

# **Claim for Payment Instruction Guide**

A guide for claiming reimbursement for approved grant related costs for local government and not-for-profit organizations

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### Introduction

The Governor's Traffic Safety Committee awards federal highway safety grant funds to local, state and not-for-profit organizations for projects to improve highway safety and reduce deaths and serious injuries due to crashes.

This guide includes instructions on how to apply for reimbursement of approved grant related costs. Only items and amounts in the final approved budget awarded by the Governor's Traffic Safety Committee are eligible for reimbursement. Because items requested in a grantee's original budget application may have been removed or reduced during the grant review/approval process, grantees are responsible for checking their approved budget **prior** to initiating grant activity.

If you have any questions related to your grant, including questions regarding your approved budget, please contact your Highway Safety Program Representative. Please see the chart below to identify the Highway Safety Program Representative for your county.

	HIGHWAY SAFETY PROGRAM REPRESENTATIVE ASSIGNMENTS								
Chuck Conroy	James Knapp	Maureen Kozakiewicz	Paul Overbaugh	Robert Lopez	Sharon Henderson				
(518) 486 - 1920	(518) 473-4734	(518) 408 - 2036	(518) 486 - 5395	(518) 402 -2092	(518) 474 - 2279				
Bronx	Delaware	Allegany	Albany	Erie	Cayuga				
Kings	Fulton	Broome	Columbia	Genesee	Clinton				
Nassau	Hamilton	Cattaraugus	Dutchess	Greene	Essex				
New York City	Herkimer	Chautauqua	Saratoga	Livingston	Franklin				
Putnam	Montgomery	Chemung		Monroe	Jefferson				
Queens	Orange	Chenango		Niagara	Lewis				
Richmond	Rockland	Cortland		Orleans	Madison				
Suffolk	Schoharie	Ontario		Rensselaer	Oneida				
Westchester	Sullivan	Otsego			Onondaga				
	Ulster	Schenectady			Oswego				
		Schuyler			Seneca				
		Steuben			St. Lawrence				
		Tioga			Warren				
		Tompkins			Washington				
		Wyoming			Wayne				
		Yates							

This chart is accurate as of April 2016. Any changes to the Highway Safety Program Representative assignments can be found on <a href="https://www.safeny.ny.gov/staff.htm">www.safeny.ny.gov/staff.htm</a>.

# **Claim for Payment Due Dates**

### **Mark Your Calendars**



**Quarter Dates** 

**Claim Due Date** 

# First Quarter October $1^{st}$ – December $31^{st}$ January $31^{st}$ Second Quarter January $1^{st}$ – March $31^{st}$ April $30^{th}$ Third Quarter April $1^{st}$ – June $30^{th}$ July $31^{st}$

Fourth Quarter (Final) July 1<sup>st</sup> – September 30<sup>th</sup> October 31<sup>st\*</sup>

Please note that grant award decisions are based on performance history including accuracy and timeliness of payment requests. Payment requests are due quarterly.

<sup>\*</sup>Final claims for costs incurred during the federal fiscal year (October 1<sup>st</sup> – September 30<sup>th</sup>) must be received by the Governor's Traffic Safety Committee within 31 days of the end of the federal fiscal year in which the activity took place. Claims received after the 31 day deadline cannot be reimbursed.

# **Reimbursement Requirements**

The Governor's Traffic Safety Committee does <u>not</u> reimburse based on estimated costs or advancements. Reimbursement is based on actual costs.

Grant related costs must meet <u>ALL</u> of the following criteria in order to be eligible for reimbursement:

- Costs must be approved in the budget AND;
- Cost must be necessary, reasonable, allocable and allowable **AND**;
- All conditions listed in the approved grant and Highway Safety Program Guide must be met <u>AND</u>;
- If a formal contract was issued (grants \$50,000 or more) all conditions listed in the contract must be met <u>AND</u>;
- Costs must fall within the approved grant period (see page 6 to see what dates the Governor's Traffic Safety Committee uses to determine if costs are within the approved grant period) <u>AND</u>;
- Costs must be supported by the documentation listed on pages 11 26 AND;
- Costs must be submitted through eGrants AND a Claim for Payment form with an original signature along with all required documentation must be mailed to:

Governor's Traffic Safety Committee Accounting Section – Room 410B 6 Empire State Plaza Albany, New York 12228

### AND;

• Claims must be **received** (see page 7 to see when a claim is considered received) in the office of the Governor's Traffic Safety Committee according to the schedule listed on page 4.

The most recent printing of this guide can be found on the Governor's Traffic Safety Committee's website at <a href="https://www.SafeNY.ny.gov">www.SafeNY.ny.gov</a> under the Forms section.

### **Dates Costs Incurred**

The Governor's Traffic Safety Committee reimburses costs based on the following three dates:

- The date that appears on the invoice/receipt issued by the business from where the item was purchased <u>AND</u>;
- 2. The shipped date of the item **AND**;
- 3. The date the item is received or services were provided\*.

\*Items approved in your budget were approved to help support and enhance the activities listed in your approved grant. The Governor's Traffic Safety Committee **strongly discourages** grantees from ordering/purchasing items in the months of August and September. Approved items are expected to be available and used during the grant period. Items and services **must** be invoiced, shipped **and** received during the grant period in which reimbursement is being requested. Proof of receipt date will be required when it is not clear if an item was received prior to the end of the grant period. The proof will need to be in the form of an official Fed Ex, Airborne, USPS, UPS, etc. slip that is signed **and** shows the date received. If this documentation is not available, the item may **not** be reimbursed.

