.
- ✔ Expenses claimed may not exceed receipts or approvals (even by one cent!)



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

Claim Filing Frequency



Traffic safety community forum in Nash County on 8/22/24

- 🏠 Minimum frequency - quarterly
- 🏠 Maximum frequency - monthly
- 🏠 NEW grantees must file monthly
- 🏠 LEO grantees must file according to your pay cycle
- 🏠 Final claims are due by October 30!

NOTE: Specialists may require monthly claims for any grantee at any time

Claim Cover Sheets (CCS)

- ✓ 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), unless your agency submits an invoice to GHSP.

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 Form in EBS (GHSP-08)

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
Gamer, 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 expenditures must be attached to every claim in ONE combined file
- ❗ 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 Gamer, NC 27529			From: 1000000999 - Southwestern State College Phone: +1 (919) 555-1212			
Project Number: SA-20-99-15			Final: * <input type="radio"/> Yes <input checked="" type="radio"/> 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.



Traffic safety community forum in Edgecombe County on 8/20/24

Pre-Game Warm Up (4 of 4)

- 📅 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.

Employee Information					Town of Mayberry - Form TS-						
Name:		Barney Fife									
Department:		Mayberry P.D.									
Pay Period:		10/1/2021 - 10/31/2021									
Pay Date:		11/15/2021									
DAY	SHIFT START DATE	SHIFT START TIME	SHIFT END DATE	SHIFT END TIME	HOURS WORKED	LEAVE TAKEN			OTHER		Daily Hour
						Comp	Vacation	Sick	Holiday	Other	
TH	10/1/2021	15:00	10/2/2021	3:00	12.00						12.00
FR											
SAT											
SUN											
MON	10/4/2021	7:00	10/4/2021	19:00	12.00						12.00
TUE	10/5/2021	7:00	10/5/2021	19:00	12.00						12.00
WED	10/6/2021	9:00	10/6/2021	11:30	2.50						2.50
THU											
FRI	10/8/2021	7:00	10/8/2021	19:00	12.00						12.00
SAT	10/9/2021	7:00	10/9/2021	19:00	12.00						12.00
SUN	10/10/2021	7:00	10/10/2021	13:00	6.00	3.00		3.00			12.00
MON											
TUE											
WED	10/13/2021	7:00	10/13/2021	19:00	12.00				12.00		24.00
THU	10/14/2021	7:00	10/14/2021	19:00	12.00						12.00
FRI											
SAT											
SUN											
MON	10/18/2021	7:00	10/18/2021	19:00	12.00						12.00
TUE	10/19/2021	7:00	10/19/2021	19:00	12.00						12.00
WED											
THU											
FRI	10/22/2021	7:00	10/22/2021	19:00	12.00						12.00
SAT	10/23/2021	7:00	10/23/2021	19:00	12.00						12.00
SUN	10/24/2021	7:00	10/24/2021	19:00	12.00						12.00
MON											
TUE											
WED	10/27/2021	7:00	10/27/2021	19:00	12.00						12.00
THU	10/28/2021	7:00	10/28/2021	19:00	12.00		12.00				12.00
FRI											
SAT											
SUN											
					164.50	3.00	12.00	3.00	12.00	0.00	

NOTES:

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

TOTAL HOURS: 194.50

Employee Signature: *Barney P. Fife*

Supervisor Signature: *Andy Taylor*

Make sure 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 NCDOT Contract Management:

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



Contractual Costs

A. Federal Provisions:

1. Equal Opportunity/Nondiscrimination. The Agency will agree to comply with all Federal statutes and implementing regulations relating to nondiscrimination concerning race, color, sex, religion, national origin, handicaps, and age. These include but are not limited to:

(a) Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq., 78 stat. 252);

(b) The Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, (42 U.S.C. 4601)

(c) Federal-Aid Highway Act of 1973, (23 U.S.C. 324 et seq.), and Title IX of the Education Amendments of 1972, as amended (20 U.S.C. 1681-1683 and 1685-1686);

(d) Non-Discrimination in Federally-assisted programs of the United States Department of Transportation - Effectuation of Title VI of the Civil Rights Act of 1964 (49 CFR Part 21), hereinafter referred to as "USDOT", as amended;

