

NORTH CAROLINA

Department of Transportation



GHSP FY26 Grantee Orientation

North Carolina Governor's Highway Safety Program

October 1, 2025 – Administrative Office of the Courts, Raleigh

October 2, 2025 – Marion Train Depot, Marion

October 7, 2025 – Administrative Office of the Courts, Raleigh

October 9, 2025 – Justice Academy, Salemburg

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

Welcome & Introductions

Grant Basics & EBS Overview

Grant Monitoring & Reports

Grant Management

BREAK (10 min)

Change Requests

Claims for Reimbursement

Equipment

Example Claim

ADJOURN (Non-enforcement grantees only!)

Enforcement & Overtime Grant Info

ADJOURN



Edgecombe County Traffic Safety Forum – Aug 2024

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



GHSP Director Mark Ezzell speaks at Booze It & Lose It Kickoff at Wake Med – Dec 2024

Mark Ezzell, Director
mezzell@ncdot.gov



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 comes from 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

KENYA PLOTNICK

Impaired Driving Coordinator

kyplotnick@ncdot.gov

VACANT

Enforcement Team
Coordinator

JENNIFER DELCOURT

Vulnerable Road Users
Coordinator

jadelcourt@ncdot.gov

VACANT

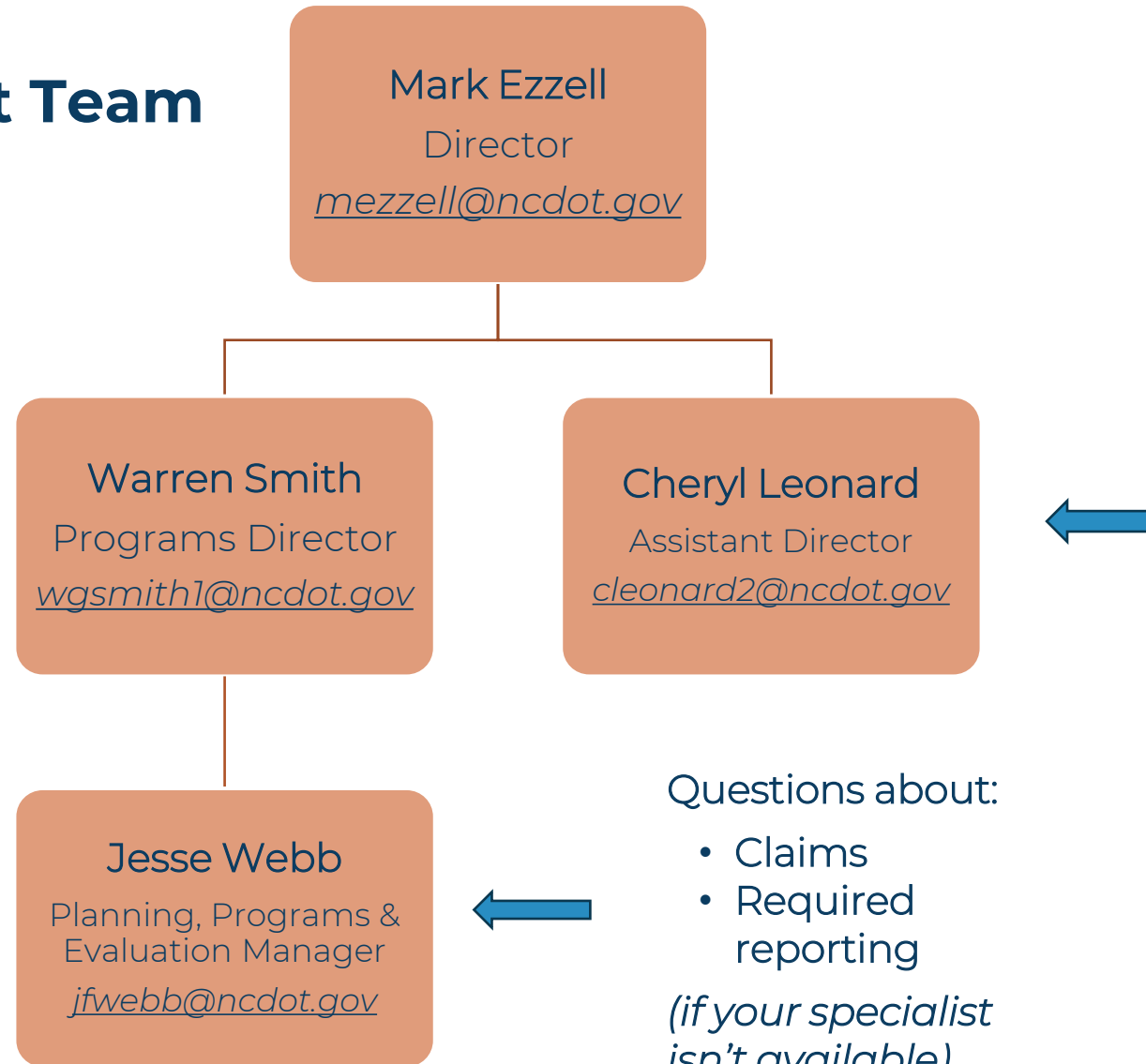
Traffic Records & Occupant
Protection Coordinator

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



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

KAYDE-ANN MILLER-FORD

Asst. to Director,

Task Force Manager

Kymiller-ford@ncdot.gov

LINDSAY POE

Communications Manager

lcpoel@ncdot.gov

JACKIE MITCHELL

Internal Grant/Highway
Safety Specialist

jsmitchell1@ncdot.gov

SYLVIA THOMPSON

Admin. Asst., Finance

smthompson1@ncdot.gov



Questions about
EBS access,
Occupant
Protection &
Impaired Driving
Task Forces



Questions about
press releases,
media events
& other
communications

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 **Grant Management Manual** provides information regarding application requirements, change requests, claims, etc.
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 the Enterprise Business Services system. On the left is the Great Seal of the State of North Carolina. In the center, the text 'Enterprise Business Services' is displayed. On the right, there is a login form with two input fields: 'User *' and 'Password *'. Below the password field, it states 'Passwords are case sensitive'. A 'Log On' button is positioned below the password field. At the bottom right, there are links for 'Login Help' and 'Browser Support'.