# **Submitting a Claim for Payment on eGrants**

Payment Requests must be completed and submitted on eGrants. The following roles can **initiate** a claim for payment on eGrants:

Agency Staff Fiscal Agent Project Director

The only roles that can **submit** the claim for payment on eGrants is:

Fiscal Agent \*
Project Director\*

\*For the Fiscal Agent or Project Director to **submit** a claim for payment on eGrants, the person must be listed as the Fiscal Agent or Project Director on both the organization page <u>and</u> on that specific proposal (grant). For instructions on adding users on eGrants to the organization page and proposal (grant), please go to <u>www.safeny.ny.gov/egrants/eGrants-faqs.htm</u>.

For instructions on how to submit a claim for payment on eGrants, please go to <a href="http://safeny.ny.gov/HS-Forms/eGrantsInstuct.pdf">http://safeny.ny.gov/HS-Forms/eGrantsInstuct.pdf</a>. If you are already signed into eGrants, the instructions can be found under the "My Training Materials" section in eGrants.

# **Claim for Payment Received Date**

Two steps must be completed before a Claim for Payment is considered **received** by the Governor's Traffic Safety Committee:

- 1. The status of the claim on eGrants must read **Claim Submitted**. If the status reads, "Claim in Process" it has **not** been submitted. Please make sure to check the status on eGrants **prior** to mailing the Claim for Payment paper form and supporting documentation.
- 2. The Claim for Payment paper form with an **original signature** and **date**, as well as all required **supporting documentation**, must be received in the office of the Governor's Traffic Safety Committee.

For instructions on how to submit a claim for payment on eGrants, please go to <a href="http://safeny.ny.gov/HS-Forms/eGrantsInstuct.pdf">http://safeny.ny.gov/HS-Forms/eGrantsInstuct.pdf</a>. If you are already signed into eGrants, the instructions can be found under the "My Training Materials" section in eGrants.

The claim for payment is <u>not</u> considered received unless the claim is submitted in eGrants <u>AND</u> the Claim for Payment form with supporting documentation is received in the office of the Governor's Traffic Safety Committee. The later of the two dates on which these steps occur is the date the claim for payment is considered to be received.

The address for the Governor's Traffic Safety Committee is:

Governor's Traffic Safety Committee
Accounting Section – Room 410B
6 Empire State Plaza
Albany, New York 12228

# **Claim for Payment Form**

The Claim for Payment form <u>must</u> be used to claim reimbursement for all grant activity. This form replaces the Standard Voucher form. The Claim for Payment form can be generated from eGrants <u>after</u> all the payment screens have been completed. To generate the Claim for Payment form you must click on the <u>Standard Claim for Payment Voucher</u> link within the payment. A copy of the form is included on page 9.

Once you have verified the information on the form, complete the Vendor Certification section (see page 9).

If your fiscal agent (ex. Village Treasurer) would like an internal reference number listed on the payment, the information must be documented in the reference box (see page 9) on the Claim for Payment form. This will help your fiscal agent identify who the payment belongs to in your locality/organization when the payment is received. This is not a required field. If the reference box is left blank the grant type and agency name (ex. PTS Grant – Police Department) will be used.

The Claim for Payment form must be dated and signed <u>with an original signature</u> by an authorized individual. Please sign the form in blue ink. The Claim for Payment form <u>with an original signature</u> along with all <u>required</u> supporting documentation must be mailed to:

Governor's Traffic Safety Committee
Accounting Section – Room 410B
6 Empire State Plaza
Albany, New York 12228

		17											
	AC3253-S (Effective 1/12 State of New York	)				CLA	M FC	DR I	PAYN	1EN	Т		
		Vendor Information											
	Vendor Name Town												
Reference Box (Optional Field)	Address					City			12010	State	Zip Code		
		ith Lar	ie						Math			NY	12345
(Check with your Fiscal Agent) —	PTS	Grant	- Pol	ice De	epartn	nent		IIII	Р	TS-20	14-00	123	
	Purchase Order No. and D	ate		Descri	ription of M	aterials/Serv	ice		Quantity		Jnit	Price	Amount
	10/01/13 to 12/31/13	to Personal Services						(789)					546.00
Vendor Certification	Vendor Certification I certify that the above bill actually due and owing, ar	is just, true	and correct	ct; that no	part thereo	f has been pai t are excluded	d except as sta	ated and t	that the balance	is		Total	546.00
Must be completely filled out)	anta 7	Unita Memoriy Treasurer									Discount %	27	
	01/04/20 Date	Vendor's Signatum in ink  Title  Town of Math  Date  Name of Company									Net	546.00	
		NYS Agency Information											
	Vendor Identification Numb		45678	390	Vendor L	ocation ID		Vendor Address Sequence					
	Voucher ID	Busin	ess Unit I	Name				Bus. Ur	nit	Interest E	Eligible	Contract ID	2
	Payment Date (MM) (DI	D) (YY)			Liability D	ate (MM)	(DD) (YY	(YY) Merch/Inv. Rec'd			v. Rec'd D	Date (MM) (DD) (YY)	
	Withholdina Class	Withh	olding An	nount	Handling	Code	Payee Amou	unt Agency Internal Use					
	Invoice Number	-2014-0	0123		l			Invoice	Date				
					Peon	leSoft F	ormat Cl	harge	Lines (If	Annlie	rahle)	0	
	Business Unit	Depa	tment		ГСОР	Program	ormat or		Fund	пррис	Jubicy	Account	
						- 9							
	Budget Reference	Projec	t.ID			Activity			Class			Operating Unit	
	Product	Chart	field 1 - A	ccumulate	tor	Chartfield 2	- Agency Use	e	Chartfield 3			Amount	
					Leg	acy For	mat Cha	rge L	ines (If A	pplica	ble)		+
			Expend	Object	L A	ccum	Amour		Orig.Agency		ontract	Liquidation Line	F/P
	Dept Cost Center	Var	Yr.	Object	Dept.	Statewide	Alloui	,	O.Ig.ngeilby	1 0/0	- Arect	Line	ra-
			-					$\vdash$		-			
	Liability Date	-	m Date	TC			daas					Ontineri	
	LIADIITY Date	Fro	Date	10		Suble	uyer	_				Optional	