(e) Section 504 of the Rehabilitation Act of 1973, (29 U.S.C. 794 et seq.), as amended, and 49 CFR Part 27; and

(f) The Age Discrimination Act of 1975, as amended (42 U.S.C. 6101 et seq.);

(g) The Civil Rights Restoration Act of 1987, (Pub. L. 100-209);

(h) Titles II and III of the Americans with Disabilities Act (42 U.S.C. 12131-12189) and 49 CFR parts 37 and 38;

(i) Executive Order 12898, Federal Actions to Address Environmental Justice in Minority Populations and Low-Income Populations;

(j) Executive Order 13166, Improving Access to Services for Persons with Limited English Proficiency

2. Drug Free Workplace. The Agency agrees to comply with the provisions cited in the Drug-Free Workplace Act of 1988 (41 U.S.C. 8103).

3. Federal Grant Requirements and Contracts. The Agency shall comply with the following statutes and implementing regulations as applicable:

(a) Highway Safety Act of 1966 (23 U.S.C. Chapter 4 -), as amended;

(b) Sec. 1906, Pub. L. 109-59, as amended by Sec. 4011, Pub. L. 114-94;

(c) Uniform Procedures for State Highway Safety Grant Programs (23 CFR part 1300);

(d) Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (2 CFR Part 1201);

(e) Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (2 CFR Part 200) and all other relevant Federal regulations covering the Highway Safety Program;

(f) NHTSA Highway Safety Grant Funding Guidance, as revised, July 2015 (www.nhtsa.gov) and additions or amendments thereto.

- ☒ If an expense is listed as contractual on your application, you **MUST** have the contractor sign a copy of the Federal Provisions and provide the signed form to your grant specialist.
- ☒ If the contractor does not/will not sign, you cannot be reimbursed by GHSP.
- ☒ This language is also part of the Agreement of Conditions (AOC) that every grantee must sign.

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 (refer to your application!)
- Giveaways are not allowed under any circumstances!



Safety City at the State Fair 2022

Buy America Act



[23 U.S. Code §313](#) outlines requirements of the Buy America Act



Applicable to purchases of equipment costing \$10,000 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.

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 \$10,000.



Equipment – Buy America Certification

For Equipment Costing \$10,000 Each or More

“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



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 and submitted to your grant specialist
- This applies regardless of how long ago the equipment was purchased
- If the equipment is sold for \$5,000 or more, some proceeds may have to be returned to NHTSA

GHSP-13

North Carolina Governor's Highway Safety Program
Non-Expendable Property Disposition Request – Form GHSP-13

- Project Number:
- Agency:
- Serial Number of Equipment:
- Description of Equipment:
- Location of Equipment:
- Original Cost of Equipment: \$
- Date Equipment Received: , 20
- 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: _____