NOTE:

- Each agency is limited to **THREE** credentials with edit-level access & PIN. Additional staff may request view-only access.
- The system will lock your account after 30 days with no activity!

Accessing the Grant System

EBS.NC.GOV

To request individual access:

1. Ensure you have an NCID account.
2. Complete the [Grants Management Access Authorization Form](#)
3. Email completed form to GHSPSecurity@ncdot.gov
4. 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!

What are all these different numbers?

[EBS.NC.GOV](https://ebs.nc.gov)

GRANTEE ID NUMBER

- GHSP 10-digit Grantee ID numbers always start with “1”
- Grantee numbers beginning with “2” are for Governor’s Crime Commission

PROJECT NUMBER

These are associated with the NHTSA funding sources used for your grant. You may have more than one project number (example: TSP-25-23-01). It will be on your application in EBS once funding is assigned.

APPLICATION NUMBER - 1000xxxxx

AGREEMENT NUMBER - 2000xxxxx

CLAIM NUMBER - 3000xxxxx

CHANGE REQUEST NUMBER - 4000xxxxx



Safety City at the State Fair – October 2024

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 (*internal*)

- ❖ 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

NOTE: The risk assessment was changed for FY26 and some grantees may require fewer in-person PMRs.




2. Project Management Reviews (PMRs)

Form GHSP-15

- ✚ Low Risk – 1 desk review PMR
- ✚ Medium Low Risk – 1 virtual PMR
- ✚ Medium Risk – 1 in-person PMR
- ✚ Medium High Risk – 1 in-person PMR & 1 virtual PMR
- ✚ High Risk – 2 in-person PMRs

NOTE: First PMRs must be completed by Mar 30;
second PMRs must be completed by Sep 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Quarterly Progress Reports reviewed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reimbursement Claims reviewed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Grant correspondence and other required documents reviewed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Monthly Enforcement Data reports reviewed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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, 2026**

Q2: Jan 1 – Mar 31 **due by Apr 15, 2026**

Q3: Apr 1 – Jun 30 **due by July 15, 2026**

Q4: Jul 1 – Sep 30 **due by Oct 15, 2026**

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. **Explain circumstances or challenges that prevented you from completing the task and if you will complete it at a later date.**

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 the project year (Oct 1 –Sep 30).
- GHSP will provide crash data for the fiscal year to inform your report.
- Please remember that GHSP must provide information to NHTSA about whether GHSP's grantees achieved their goals and objectives. The FAR helps us do that!

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: <input type="text"/>		_____	
TITLE: <input type="text"/>		DATE _____, 20__	
FOR GHSP USE ONLY		COMMENTS:	
GHSP REPRESENTATIVE			
DATE RECEIVED _____, 20__			
SIGNATURE			

Rev: 12/2019 1

5. Final Evaluation Report (*internal*)

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 _____

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. This includes websites.
- ⌘ Form GHSP-21 must be completed and emailed to your Specialist.
- ⌘ Materials must be educational, not promotional (i.e. materials cannot just promote a program).
- ⌘ Must deliver a message directly related to highway safety.
- ⌘ Costs may not exceed what is approved on the form.
- ⌘ For radio & video projects, it is helpful to submit a form to approve scripts prior to filming/recording.

<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 27699-1508

Telephone: (919) 814-3030
Fax: (919) 733-0904
Customer Service: 1-877-368-4008
Website: www.ncdot.gov/transportation/HSR/

Location:
730 N. GREENFIELD PARKWAY
GARNER, NC 27529

UPDATED: 1/1/2023

General Travel Policies



- Grantees are expected to exercise the same care when incurring expenses for business as they would for personal travel.
- Travel costs should be necessary and reasonable.
- 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 (this includes in-state travel).

General 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).
 - Agendas should be provided for overnight in-state trips



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 at least 30 days in advance** of travel by submitting *Form GHSP-07* to your grant specialist.
- 🚗 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.

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.
- 🚗 The training or travel you are requesting to attend must be related to traffic safety.
- 🚗 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