# **Documentation Requirements**

- In order for items to be approved for reimbursement the documentation listed on pages 11 26 must be received with the Claim for Payment form.
- The Governor's Traffic Safety Committee does <u>not</u> reimburse based on estimated costs or advancements. Reimbursement is based on actual costs. The documentation submitted <u>must</u> show actual costs.
- Items approved in your budget were approved to help support and enhance the activities listed in your approved grant. The Governor's Traffic Safety Committee **strongly discourages** grantees from ordering/purchasing items in the months of August and September. Approved items are expected to be available and used during the grant period.
- Items and services <u>must</u> be invoiced, shipped <u>and</u> received during the grant period in which reimbursement is being requested. Proof of receipt date will be required when it is not clear if an item was received prior to the end of the grant period. Acceptable documentation would be an official Fed Ex, Airborne, USPS, UPS, etc. slip that is signed **and** shows the date received. If this documentation is not available, the item may **not** be reimbursed.
- Although your locality/organization may not require as much detailed documentation/
  information as the Governor's Traffic Safety Committee, if the cost is going to be claimed for
  reimbursement to the Governor's Traffic Safety Committee the documentation/information must
  meet <u>both</u> your locality/organization requirements as well as the Governor's Traffic Safety
  Committee requirements.
- If you have any questions regarding your grant, budget or whether or not an item/activity is considered necessary, reasonable, allocable or allowable, please contact your Highway Safety Program Representative (see page 3).
- The Governor's Traffic Safety Committee reserves the right to update documentation requirements as needed to meet policies, procedures and/or regulations required by the state and/or federal government.

### **Personal Services**

Personal Services documentation <u>must</u> be submitted with the Claim for Payment form.

To Claim Enforcement Hours:

The NYS Governor's Traffic Safety Committee's Itemized Listing of Personal Services form for Enforcement Hours (PS1) should be used. The form must be signed by the Project Director or Fiscal Agent listed on eGrants. The Project Director's or Fiscal Agent's superior can sign the form in cases where the Project Director or Fiscal Agent is unavailable to sign. Please make sure that when the Project Director's or Fiscal Agent's superior is signing the form that their title is documented on the form (Ex. Chief Matt A. Matician).

Please see Sample A on page 12 to see how the PS1 form must be completed.

To Claim Non-Enforcement Hours:

The NYS Governor's Traffic Safety Committee's Itemized Listing of Personal Services form for Non-Enforcement Hours form (PS1NE) should be used. The form must be signed by the Project Director or Fiscal Agent listed on eGrants. The Project Director's or Fiscal Agent's superior can sign the form in cases where the Project Director or Fiscal Agent is unavailable to sign. Please make sure that when the Project Director's or Fiscal Agent's superior is signing the form that their title is documented on the form (Ex. Ken I. Havemore - **Director**).

Please see Sample B on page 13 to see how the PS1NE form must be completed.

For the most up-to-date version of the personal services forms, please go to:

### www.safeny.ny.gov/hsforms.htm

The Governor's Traffic Safety Committee strongly encourages grantees to use the personal services forms mentioned above. However, you may submit your own personal services form as long as it provides the same information.

The Governor's Traffic Safety Committee reserves the right to require that its form be completed if your documentation is not presented in a clear and organized manner, or if your documentation is missing information.

### Sample A

### Personal Services Form for Enforcement Hours (PS1)

### **Important Reminders**

- 1. Only list the shift hours if a person is listed twice on the same day.
  - In the example below the shift hours were documented for Officer Dan Divides because he worked two shifts on 10/01/13.
- 2. The hourly rate listed must be the <u>exact</u> rate that was paid. Do <u>NOT</u> round the hourly rate. If a shift differential or raise was paid it needs to be <u>included</u> in the rate listed in Column F and an "X" needs to be marked in Column G. Do <u>NOT</u> list a dollar amount in Column G.
  - In the example below Officer Sue B. Tracts hourly rate is \$30.2550. On 10/05/13 she was paid a shift differential of \$1.50. The rate listed on 10/05/13 is \$31.7550 and an "X" is documented in Column G to signal that the rate includes a shift differential.
- 3. The total salary amount can only go out two decimal points.