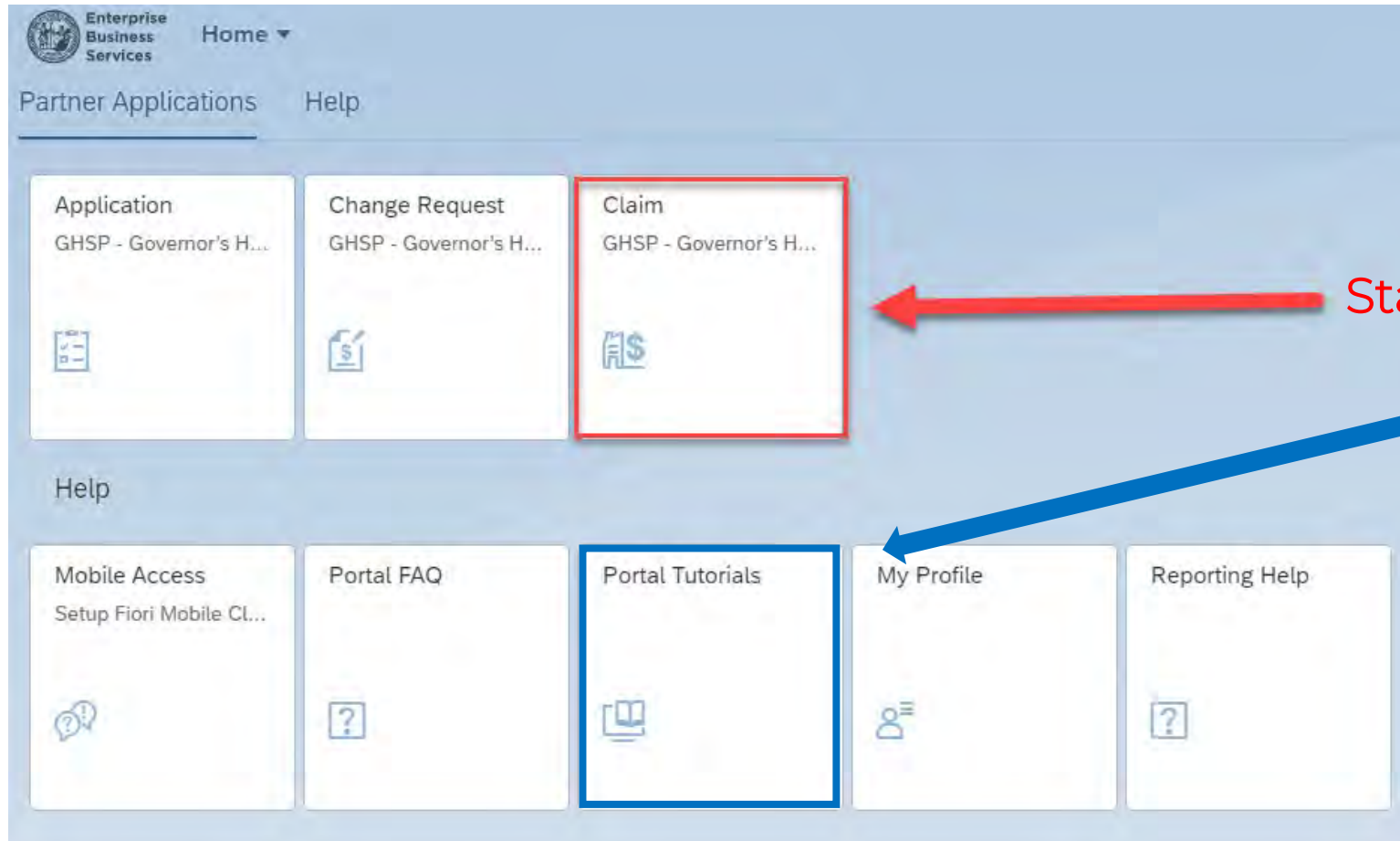
Director or Designee
NC Governor's Highway Safety Program

FOR GHSP DATA ENTRY ONLY	
Entered by:	
Date:	

Rev. 5/04 1

Example Claim

Creating/Editing Claims



Start a Claim

Need Help?

You can also find step-by-step instructions for the claim reimbursement 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 Refresh 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 for Reimbursement Form (GHSP-08)

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: 100000999 - Southwestern State College			
Project Number: SA-20-99-15			Phone: +1 (919) 555-1212			
Claim Number: 1			Final: <input type="radio"/> Yes <input checked="" type="radio"/> No			
Agreement ID: 2000099999			Period of Claim - From: * 10/01/2019 To: * 10/31/2019			
Funding Share - Federal %: 100.00% State / Local %: 0.00%			Claim Date: * 11/10/2019			
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		