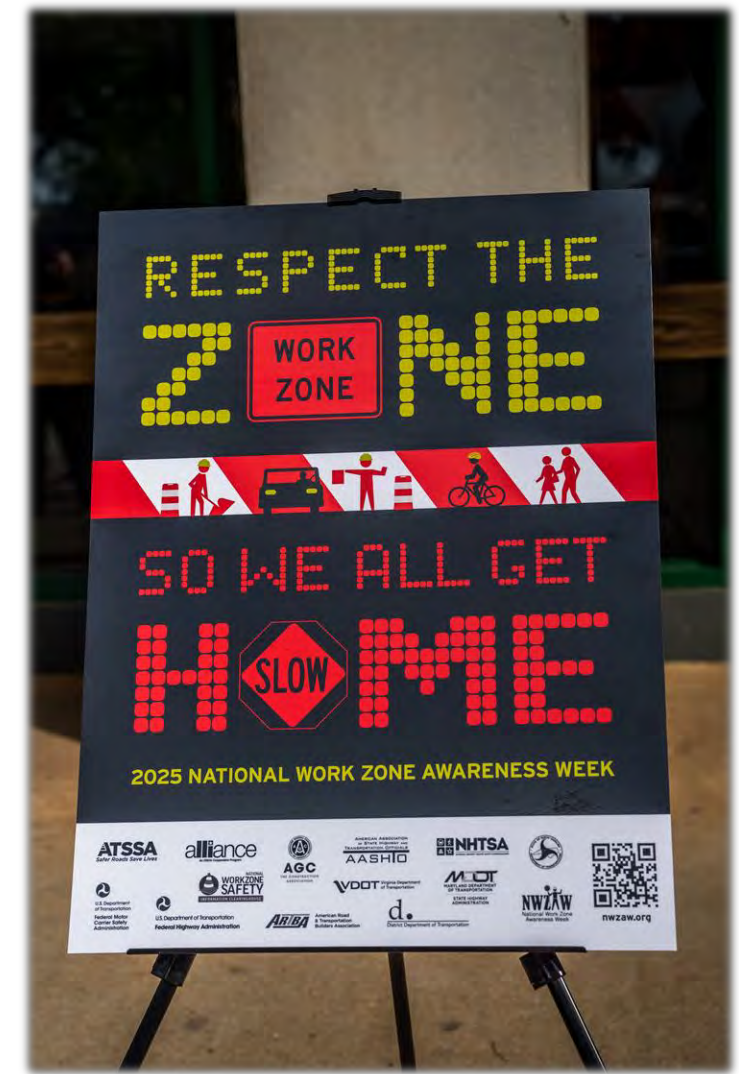


Change Requests, continued...

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
- Requesting additional funds

**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:*		<input checked="" type="radio"/> Budget Revision <input type="radio"/> Program Revision Only	
Contact Phone Number:*	[REDACTED]	Federal %:	100.00%
Submitted By: [REDACTED]		State/Local %: 0.00%	

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 Service	\$9,240.00			\$9,240.00		\$9,240.00
P300 - GHSP Commodities Cos						

NOTE: If you select "budget revision" the system will require you to enter a numeric value in the change column.

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 want 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.”

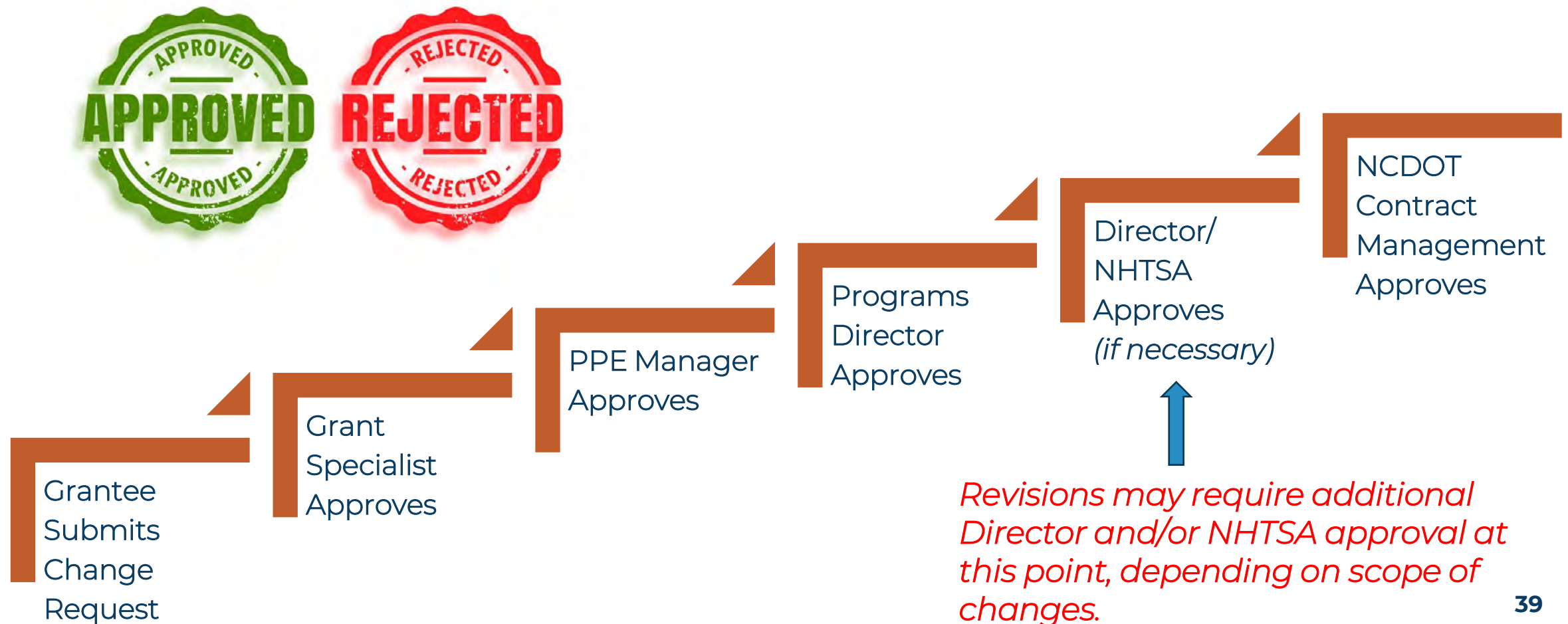
“Increase training supplies line item by \$100, increasing from \$1,000 to \$1,100.”

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						
The deadline for revisions is June 30 of the current federal fiscal year						
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 Service	\$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 budget line or delete an activity or budget line 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



Mini Quiz 1

Claims for Reimbursement

Records Retention

2 CRF Part 200 – Uniform Guidelines

§ 200.334 Record retention requirements.

The recipient and subrecipient must retain all Federal award records for three years from the date of submission of their final financial report. For awards that are renewed quarterly or annually, the recipient and subrecipient must retain records for three years from the date of submission of their quarterly or annual financial report, respectively. Records to be retained include but are not limited to, financial records, supporting documentation, and statistical records.