PS-1 (09/13)

# NYS GOVERNOR'S TRAFFIC SAFETY COMMITTEE ITEMIZED LISTING OF PERSONAL SERVICES \*\*ENFORCEMENT HOURS\*\* FRINGE BENEFITS ARE NOT AN ALLOWABLE COST

Grant Type: PTS	✓ HS1 🗌		Contact Name:	Sergeant Mike Multiplies	
Grant Number:	rant Number: 12345-(789)			(555) 555 - 5555	
Municipality/Organi	ization Name:	Town of Math PD	Email Address:	MMultiplies@Mathpd.us	

Α	В	С	D	E	F	G	Н	1
TITLE	OFFICER NAME	DATE COST INCURRED	SHIFT HOURS (This column only needs to be completed if employee is listed twice on the same day. Example 4pm – 8pm)	NUMBER OF HOURS	HOURLY RATE	SHIFT DIFF./ RAISE *See below for explanation	TOTAL SALARY AMOUNT (Column E x Column F)	If hours worked are OVERTIME put an "x" in this column
Officer	Dan Divides	10/01/13	10am -2pm	4	30.00		\$120.00	Χ
Officer	Dan Divides	10/01/13	5pm - 7pm	2	30.00		\$60.00	X
Officer	Dan Divides	10/02/13		2	30.00		\$60.00	X
Officer	Sue B. Tracts	10/04/13		2	30.2550		\$60.51	X
Officer	Sue B. Tracts	10/05/13		4	31.7550	X	\$127.02	X
Officer .	Adam Up	10/05/13		4	29.6175		\$118.47	X
		,			Total Sala	TV ¢EA	6.00	

\*Shift Differential/Raise – If an Officer is listed more than once and has different hourly rates listed, please put an "X" in column G next to the rate that includes the shift differential/raise.

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND THAT THE ABOVE EXPENDITURES ARE MADE IN ACCORDANCE WITH THE GRANT GUIDELINES AND ARE DIRECTLY RELATED TO THE GOALS AND OBJECTIVES OF THE GRANT LISTED ABOVE I ALSO CERTIFY THAT THE APPROPRIATE SALARY REGISTERS, TIME AND ATTENDANCE RECORDS, AND IF APPLICABLE, TIME DISTRIBUTION SHEETS IN RELATION TO THE ABOVE MENTIONED GRANT ARE BEING KEPT AND ARE AVAILABLE FOR AN ON-SITE AUDIT ANDIOR REVIEW BY THE GOVERNORS TRAFFIC SAFETY COMMITTEE, THE NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION AND/OR BY THE OFFICE OF THE STATE COMPTROLLER.

Project Director's Signature Chief Matt a Matician Print Name Chief Matt A. Matician Today's Date 1/04/2019

### Sample B

# Personal Services Form for Non-Enforcement Hours (PS1NE)

### **Important Reminders**

- 1. Complete all fields including the top of the form.
- 2. Make sure the grant title listed is the current year's grant title.
- 3. Make sure to check the addition and verify the grand totals.

PS-1NE (10/11)

### NYS GOVERNOR'S TRAFFIC SAFETY COMMITTEE ITEMIZED LISTING OF PERSONAL SERVICES

### NON-ENFORCEMENT HOURS

(	GRANT NUMBER:	67890-(123)	CONTACT NAME:	Wanda Urdigits
(	GRANT TITLE:	Comprehensive Traffic Safety Program	CONTACT PHONE NUMBER:	(555) 555-5555
1	AGENCY NAME:	Personnel Associates, Inc.	E-MAIL ADDRESS	WUrdigits@PersonnelAssociates.us

			BRI	EAKDOWN OF	HOURS BREAKDOWN			F SALARY	
COLUMN	COLUMN	COLUMN	COLUMN	COLUMN	COLUMN F	COLUMN	COLUMN	COLUMN	
NAME	TITLE	DATES COSTS INCURRED	HOURS WORKED ON GRANT	TIME OFF CHANGED TO GRANT (Ex. Sick, Vacation, Personal Leave, etc)	TOTAL HOURS CHARGED TO GRANT (Column D + Column E)	BASE PAY CHARGED TO GRANT	FRINGE BENEFITS CHARGED TO GRANT	TOTAL SALARY CHARGED TO GRANT (Column G + Column H)	
Sally Ree	Traffic Safety Educator	10/01 - 10/10/13	30	0	30	\$400.00	\$80.00	\$480.00	
Sally Ree	Traffic Safety Educator	10/11 - 10/24/13	37.5	0	37.5	\$500.00	\$100.00	\$600.00	
Sally Ree	Traffic Safety Educator	10/25 - 11/07/13	37.5	0	37.5	\$500.00	\$100.00	\$600.00	
Sally Ree	Traffic Safety Educator	11/08 - 11/21/13	37.5	0	37.5	\$500.00	\$100.00	\$600.00	
Sally Ree	Traffic Safety Educator	11/22 - 12/05/13	37.5	0	37.5	\$500.00	\$100.00	\$600.00	
Sally Ree	Traffic Safety Educator	12/06 - 12/19/13	37.5	0	37.5	\$500.00	\$100.00	\$600.00	
					GRAND TOTAL OF HOURS			GRAND TOTAL OF SALARY	
					217.5			\$3,480.00	

I CERTIFY THAT THE ABOVE EXPENDITURES ARE MADE IN ACCORDANCE WITH THE GRANT GUIDELINES AND ARE DIRECTLY RELATED TO THE GOALS AND OBJECTIVES OF THE GRANT LISTED ABOVE. I ALSO CERTIFY THAT THE APPROPRIATE SALARY REGISTERS, TIME AND ATTENDANCE RECORDS, AND IF APPLICABLE, TIME DISTRIBUTION SHEETS IN RELATION TO THE ABOVE MENTIONED GRANT ARE BEING KEPT AND ARE AVAILABLE FOR AN ON-SITE AUDIT AND/OR REVIEW BY THE GOVERNORS TRAFFIC SAFETY COMMITTEE, THE NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION AND/OR BY THE OFFICE OF THE STATE COMPTROLLER.