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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
<input checked="" type="checkbox"/> 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			Pay Group: SPN-SHRA Non-Exempt		Business Unit: UNCCH			
103 South Building, Campus Box 9100			Pay Begin Date: 07/10/2017		Advice #: 00000002214873			
Chapel Hill, NC 27599-9100			Pay End Date: 07/23/2017		Advice Date: 08/04/2017			
Employee Name	Employee ID:	Department:	Location:	Job Title:	Pay Rate:	TAX DATA:		
123 Franklin St CHAPEL HILL, NC 27517	000000000	260108-WSEE-HR Information Mgmt	OHR-Ofc of the Vice Chancellor	Admin Support Specialist	\$45,000.00 Annual	Federal: Single NC State: Single Allowances: 0 Addl. Percent: 0 Addl. Amount:		
HOURS AND EARNINGS			TAXES					
Description	Rate	Current Hours	Current Earnings	YTD Hours	YTD Earnings	Description	Current	YTD
Regular	20.346846	74.50	1,515.84	855.00	17,446.65	Fed Withholding	182.98	3,319.78
Sick	20.346846	3.50	71.21	19.50	395.51	Fed MED/EE	22.12	394.81
Bonus Leave	20.346846	2.00	40.69	16.00	325.27	Fed OASDI/EE	94.58	1,688.15
Adverse Weather Cond III Close			0.00	3.00	60.81	NC Withholding	61.00	1,126.00
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	TOTAL:	360.68	6,528.74
BEFORE-TAX DEDUCTIONS			AFTER-TAX DEDUCTIONS			EMPLOYER PAID BENEFITS		
Description	Current	YTD	Description	Current	YTD	Description	Current	YTD
TSERS - Retirement	97.66	1,688.82	NC State Empl Credit Union	25.00	425.00	TSERS - Retirement	278.83	4,685.51
Critical Illness	32.10	513.60	Reliance Standard AD&D Empl	2.00	32.00	State Health Plan 80/20	239.74	3,835.84
UNC Traffic Office - Parking	26.51	425.84				Imputed Income for LIF600*	0.00	157.48
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	TOTAL:	27.00	457.00	*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			NET PAY DISTRIBUTION					
VACATION	SICK		Account Type	Account Number	Deposit Amount			
Year Begin Balance	167.83	244.00	Advice #00000002214873	XXXXX000000	1,040.23			
Earned This Year	79.33	56.00	Checking					
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 IIM			TOTAL: 1,040.23					

Supporting Documentation – Example 2 – CONTRACTUAL SERVICES



KSM Consulting Services

145 West Jones Street
Raleigh, NC 27615

(919) 555-7894
timarmstrong@konesconsulting.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 & 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 inn kannapolis nc

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

750 N Greenfield Pkwy
Garner, NC 27523

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

Other Direct Costs - In-State Travel

318 miles round-trip
x \$0.33 per mile
\$104.94

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

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 Destination will be on the right 374 ft

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.

Travel documentation must include:

1. Your agency’s approved travel form (if applicable)
2. Turn-by-turn directions for mileage (if applicable)
3. Full, itemized receipts for expenses such as hotels
4. If you have a lot of travel, you may be asked to use a travel summary sheet to help with reconciling expenses on claims

Supporting Documentation – Example 4 – TRAVEL & LODGING

1. Full, itemized receipts must be provided for lodging
2. Extra costs such as room upgrades are not allowable
3. If the cost was paid with a P-card or other agency payment method, and your agency is tax-exempt, then you must subtract sales tax

Days Inn & Suites
5125 Davidson Highway
Concord, NC 28027

(704) 555-1212
daysinnandsuites@daysinn.com

Receipt
10/18/2019
Invoice #2334889

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!

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

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

Other Direct Costs - Printing and Binding



Supporting Documentation – Example 6 – 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* – 15% of direct costs
2. *Negotiated Rate** – A rate the organization negotiates with the state or federal gov.

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

North Carolina Governor's Highway Safety Program Claim for Reimbursement - GHSP-08-E Detail of Expense - Indirect Cost			
From: 1000000171 - UNIVERSITY OF NC AT CHAPEL		Project Number: SA-23-09-03	
Claim Number: 3000267351		Period of Claim - From: 04/01/2023 To: 06/30/2023	
Date Purchased	Description	Quantity or Line Item	Amount
06/30/2023	Indirect Costs 15% de minimis rate	1	\$6,839.31
Total:			\$6,839.31
<input checked="" type="checkbox"/> 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: <input type="text" value="Rusty Privett"/>		PIN: <input type="text" value="****"/>	Date: <input type="text" value="09/08/2023"/>

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)

Transaction ID	Pay Date	Type	Transaction Code	Description 1	Description 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 and publication.
- Ⓡ 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: MSX-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 27699-1308

Telephone: (919) 814-3050
Fax: (919) 733-0054
Customer Service: 1-877-388-4068
Website: www.ncdot.org/transportation/THIST/

Location: 750 N. GREENFIELD PARKWAY
GARNER, NC 27520

UPDATED: 08/2023

Travel Policies



- ✦ Grantees 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. (except continental breakfasts)



Out-of-State Travel (OST)

Form GHSP-07

- 🚗 If your agreement allows for out-of-state travel, 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 of 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.