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

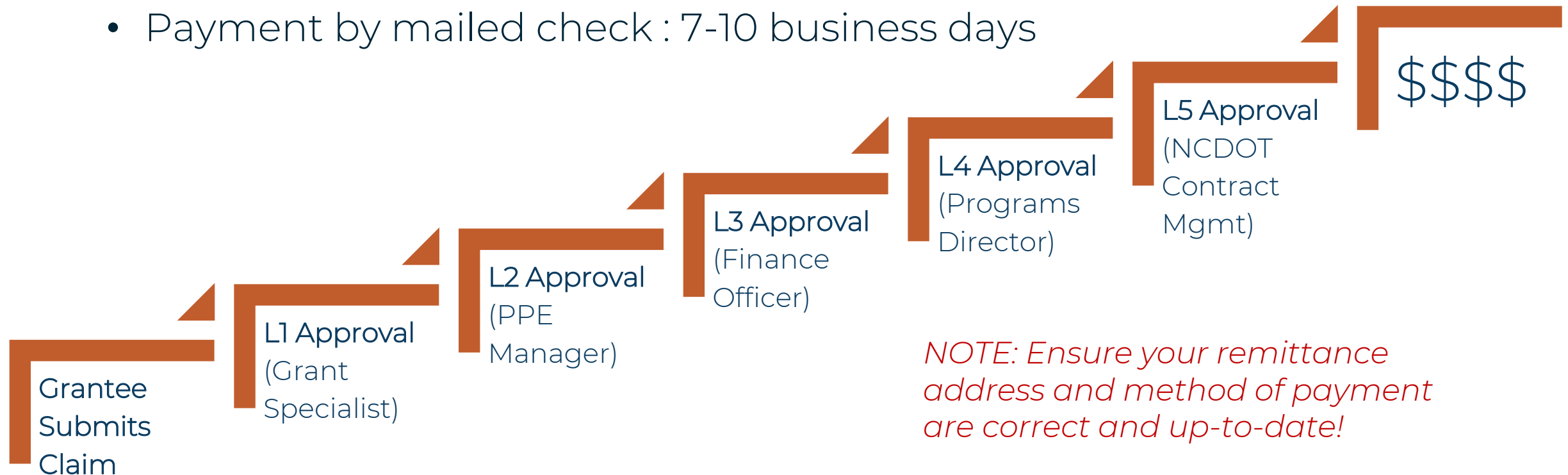
- 🏠 Minimum frequency - quarterly
- 🏠 Maximum frequency - monthly
- 🏠 NEW grantees must file monthly
- 🏠 LEO grantees must file according to your pay cycle
- 🏠 Final claims are due by October 30!

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

Claim Approval Process

Once final approval is granted by NCDOT Contract Management:

- Payment by direct deposit: 2-3 business days (preferred)
- Payment by mailed check : 7-10 business days



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 agreement in EBS.

Date - Must match claim form!

Request for Payment Time Period – Must match claim form!

Reimbursement Amount – Must match claim form!

Remittance Address – Must match grantee account in EBS!

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: <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 (1 of 4)

- ❖ Backup documentation demonstrating proof of expenditures must be attached to every claim in ONE combined, sequential file.
- ❖ Use notes and highlighting on complicated paperwork to emphasize relevant expenses and illustrate any math you've done to calculate totals.
- ❖ 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)

- Backup must be legible
- Convenience and/or credit card fees are not allowed when they are avoidable.
- Provide explanation/justification for costs that don't total amounts listed on invoices.
- Food may be reimbursed *if* a line item exists in your application *and* you provide:
 1. meeting agenda
 2. sign-in sheet
 3. itemized receipts



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

Pre-Game Warm Up (3 of 4)

- 📋 Line-item descriptions on claim form should match budget line-items in your application
- 📋 GHSP will not reimburse sales tax if your agency is exempt from state taxes and recoups those costs from the state (this applies to most local & state government agencies).
 - Exception 1: Occupancy tax may be claimed.
 - Exception 2: The agency is reimbursing travel costs paid directly by an employee.

[illegible]

Pre-Game Warm Up (4 of 4)

- Personnel costs on the claim form must include exact hours and hourly rates.
- 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 Name: Barney Fife
Department: Mayberry P.D.
Pay Period: 10/1/2021 - 10/31/2021
Pay Date: 11/15/2021

Town of Mayberry - Form TS-

DAY	SHIFT START DATE	SHIFT START TIME	SHIFT END DATE	SHIFT END TIME	TOTAL SHIFT HOURS	LEAVE TAKEN				OTHER		Daily Hour
						Comp	Vacation	Sick	Holiday	Other		
MON	10/1/2021	15:00	10/2/2021	3:00	12.00							12.00
TUE												
WED												
THUR	10/4/2021	7:00	10/4/2021	19:00	12.00							12.00
FRI	10/5/2021	7:00	10/5/2021	19:00	12.00							12.00
SAT	10/6/2021	9:00	10/6/2021	11:30	2.50							2.50
SUN												
MON	10/8/2021	7:00	10/8/2021	19:00	12.00							12.00
TUE	10/9/2021	7:00	10/9/2021	19:00	12.00							12.00
WED	10/10/2021	7:00	10/10/2021	13:00	6.00	3.00		3.00				12.00
THUR												
FRI												
SAT	10/13/2021	7:00	10/13/2021	19:00	12.00					12.00		24.00
SUN	10/14/2021	7:00	10/14/2021	19:00	12.00							12.00
MON												
TUE												
WED												
THUR	10/18/2021	7:00	10/18/2021	19:00	12.00							12.00
FRI	10/19/2021	7:00	10/19/2021	19:00	12.00							12.00
SAT												
SUN												
MON	10/22/2021	7:00	10/22/2021	19:00	12.00							12.00
TUE	10/23/2021	7:00	10/23/2021	19:00	12.00							12.00
WED	10/24/2021	7:00	10/24/2021	19:00	12.00							12.00
THUR												
FRI												
SAT	10/27/2021	7:00	10/27/2021	19:00	12.00							12.00
SUN	10/28/2021	7:00	10/28/2021	19:00	12.00			12.00				12.00
MON												
TUE												
WED												
THUR												
FRI												
SAT												
SUN												
TOTAL					164.50	3.00		12.00	3.00	12.00	0.00	

NOTES:
/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: *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.