PROJECT DIRECTOR'S SIGNATURE	Ken I. Havemore	PRINT NAME	Ken I. Havemore - Director	TODAY'S DATE	1/06/2	2014
_						

# **Commodities/Car Seats/Other Related Costs**

A copy of the invoice or receipt from the business where the item was purchased <u>must</u> be submitted with the Claim for Payment form for <u>ALL</u> Commodities, Car Seats and Other Related Costs being claimed for reimbursement.

### Additional documentation/information is needed for the following:

- Items that cost \$500 or more per unit/item (see pages 20 21).
- Educational materials (see page 26).
- Safe Ride News:

Safe Ride News Invoices or Receipts - When claiming reimbursement for purchases made from Safe Ride News, you must make sure that there is a date documented on the invoice or receipt in the "Shipped On" field. If you were provided with an invoice that is missing this information, please contact Safe Ride News at 1-800-403-1424 and request an invoice or receipt with the shipping date documented.

### Safe Kids Worldwide Fees:

Safe Kids Worldwide – The Governor's Traffic Safety Committee accepts the payment confirmation receipt for technician or instructor fees that Safe Kids Worldwide generates from their computer system when payment is made. In cases where the payment confirmation was not kept, an invoice from Safe Kids Worldwide can be submitted. If you need an invoice from Safe Kids Worldwide, please contact Safe Kids Worldwide at (202) 662–0600. The following must be documented on the invoice:

- 1. Name of each individual being claimed on the invoice
- 2. Type of fee for each individual
- 3. Fee amount for each individual

**Invoices submitted without this information will** <u>not</u> **be reimbursed** (see the bottom of page 15 for a sample of what needs to be documented on the invoice).

Invoice #: GTSC1234567890

SAFE KIDS WORLDWIDE CPS Certification Program 1301 Pennsylvania Avenue, NW, Suite 1000 Washington, DC 20004-1707 (202) 662-0600

Purchase Order 123456 Invoice

Town of Math Police Department c/o Mike Multiplies 1 Math Lane Math, NY 12345

Service:

CPS Technician Certification & Training

Billing details available online. Please log in to view your current statement:

http://cert.safekids.org

\* Amount due: \$100.00 Payment Due Upon Receipt

Invoice Date: 10/03/13

**REMIT TO ADDRESS** 

Safe Kids Worldwide CPS Certification P.O. Box 17594

Baltimore, MD 21297-1594

OR

Safe Kids Worldwide

c/o PES

475 Riverside Drive, 6<sup>th</sup> Floor New York, NY 10115-0089

Please include the invoice number with your payment to ensure it is applied promptly and appropriately.

\* THE FOLLOWING MUST BE DOCUMENTED ON THE INVOICE

Rev 11/2010

\$100.00 is for the following:

**Dan Divides** 

Recertification fee

\$50.00

Mike Multiplies

Recertification fee

\$50.00

### **Travel**

Travel documentation **must** be submitted with the Claim for Payment form.

Allowable travel costs are listed below and are eligible for reimbursement for the personnel identified in the grant narrative AND budget. The travel being claimed must be approved in your grant budget and incurred in accordance with your locality's/organization's documented travel policies. If your locality/ organization does not have documented travel policies then federal per diem rates and guidelines will apply. If your locality's/organization's documented travel policies do not contain maximum allowable rates, costs should not exceed the federal per diem rates unless written justification is submitted AND approved by the Governor's Traffic Safety Committee. Federal per diem rates may be obtained at www.gsa.gov. If you have any questions regarding travel, please contact your Highway Safety Program Representative listed on page 3 before incurring costs. When submitting a claim that involves a rate that exceeded the federal per diem rate, please include a copy of the written approval you obtained from the Governor's Traffic Safety Committee showing you had prior approval. The Governor's Traffic Safety Committee reserves the right to disallow travel costs that are considered unnecessary or unreasonable.

The Governor's Traffic Safety Committee does **NOT** reimburse based on estimated costs or advances.

To receive reimbursement for travel costs, grantees should submit a copy of their Travel Expense Report (or an equivalent form) showing the traveler's name, purpose of travel, travel dates and certification\* (see page 18) by the traveler <u>and</u> their Supervisor, Department Head or appointed designee <u>with</u> the following documentation:

**Accommodations** –The stay must have already taken place in order to receive reimbursement for this cost. You must submit a copy of the invoice or receipt issued by the hotel where you stayed. If you are not provided with an invoice or receipt at the time of check out it is your responsibility to request one.

Meals – Travelers may use either per diem rates or actual costs based on their locality's/ organization's documented travel policies. When claiming a per diem rate you must submit a copy of the documentation you submitted to your fiscal office for reimbursement. The per diem rate documentation must state the rates listed are per diem, and list each meal being claimed (ex. Dinner), the per diem rate for each meal and the total amount reimbursed. When claiming actual costs, a copy of the **itemized** meal receipt showing exactly what was purchased must be submitted. Please note, the Governor's Traffic Safety Committee cannot reimburse for alcohol. Please highlight and deduct any alcohol that appears on a receipt you are submitting to the Governor's Traffic Safety Committee.