Out-of-State Travel (OST), continued...

Form GHSP-07

- OST Requests must include an explanation of how the requested travel will benefit the project or advance 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 want to attend.



In-State Travel (IST)

- IST should be documented in application.
- No approval form is required for planned IST, but expenses *must not exceed your 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.



2023 NCDOT Wildflower Awards - 1st Place, Western Region – Division 12, Catawba County

Change Requests

a.k.a. Budget & Program Revisions

- ⇒ Utilized during the grant cycle to make fiscal and program changes to your grant agreement
- ⇒ Request to reallocate funds or spend funds on something other than originally intended
- ⇒ [Step-by-Step Quick Guide for Change Requests](#) located on GHSP website



Change Requests, continued...

Examples of changes include:

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

REMINDER: Do not begin spending affected funds or implementing new activities until the change request has been approved!!



Change Requests, continued...

Program Revisions vs. Budget Revisions

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% or more of the overall grant budget

North Carolina Governor's Highway Safety Program Addendum to Highway Safety Project Contract						
<i>The deadline for revisions is June 30 of the current federal fiscal year</i>						
Agreement Number: [REDACTED]						
Agency Name: [REDACTED]						
Project Number: [REDACTED]				Date:* Jan 18, 2023	Revision #:* 1	
Please Indicate Type of Request:* <input checked="" type="radio"/> Budget Revision <input type="radio"/> 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 Serv	\$9,240.00			\$9,240.00		\$9,240.00
P300 - GHSP Commodities Cos						

Change Requests, continued...

How to Write a Change Request

The change request form is in EBS and has two sections where you will describe the changes you wish to make.

DETAILED CHANGES IN THE PROJECT

Explain in concise detail what changes you want to make to which budget lines.

For example:

“Reduce Office Supplies line item by \$100, reducing from \$500 to \$400.”

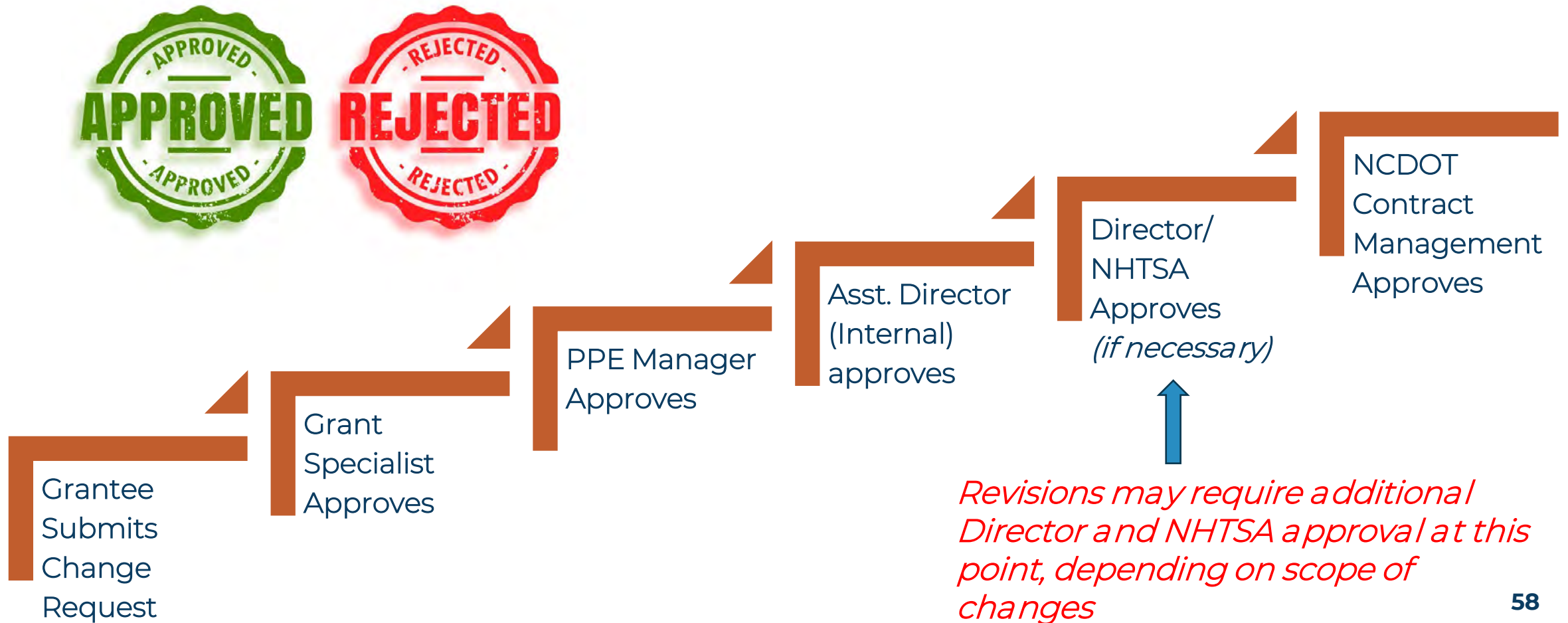
“Increase training supplies line item by \$100, increasing from \$1,000 to \$1,100.”