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 your agency is acquiring consulting or research services from a third party and paying that vendor, it is considered a contract for GHSP purposes.
-  If an expense is listed as contractual on your application, you **MUST** have the contractor sign the Federal Provisions and send it 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

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.



Claim Submission

- ✓ Grant Description
- ✓ Invoice with serial #
- ✓ Picture with serial #

[illegible]

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

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: _____

Director or Designee
NC Governor's Highway Safety Program

Date

FOR GHSP DATA ENTRY ONLY	
Entered by:	
Date:	

Rev: 3/04

1

Indirect Costs (IDC or IDCR)

🏠 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.

🏠 Limitations:

- Equipment (\$10,000 each or more) may not be included in indirect cost calculations.
- Indirect costs on contracts may only be claimed up to the first \$50,000.

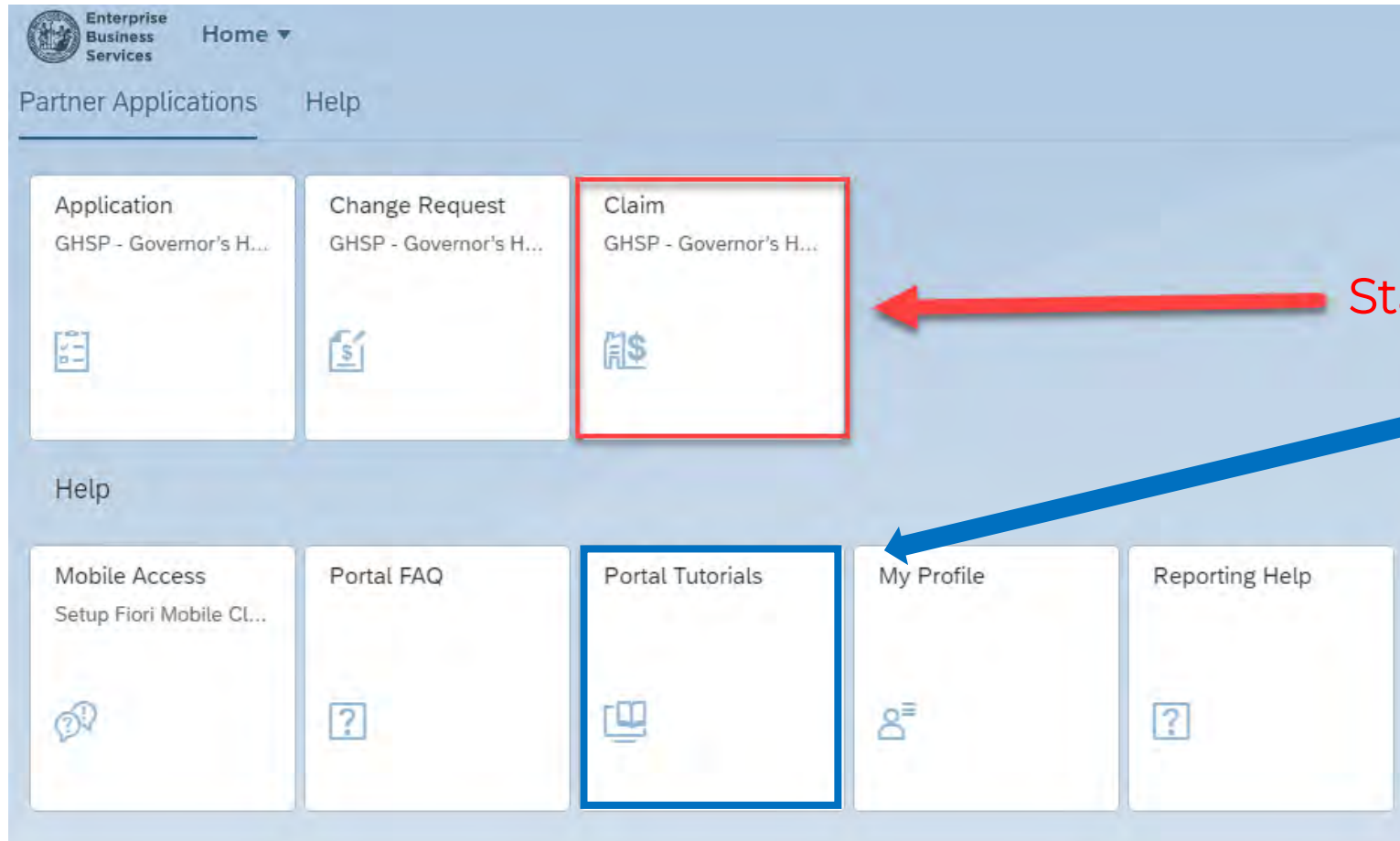




Mini Quiz 2

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					 
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: 1000000999 - 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		

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
<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 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		
						TAX DATA: Federal NC State		
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 Status: Single Single Allowances: 0 0 Addl. Percent: Addl. Amount:		
HOURS AND EARNINGS						TAXES		
Description	Rate	Current Hours	Earnings	Hours	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		VACATION	SICK	NET PAY DISTRIBUTION				
Year Begin Balance		167.83	244.00	Account Type	Account Number	Deposit Amount		
Earned This Year		79.33	56.00	Advice #000000002214873	Checking	XXXXXX000000	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		

Supporting Documentation – Example 2 – CONTRACTUAL SERVICES



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.