**Transportation (Airplane, Train, Bus, Taxi, Shuttle, etc.)** - In order for transportation costs to be eligible for reimbursement, the travel must have already taken place. When submitting reservation confirmations for transportation costs, please include a copy of the ticket that was issued at the time of travel. Insurance and upgrades such as first class, business class, early check in, etc. are unallowable costs and will **not** be reimbursed.

Gas – Gas and mileage <u>cannot</u> be claimed for the same trip. When claiming reimbursement for gas a copy of the gas receipt must be submitted. All the information required when claiming reimbursement for mileage is also required when claiming reimbursement for gas (ex. Traveler's Name, Date of Travel, Purpose of Travel, From Destination and To Destination, Total Miles and Total Reimbursed). In addition, grantees must provide the year, make and model of the car used to travel along with documentation showing the miles per gallon for that vehicle. This can be obtained by doing an internet search for a miles per gallon calculator and then entering the year, make and model of the vehicle. You must print and submit this documentation with the gas receipt. The Governor's Traffic Safety Committee can only reimburse the portion of gas that was used to cover the miles traveled for approved grant related activities.

**Mileage** – The Governor's Traffic Safety Committee strongly encourages grantees to use the NYS Governor's Traffic Safety Committee's mileage form (see page 19). However, you may submit your own mileage form as long as it provides the same information.

For the most up-to-date version of the NYS Governor's Traffic Safety Committee's mileage form, please go to:

www.safeny.ny.gov/hsforms.htm

**Parking** – A copy of the parking fee receipt must be submitted. The receipt **must** show the date and amount paid.

**Tolls** – A copy of the toll receipt or an EZ pass account summary <u>must</u> be submitted to support the toll amounts being claimed. When submitting an EZ pass account summary, you must highlight the entries being claimed. Any entries that are not being claimed for reimbursement can be blacked out.

**Conference and Seminar Expenses** – A copy of the event agenda should be submitted to support the documentation used to claim travel expenses related to conferences and seminars.

**Registration Fees** – In addition to the invoice or receipt, documentation must be submitted showing what the registration fee included.

### \*Certification Statement

If your locality's/organization's Travel Expense Report (or equivalent form) does not include a certification statement, the following statement must be added to the copy of the documentation being submitted to the Governor's Traffic Safety Committee:

I certify that the above information is just, true and correct, that the amounts being claimed are due and owing, and the amounts being claimed were necessary and incurred in the performance of work related to the grant in which reimbursement is being requested.

Traveler's Signature	Date
Supervisor's Signature	Date

# **NYS Governor's Traffic Safety Committee's Mileage Log**

If you are leaving from and returning to the same address you only need to document one entry and put an "X" in the Round Trip column (see 10/01/13 entry below).

If you are not returning to the original address, or you have additional travel on the same day, you will need to document multiple entries (see 10/8/13 entries below).

CTC	-	UL1	(10)	12.21
613	C-1	NITT.	(10)	721

### NYS GOVERNOR'S TRAFFIC SAFETY COMMITTEE'S MILEAGE LOG

	Traveler's Name	Cally Day		Home Ado	luoca	1 Divides Cha	+ 14-+1	NV 12245
	Traveler's Name	Sally Ree		. Home Add	iress	1 Divides Str	eet, Matr	1, NY 12345
	Agency / Department Name	Personnel Associates, Inc.		Official W	ork Station	6 Math Lane	, Math, N	Y 12345
		Betw	een What Points					
5.	D	-						
	Purpose of Travel  Be specific		1	Round Trip		School of the State		
Date	(Ex. Bike Rodeo,			(If round trip	Total	Total	Rate	Total Amount
of Travel	Car Seat Check Event, Occupant Restraint Meeting)	From Address	To Address	put an "X" in this column).	Miles Traveled	Miles Claimed	Per Mile	Reimbursed by Your Agency
Haver	Occupant ness and ness ag	6 Math Lane	123 Addition Avenue		11415154	- Ciaiiii Ca		
10/1/2013	Bike Rodeo	Math, NY 12345	Addition, NY 12346	Х	13.8	13.8	\$0.565	\$7.80
10/8/2013	Car Seat Check Event	6 Math Lane Math, NY 12345	456 Subtraction Lane Subtraction, NY 12347	×	3.2	3.2	\$0.565	\$1.81
10/8/2013	Occupant Restraint Meeting	456 Subtraction Lane Subtraction, NY 12347	789 Multiplies Street Multiplies, NY 12348		6.8	6.8	\$0.565	\$3.84
10/8/2013	Return to Official Work Station	789 Multiplies Street Multiplies, NY 12348	6 Math Lane Math, NY 12345		10	10	\$0.565	\$5.65
10/6/2013	Return to Official Work Station	Widitiplies, WT 12546	Watti, Wi 12545		10	10	\$0.505	\$5.05
	V.							
		~						
				Grand Total		33.8		\$19.10
	t the above information is just, true nance of work related to the grant i			nd owing, and the	amounts beir	ng claimed we	ere neces	sary and incurred in
Traveler's S	Signature Sally Rec			Title	Traffic Safety	Educator	Date	12/31/13
Suparvicar	s Signature Ken I. Hau	Print Name	Ken I. Havemore	Title	Director		Date	12/31/13
Supervisor	s signature Ken I. Mai	remore Print Name	ken i. navemore	ritte	Director		Date	12/31/13

# **Equipment**

A copy of the invoice or receipt from the business where the item was purchased <u>must</u> be submitted with the Claim for Payment form.