JUSTIFICATION FOR THE REQUESTED CHANGES

Explain why you need to make these changes and how they will affect your grant project.

North Carolina Governor's Highway Safety Program Addendum to Highway Safety Project Contract						
<i>The deadline for revisions is June 30 of the current federal fiscal year</i>						
Agreement Number: 20000						
Agency Name: 10000						
Project Number: CP-		Date:* Jun 18, 2024		Revision #:* 2		
Please Indicate Type of Request:* <input checked="" type="radio"/> Budget Revision <input type="radio"/> Program Revision Only						
Contact Phone Number:*		Federal %: 100.00%		State/Local %: 0.00%		
Submitted By:						
Specific Areas to be Revised						
Cost Type	Current Approved	Claimed Amount	Change (+) or (-)	Federal Amount	State/Local Amount	Requested Amount
P100 - GHSP Personnel Costs	\$32,144.00	\$16,698.19	\$825.00	\$32,969.00		\$32,969.00
P200 - GHSP Contractual Servic	\$11,050.00			\$11,050.00		\$11,050.00
P300 - GHSP Commodities Cos						
P400 - GHSP Other Direct Costs	\$4,500.00	\$466.75	-\$825.00	\$3,675.00		\$3,675.00
P500 - GHSP Indirect Costs	\$18,601.00	\$6,694.47		\$18,601.00		\$18,601.00
Total Project Costs	\$66,295.00	\$23,859.41		\$66,295.00		\$66,295.00
Detailed Changes in the Project (Attach separate sheet, if necessary): *						
Reduce In-state Travel by \$1,800, from \$4,500 to \$2,700.						
Create new Other Direct Costs budget line for 'Conference Exhibitor Fee' in the amount of \$975.						
Reduce Fringe Benefits by \$2,091, from \$7,760 to \$5,669.						
Increase Principal Investigator by \$2,846, from \$13,844 to \$16,690.						
Increase Co-Principal Investigator by \$70, from \$5,540 to \$5,610.						
Justification for the Requested Budget / Program Revision: (If budget revision, also explain the programmatic impact.) *						

Change Request Approval Process



Change Requests Requiring NHTSA Approval



1. Grantee requests to add a new activity or delete an activity previously identified in the Highway Safety Plan
2. Change in scope or objective of the planned activity
3. Change in subrecipients
4. Changes to the estimated funding amount exceeding:
 - a. 25% for projects under \$20,000
 - b. 15% for projects over \$20,000
 - c. Or any change over \$250,000