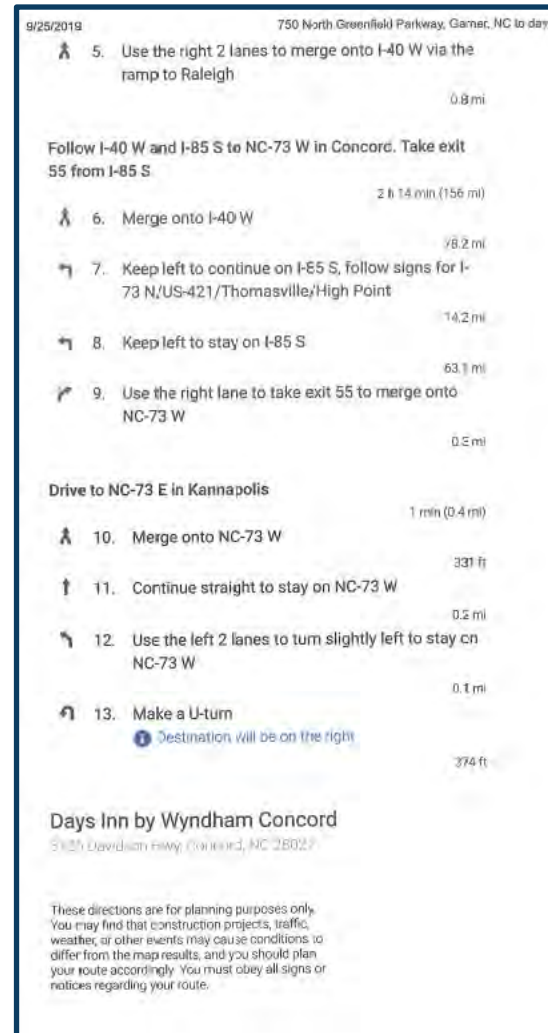
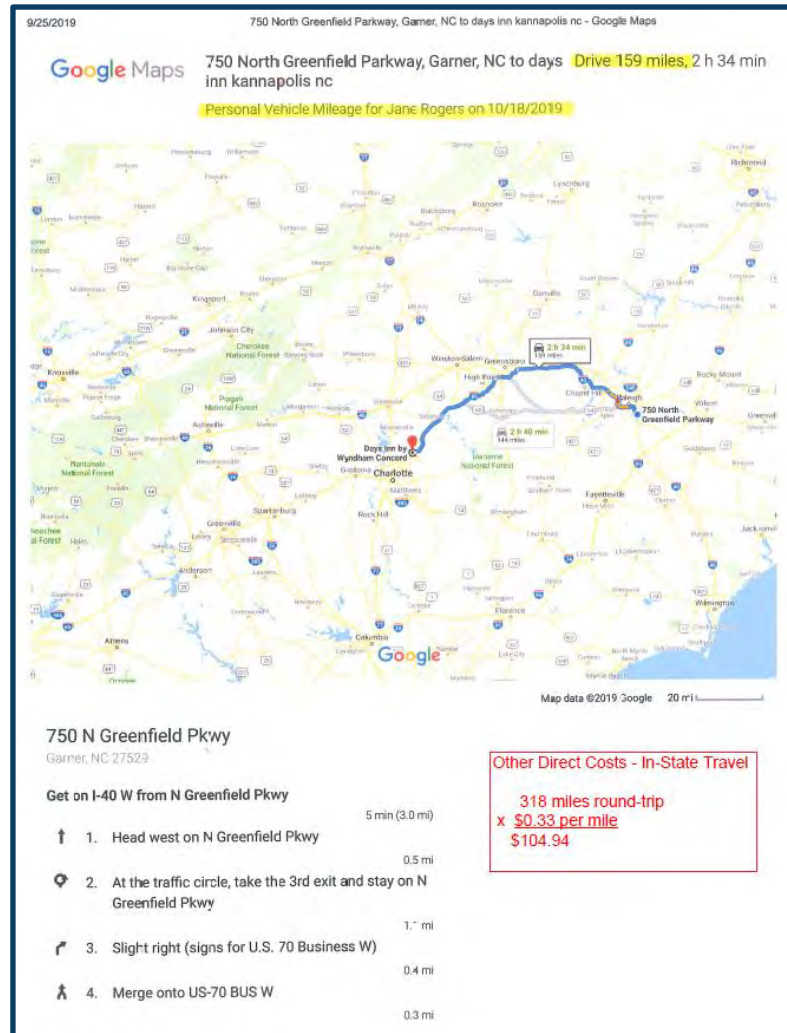
Sincerely,

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 & MILEAGE



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

Customer Information

Name: Mr. John Allan

Address: 78 Main Street, Mayberry, NC 27678

For payment of: [Printing & Binding Services]

Paid by: Cash ☒ Check ☐ (if) Check No: Money Order ☐

Received By: [Office Max]

Address: 456 Corporation Parkway, Raleigh, NC 27610

PHONE: (919)-555-5555

Other Direct Costs - Printing and Binding

Receipt# 6756-098A

Invoice Amount: \$ 199.63

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

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



Supporting Documentation – Example 6 – INDIRECT COSTS (IDC)

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:	1000	Project Number:		
Claim Number:	300	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:		PIN:	Date:	
		****	09/08/2023	

Supporting Documentation – Example 6 – PROOF OF PAYMENT

General Ledger

RPT DATE: 11/1/2019

EMPLOYEE: jmaustin1

Southwestern State College - Production

GENERAL LEDGER for FY20 (10/1/19 to 9/30/2020)

Personnel = \$5,000.00

Fringe = \$1,750.00

Total Personnel = \$6,750.00

Initial Balance = \$15,429.32

Balance Method = Debit/Credit

Ending Balance = \$4,616.03

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



Important Dates

- 1st QPR due:
January 15, 2026
- 2nd QPR due:
April 15, 2026
- 3rd QPR due:
July 15, 2026
- 4th QPR due:
October 15, 2026
- Grant system open for next fiscal year applications:
January 1 - January 31, 2026
- Change Requests due:
June 30, 2026
- Final Accomplishments Report (FAR) due:
October 30, 2026
- Final claim due:
October 30, 2026