# **Equipment that Costs \$500 or more**

Grantees must submit a completed Equipment Acquisition form for equipment that has a total individual cost of \$500.00 or more and a useful life of 2 years or more.

For the most up to date version of the Equipment Acquisition form, please go to:

www.safeny.ny.gov/hsforms.htm

# **Equipment that Costs \$5,000 or more**

Equipment that costs \$5,000\* or more per unit/item needs <u>prior</u> approval from the Governor's Traffic Safety Committee <u>AND</u> the National Highway Traffic Safety Administration. The item being approved in your budget does <u>NOT</u> mean that the National Highway Traffic Safety Administration has given their approval. It is only the first step in the approval process. Once you receive your grant approval, you must contact your Highway Safety Program Representative (see page 3) to proceed with the second step, which is obtaining approval from the National Highway Traffic Safety Administration. Do <u>NOT</u> purchase the item until you have received <u>written</u> confirmation from the Governor's Traffic Safety Committee that the National Highway Traffic Safety Administration has given their approval to purchase the item.

\*The \$5,000 threshold is based on the total purchase price, not the amount being charged to the grant.

# Non-Equipment Items that Cost \$5,000 or more

A copy of the invoice or receipt from the business where the item was purchased <u>must</u> be submitted with the Claim for Payment form.

Grantees must obtain written approval from the Governor's Traffic Safety Committee <u>prior</u> to purchasing an item that costs \$5,000.00 or more per unit/item. This is required even if the item has been approved in the budget. Please contact your Highway Safety Program Representative (see page 3) <u>before</u> purchasing an item that costs \$5,000.00 or more per unit/item for the required approval.

\*The \$5,000.00 threshold is based on the total purchase price, not the amount being charged to the grant.

### **Other Costs**

Items that are typically listed under the Other Costs section are consultant fees, contractual services, sub-contractors and indirect costs.

### **Consultant Fees, Contractual Services and Sub-contractors**

A copy of the invoice or receipt from the business that provided the service, or where the items were purchased, <u>must</u> be submitted with the Claim for Payment form.

Please refer to pages 10 - 21 & 23 - 26 for detailed information on different types of documentation.

In addition, depending on what is being claimed, the locality/organization that has the grant with the Governor's Traffic Safety Committee may need to provide documentation showing they approved reimbursement for these expenses.

### For Example:

The County of Math has a grant with the Governor's Traffic Safety Committee. The County of Math has a sub-contract approved in their grant. The sub-contract is with the Traffic Safety Council. The Traffic Safety Council purchases pedestrian safety brochures. The Traffic Safety Council submits the receipt for the brochures with a completed County of Math voucher to claim reimbursement from the County for the expense. The County approves the voucher for reimbursement. The County of Math's voucher with all appropriate signatures and the receipt for the brochures must be submitted to the Governor's Traffic Safety Committee with the Claim for Payment form.

### **Indirect Costs**

Indirect Costs <u>must</u> have been approved by the Governor's Traffic Safety Committee <u>and</u> included in your approved budget <u>prior</u> to claiming indirect costs. Indirect costs <u>must</u> be submitted on the Claim for Payment form.

# **Interdepartmental Billing**

When claiming reimbursement for interdepartmental billing such as postage, printing, etc. the following documentation and information <u>must</u> be provided with the Claim for Payment form:

- There must be documentation (interdepartmental bill, report, etc.) showing the <u>exact</u> cost being charged to your department or program <u>AND</u>;
- The documentation must provide the date the activity or service occurred <u>AND</u>;
- You must demonstrate how the expense relates to the grant program by documenting what was mailed, printed, etc. Be specific (Ex. mailed "Don't Text and Drive" brochures.-) AND;
- Quantity mailed, printed, etc. <u>AND</u>;
- The cost per unit/item AND;
- In situations where the documentation does not already include a certification statement, the Governor's Traffic Safety Committee may require the documentation be certified (see page 24).

Since interdepartmental billing documentation varies by locality/organization, the Governor's Traffic Safety Committee may require additional documentation/information be provided.

The Governor's Traffic Safety Committee reserves the right not to reimburse costs if it deems the documentation submitted is unclear or not acceptable.

Please see page 26 if claiming reimbursement for printing / photocopying cost for educational materials (Ex. brochures, pamphlets, etc.).

# **Certification Statement**

If your locality's/organization's interdepartmental billing documentation does not include a certification statement and the documentation needs to be certified, the following statement must be added to the documentation being submitted to the Governor's Traffic Safety Committee:

I certify that the above information is just, true and correct, that the amounts being claimed are due and owing, and the amounts being claimed were necessary and incurred in the performance of work related to the grant in which reimbursement is being requested.

Signature	
Name Printed	
Title	
Date	

# **On-Line Purchases**

### The following instructions apply to on-line purchases **ONLY**.

The Governor's Traffic Safety Committee does **NOT** reimburse based on order confirmations.