Change Request Deadline



June
30th

Grant Monitoring

Required Reporting

No final claim will be reimbursed until all required reports 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)*



1. Risk Assessments

- ❖ Completed by GHSP staff (not grantees)
- ❖ Filled out prior to final approval of grantee's application and before agreements are created
- ❖ Level of risk determines number and type of project management reviews (PMRs) required



2. Project Management Reviews (PMRs)

Form GHSP-15

- + Low Risk Projects – 1 desk PMR before end of fiscal year (Sep 30)

- + Medium Risk Projects – 1 in-person PMR before end of fiscal year (Sep 30)

- + High Risk Projects – 2 in-person PMRs
 - First PMR before March 30
 - Second PMR before end of fiscal year (Sept 30)

#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. _____

3. Quarterly Progress Reports (QPRs)

Form GHSP-09

- Each progress report should describe the project status and report activities
- Submit to GHSP no later than 15 days after the end of each quarter:

Q1: Oct 1 – Dec 31 **due by Jan 15, 2025**

Q2: Jan 1 – Mar 31 **due by Apr 15, 2025**

Q3: Apr 1 – Jun 30 **due by July 15, 2025**

Q4: Jul 1 – Sep 30 **due by Oct 15, 2025**

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
[]

3. Quarterly Progress Reports (QPRs, continued...)

Form GHSP-09

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

👤 If there are any tasks that were not completed, paste them under 5. Work Scheduled for this Quarter but not Completed. **Please explain circumstances or challenges that prevented you from completing the task.**

The image shows a screenshot of the 'North Carolina Governor's Highway Safety Program Quarterly Progress Report - Form GHSP-09'. The form is titled 'REPORT FOR THREE MONTH PERIOD ENDING [] [] 20[]'. It contains six numbered sections:

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. The FAR helps us do that!

GHSP-10

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

REPORT FOR FY 20

- PROJECT NUMBER:
- TITLE OF PROJECT:
- NAME OF AGENCY:
- 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 <input type="text"/>	_____
TITLE <input type="text"/>	DATE _____ 20__
FOR GHSP USE ONLY	
GHSP REPRESENTATIVE	COMMENTS:
DATE RECEIVED _____ 20__	
SIGNATURE	

Jun 11/2011

5. Final Evaluation Report

Form GHSP-17

- Completed internally by GHSP Staff each November
- Includes an audit of all required documents/reports
- 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 _____

Important Dates

- 1st QPR due:
January 15, 2025
- 2nd QPR due:
April 15, 2025
- 3rd QPR due:
July 15, 2025
- 4th QPR due:
October 15, 2025
- Grant system open for next fiscal year applications:
January 1 - January 31, 2025
- Change Requests due:
June 30, 2025
- Final Accomplishments Report (FAR) due:
October 30, 2025
- Final claim due:
October 30, 2025

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,
Traffic Enforcement, or DWI 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 #: 00000002214873
Advice Date: 08/04/2017

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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 Tax Status: Single Allowances: 0 Addl. Percent: Addl. Amount:	NC State Single 0
--	---	--	--------------------------------

HOURS AND EARNINGS						TAXES		
Description	Rate	Current Hours	Earnings	Hours	YTD Earnings	Description	Current	YTD
Regular	20.346846	74.50	1,515.84	855.00	17,446.65	Fed Withholding	182.98	3,319.78
Sick	20.346846	3.50	71.21	19.50	395.51	Fed MED/EE	22.12	394.81
Bonus Leave	20.346846	2.00	40.69	16.00	325.27	Fed OASD/EE	94.58	1,688.15
Adverse Weather Cond III Close			0.00	3.00	60.81	NC Withholding	61.00	1,126.00
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	TOTAL:	360.68	6,528.74

BEFORE-TAX DEDUCTIONS			AFTER-TAX DEDUCTIONS			EMPLOYER PAID BENEFITS		
Description	Current	YTD	Description	Current	YTD	Description	Current	YTD
TSERS - Retirement	97.66	1,688.82	NC State Empl Credit Union	25.00	425.00	TSERS - Retirement	278.83	4,685.51
Critical Illness	32.10	513.60	Reliance Standard AD&D Empl	2.00	32.00	State Health Plan 80/20	239.74	3,835.84
UNC Traffic Office - Parking	26.51	425.84				Imputed Income for LIF600*	0.00	157.48
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	TOTAL:	27.00	457.00	*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