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>



Evaluation Form

**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

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: _____

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

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			
Mobile Communication 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	VACATION	SICK	NET PAY DISTRIBUTION		
Year Begin Balance	167.83	244.00	Account Type	Account Number	Deposit Amount
Earned This Year	79.33	56.00	Advice #000000002214873	Checking	XXXXXX000000
Used This Year	33.50	27.50			1,040.23
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

Enforcement Employee Reimbursement

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

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	\$ 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	\$ 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 _____

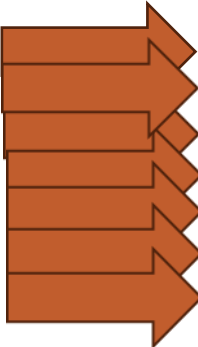


GHSP-23 Claim Reconciliation Report

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	

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	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

Employee Name:

Manager Name:

Hourly Rate:

Title:

Week Of: 11/2/2022

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://applies.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	

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	\$ 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	\$ 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	\$ 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: UNCSCH Advice #: 000000002214873 Advice Date: 08/04/2017	
---	--	---	--	--	--

Employee Name 123 Franklin St CHAPEL HILL, NC 27517				TAX DATA: <table style="width: 100%;"> <tr> <td>Federal</td> <td>NC State</td> </tr> <tr> <td>Single</td> <td>Single</td> </tr> <tr> <td>Allowances: 0</td> <td></td> </tr> <tr> <td>Addl. Percent:</td> <td></td> </tr> <tr> <td>Addl. Amount:</td> <td></td> </tr> </table>		Federal	NC State	Single	Single	Allowances: 0		Addl. Percent:		Addl. Amount:	
Federal	NC State														
Single	Single														
Allowances: 0															
Addl. Percent:															
Addl. Amount:															
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															

HOURS AND EARNINGS						TAXES		
Description	Rate	Current	YTD			Description	Current	YTD
			Hours	Earnings	Taxes			
Regular	20.346846	74.50	1,315.84	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			
Mobile/Communication 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	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 LIF60*	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				1,040.23	
YTD	28,707.21	25,539.47		6,528.74		3,782.22		18,396.25	

LEAVE BALANCES/ACTIVITY		VACATION		SICK		NET PAY DISTRIBUTION		
Year Begin Balance		167.83		244.00		Account Type	Account Number	Deposit Amount
Earned This Year		79.33		56.00		Advice #000000002214873	Checking	XXXXXX000000
Used This Year		33.50		27.50				1,040.23
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		

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		

[illegible][illegible][illegible]

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



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

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																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																							</
----------	-----------------	---------	----------	---------	------	--------	--------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	----

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	16.00	\$23.65	\$384.37
Barney Fife	Deputy	Overtime Enforcement Shifts	19.00	\$23.42	\$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
- ✓ Copy of title (vehicle)

[illegible]

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)

- B. In-Car Cameras

- (1 - Invoice, 2 - Proof of Payment)

- C. MDTs / Radars / Lidars

- (1 - Invoice, 2 - Proof of Payment)

Overtime



Overtime Employee Reimbursement

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Shift 1	OFF	OFF	OFF	D	D	D	D	D	OFF	OFF	D	D	OFF	OFF	OFF	OFF	OFF	D	D	D	D	D	OFF	OFF	D	D	OFF	OFF
Shift 1	OFF	OFF	OFF	D	D	D	D	D	OFF	OFF	D	D	OFF	OFF	OFF	OFF	OFF	D	D	D	D	D	OFF	OFF	D	D	OFF	OFF
Shift 2	D	D	D	OFF	OFF	OFF	OFF	OFF	D	D	OFF	OFF	D	D	D	D	D	OFF	OFF	OFF	OFF	OFF	D	D	OFF	OFF	D	D
Shift 2	D	D	D	OFF	OFF	OFF	OFF	OFF	D	D	OFF	OFF	D	D	D	D	D	OFF	OFF	OFF	OFF	OFF	D	D	OFF	OFF	D	D
Shift 3	OFF	OFF	OFF	D	D	D	D	D	OFF	OFF	D	D	OFF	OFF	OFF	OFF	OFF	D	D	D	D	D	OFF	OFF	D	D	OFF	OFF
Shift 3	OFF	OFF	OFF	D	D	D	D	D	OFF	OFF	D	D	OFF	OFF	OFF	OFF	OFF	D	D	D	D	D	OFF	OFF	D	D	OFF	OFF
Shift 4	D	D	D	OFF	OFF	OFF	OFF	OFF	D	D	OFF	OFF	D	D	D	D	D	OFF	OFF	OFF	OFF	OFF	D	D	OFF	OFF	D	D
Shift 4	D	D	D	OFF	OFF	OFF	OFF	OFF	D	D	OFF	OFF	D	D	D	D	D	OFF	OFF	OFF	OFF	OFF	D	D	OFF	OFF	D	D

Overtime Employee Reimbursement

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: _____

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: UNCCCH 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	Earnings	Hours	YTD Earnings	TAXES			
Regular		20.346846	74.50	1,515.84	835.00	17,446.65	Description Current YTD			
Sick		20.346846	3.50	71.21	19.50	395.51	Fed Withholding 182.98 3,319.78			
Bonus Leave		20.346846	2.00	40.69	16.00	325.27	Fed MED/EE 22.12 394.81			
Adverse Weather Cond III Close				0.00	3.00	60.81	Fed OASDI/EE 94.58 1,688.15			
Civil Leave				0.00	8.00	162.23	NC Withholding 61.00 1,126.00			
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	TSERS - Retirement		278.83	4,685.51
Critical Illness		32.10	513.60	Reliance Standard AD&D Empl		2.00	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			VACATION		SICK		NET PAY DISTRIBUTION			
Year Begin Balance			167.83		244.00		Account Type Account Number Deposit Amount			
Earned This Year			79.33		56.00		Advice #000000002214873 Checking XXXXXX000000 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			

Overtime Employee Reimbursement

Faribault Police Department

Media Report

Start Date: 6/14/2021 12:00:00 AM

End Date: 6/15/2021 12:00:00 AM

6/14/2021 12:45:39 AM	Problem: Property Damage/Vandalism	Incident: FB210614-0014320	Case: FB21002072
Address: Saint Paul Ave / Parshall St - FARIBAULT		Disposition: Report-RLRPT	Primary Unit: FB 3221
6/14/2021 3:08:16 AM	Problem: Traffic Stop	Incident: FB210614-0014324	Case: RC21000637
Address: Lyndale Ave N / 7th St Nw - FARIBAULT		Disposition: Report-RLRPT	Primary Unit: RC 1130
6/14/2021 7:55:47 AM	Problem: Theft - From Motor Vehicle	Incident: FB210614-0014328	Case: FB21002073
Address: 601 Central Ave - FARIBAULT		Disposition: Report-RLRPT	Primary Unit: FB 3222
6/14/2021 9:48:58 AM	Problem: Fraud	Incident: FB210614-0014336	Case: FB21002075
Address: 150 Western Ave N - FARIBAULT		Disposition: Report-RLRPT	Primary Unit: FB 3222
6/14/2021 10:17:17 AM	Problem: Weapons-Related Complaint	Incident: FB210614-0014338	Case: FB21002074
Address: 615 Olof Hanson Dr - FARIBAULT		Disposition: Report-RLRPT	Primary Unit: FB 3220
6/14/2021 10:29:02 AM	Problem: Escort (All Types)	Incident: FB210614-0014339	Case: FB21002076
Address: 3401 Park Ave Nw - FARIBAULT		Disposition: Report-RLRPT	Primary Unit: FB 3213
6/14/2021 11:15:06 AM	Problem: Ordinance Violation	Incident: FB210614-0014344	Case: FB21002077
Address: 830 SAINT PAUL AVE - FARIBAULT		Disposition: Warning-RLW	Primary Unit: FB 3293
6/14/2021 11:40:05 AM	Problem: Ordinance Violation	Incident: FB210614-0014345	Case: FB21002078
Address: 510 3RD ST NW - FARIBAULT		Disposition: Warning-RLW	Primary Unit: FB 3293
6/14/2021 12:00:48 PM	Problem: Ordinance Violation	Incident: FB210614-0014347	Case: FB21002079
Address: 1714 3RD ST SW - FARIBAULT		Disposition: Warning-RLW	Primary Unit: FB 3293
6/14/2021 2:49:57 PM	Problem: Ordinance Violation	Incident: FB210614-0014364	Case: FB21002080
Address: 1152 Kingswood Cres - FARIBAULT		Disposition: Warning-RLW	Primary Unit: FB 3293

Run Time: 6/15/2021 6:05:01 AM

Page 1 of 2

FB - CAD - Media Report REPORT #

Overtime Employee Reimbursement

[illegible]

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: 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 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															Total Charges								
Driving While Impaired		Occupant Restraint		Other Traffic Offenses							Criminal Charges												
Total DWI Charges	Test Refusal	Seat Belt	Child Safety Restraint	Speed	DWLR	NOL	GDL	Motorcycle / Moped		Other Violations Not Listed	Total Warning Citations	Total Traffic Offenses	Total Drug Charges	Criminal Charges Not Listed	Total Criminal Charges	Traffic and Criminal							
								No Permit or Endorsement	Helmet			0			0	0							
Fugitives Arrested						Enforcement Initiative				Day	Night	Public Information Data											
Stolen Vehicles Recovered						DUI Checking Station						Number of Presentations											
Number of Officers on Project						Seat Belt Initiative						Number of Displays											
Project Hrs Worked						License Checks						Number of People Reached											
Enforcement						Total Number Traffic Stops						Crash Data											
Training						TOTAL						Injury Crashes											
Court												A/R Injury Crashes											
Crashes												Fatal Crashes											
Public Info												A/R Fatal Crashes											
Other												PDO Crashes											
TOTAL				0								A/R PDO Crashes											
												Total Crashes											
												0											
<div style="display: flex; justify-content: space-around; align-items: center;">   </div> <div style="display: flex; justify-content: space-around; align-items: center;">  </div>																							
<div style="border: 1px solid black; padding: 10px;"> <p style="text-align: center;">Certification</p> <p>Printed Name: _____</p> <p>Signature: _____</p> <p>Date Submitted: _____</p> </div>																							

Rev 10/2013

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:	_____

Statewide Traffic Enforcement Program

2025/2026 STEP Reporting System Schedule

Sep 30, 2025 - Last day to submit FY2025 events/activities.
System closes at midnight.

Oct 1-8, 2025 - System closed for maintenance (including end of year stats and FY2026 system functionality upgrades)

Oct 9-26, 2025 – System open for resource allocation requests & will display final STEP credit totals. System closes at midnight on 10/26/25.

Oct 27 - Nov 2, 2025 - System closed for maintenance (to allow for switch over to regular STEP system functionality)

Nov 3, 2025 – System Open for FY2026 Reporting by 10am.

NOTE: Submissions for events occurring during the maintenance and allocation phases (Oct. 1-Nov. 2, 2025) must be entered by Nov. 17, 2025.

<https://www.ncghsp.org/reporting/>



BikeSafe at Safety City at the NC State Fair 2024

Important Dates

- MEDs are due:
15th of each month starting in November
- 1st QPR due:
January 15, 2026
- 2nd QPR due:
April 15, 2026
- 3rd QPR due:
July 15, 2026
- 4th QPR due:
October 15, 2026
- Grant system open for next fiscal year applications:
January 1 - January 31, 2026
- Change Requests due:
June 30, 2026
- Final Accomplishments Report (FAR) due:
October 30, 2026
- Final claim due:
October 30, 2026



Evaluation Form

Thank you!