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LEAVE BALANCES/ACTIVITY			NET PAY DISTRIBUTION		
VACATION	SICK		Account Type	Account Number	Deposit Amount
Year Begin Balance	167.83	244.00			
Earned This Year	79.33	56.00	Checking	XXXXX000000	1,040.23
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			TOTAL:		1,040.23

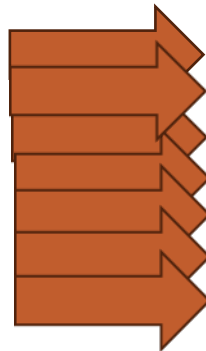
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GHSP-23 Claim Reconciliation Report

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	

GHSP-23 Claim Reconciliation Report



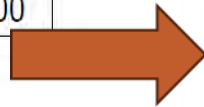
Hourly Rate	Fringe Rate	HV Enforcement	HTS Training	Traffic Court	Outreach/Edu.	Allowable HRS	Unallowable HRS	Total Time Reported	%Project
	25.6594%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%



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		

Date		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	10/22	10/23	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	8.00	

Warning: JavaScript Window -

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

OK

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

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	

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
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		
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
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			\$384.37
Barney Fife	Deputy	Overtime Enforcement Shifts	2.00	\$224.25	\$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 Enforcement Supporting Documentation

- I. Claim Cover Sheet
- II. GHSP-23 Report and Officer Schedule and/or Time Sheet
- III. Pay Stub and/or Payroll Report
- IV. CAD Reports (If reporting 100% time on GHSP-23 Report)

Repeat Items II – IV for each approved personnel position

V. Equipment Purchases

A. Vehicles

(1 - Invoice, 2 - Proof of Payment, 3 - Copy of Title, 4 - Buy America Certification)

B. In-Car Cameras

(1 - Invoice, 2 - Proof of Payment, 3 - Buy America Certification)

C. MDTs / Radars / Lidars

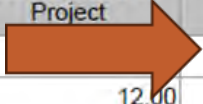
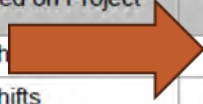
(1 - Invoice, 2 - Proof of Payment)

Overtime



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	
<input checked="" type="checkbox"/> 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: <input type="text" value="Andy Taylor"/>		PIN: <input type="text" value="****"/>		Date: <input type="text" value="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 items II – V for each approved personnel position *****

***** Attach to claim as ONE combined file *****

Claim Cover Sheet & Claim for Reimbursement (GHSP-08)

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 Gamer, NC 27529		From: 1000000999 - Southwestern State College	
		Phone: +1 (919) 555-1212	
Project Number: SA-20-99-15		Final: * <input type="radio"/> Yes <input checked="" type="radio"/> 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

Monthly Enforcement Data (MED) Reports

Form GHSP-11

- ⬇ Due 15th of each month
- ⬇ Traffic Safety Enforcement & Task Force Grantees - Must do one per officer
- ⬇ Overtime grantees can aggregate stats for all officers on one report

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

Fugitives Arrested

Stolen Vehicles Recovered

Number of Officers on Project



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


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

Total Number Traffic Stops	
TOTAL	

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

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



Certification

Printed Name: _____

Signature: _____

Date Submitted: _____

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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 Initiative		
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



Certification	
Printed Name:	_____
Signature:	_____
Date Submitted:	_____

Rev 10/2013

Important Dates

- MEDs are due:
15th of each month starting in November
- 1st QPR due:
January 15, 2025
- 2nd QPR due:
April 15, 2025
- 3rd QPR due:
July 15, 2025
- 4th QPR due:
October 15, 2025
- Grant system open for next fiscal year applications:
January 1 - January 31, 2025
- Change Requests due:
June 30, 2025
- Final Accomplishments Report (FAR) due:
October 30, 2025
- Final claim due:
October 30, 2025

Thank you!