When purchasing items on-line, a copy of the invoice or receipt from the business where the item was purchased <u>must</u> be submitted with the Claim for Payment form. In cases where an invoice or receipt is not issued, <u>ALL</u> of the following documentation should be submitted:

- Order confirmation receipt from the business where the item was purchased. The order confirmation receipt must list the items ordered, the quantity and cost per item along with a grand total.
- Shipping confirmation receipt from the business where the item was purchased. The shipping
  confirmation receipt must be dated and show that the items have already shipped and must
  provide a list of the items shipped, quantity and cost per item along with the shipping charge and
  grand total.
- Copy of the cancelled check or credit card statement showing the amount charged. It must be clear that the charge is from the company the items were ordered and shipped from.
- Packing slip received with the item. The packing slip must show the quantity and items shipped.

Submitting the above documentation does **NOT** mean the documentation will be accepted. A decision will be made on a case by case basis as to whether or not the documentation can be used in place of an invoice or receipt.

If the Governor's Traffic Safety Committee is aware that the business you purchased the item from issues invoices or receipts for online purchases, the invoice or receipt will be required and the above documentation will **not** be considered.

The Governor's Traffic Safety Committee reserves the right to <u>not</u> reimburse items without an invoice or receipt.

# **Educational Materials**

Educational materials are allowable provided they are **not** being used to generate goodwill or incentivize behavior. In order to be considered educational, distributed material **must** provide **substantial** information **and** educational content (**not** merely a slogan) to the public and have the sole purpose of conveying that information. The information provided in the material must be **directly related\*** to the initiatives approved in the grant. All Educational materials developed for this project must have prior written approval from the Governor's Traffic Safety Committee for content and text or be subject to non-reimbursement. Educational materials should include the following acknowledgement: "Funded by the National Highway Traffic Safety Administration with a grant from the New York State Governor's Traffic Safety Committee". Keep a copy of the approval you receive from the Governor's Traffic Safety Committee and make sure to submit it with your claim.

When claiming reimbursement for educational materials that were developed for your project you **must** provide the following documentation **with** the invoice **and** Claim for Payment form:

- A copy of the educational material <u>AND</u>;
- A copy of the written approval obtained from the Governor's Traffic Safety Committee for the content and text.

<sup>\*</sup> Example of directly related: If you were awarded a Child Passenger Safety Program grant and were allotted money for educational materials and you purchased distracted driving brochures, the cost would be denied. Although distracted driving is related to traffic safety it does <u>not directly relate</u> to the initiatives of the Child Passenger Safety Program grant.

# **Submitting Payment Paperwork**

Paperwork should be submitted in the following order based on what is approved in your budget:

### **Child Passenger Safety Program:**

Claim for Payment form

Documentation for Car Seats

Documentation for Other Related Expenses

### **HS1 Program:**

Cover letter (not required)

Claim for Payment form

Summary Sheet (not required, but recommended)

Documentation for Personal Services (PS1 or PS-1NE form)

**Documentation for Commodities** 

**Documentation for In State Travel** 

Documentation for Out of State Travel

Documentation for Equipment

**Documentation for Other Costs** 

### **Police Traffic Services Program:**

Claim for Payment Form

Documentation for Personal Services (PS1 form)

Documentation for Other Than Personal Services

Make sure you have submitted the Claim for Payment on eGrants <u>and</u> mail the Claim for Payment form <u>with an original signature</u> along with all **required** documentation to:

Governor's Traffic Safety Committee
Accounting Section – Room 410B
6 Empire State Plaza
Albany, New York 12228

If you have any questions regarding your grant or budget, please contact your Highway Safety Program Representative (see page 3).

# **Budget Modifications**

Budget modifications cannot increase the total grant award amount <u>and</u> are only considered when <u>extenuating</u> circumstances exist.

Budget modifications enable grantees to request the Governor's Traffic Safety Committee to move awarded funds from one budget line to another. For example, under the Commodities section of your budget you were approved for \$100.00 in office supplies and \$500.00 in bike safety brochures. You run out of bike safety brochures and would like to purchase an additional \$100.00. The only way for you to purchase the additional bike safety brochures with grant funding would be to request a budget modification to move the \$100.00 from the office supplies line to the bike safety brochure line. If the request is approved, the transaction would **increase** the bike safety brochure line by \$100.00 and **decrease** the office supplies line by \$100.00. The net change in the total grant award amount would equal \$0.00.

Budget modifications also enable grantees to request the Governor's Traffic Safety Committee to add or remove an item from the approved budget. If your request to add an additional item to the budget is approved, please remember that adding the item to your budget **cannot** increase the total grant award amount. To cover the purchase of an additional item you would need to move money from another budget line to cover the purchase as explained in the previous paragraph.

Budget modifications are requested through eGrants. For instructions on how to submit a budget modification through eGrants, please go to <a href="http://safeny.ny.gov/HS-Forms/eGrantsInstuct.pdf">http://safeny.ny.gov/HS-Forms/eGrantsInstuct.pdf</a>. If you are already signed into eGrants the instructions can be found under the "My Training Materials" section in eGrants.

Once the Governor's Traffic Safety Committee has reviewed the request, the grantee will be notified through eGrants if the request has been approved or denied. Do <u>NOT</u> move forward with activity requested in a budget modification unless you have received **written** approval from the Governor's Traffic Safety Committee through eGrants.

Important reminders regarding budget modifications:

- Budget modifications must be in whole dollar amounts.
- For Police Traffic Services grants, you can only move hours not dollar amounts.

• In your request, you <u>must</u> specify where the money is being taken from, where it is to be added to and you must justify the request. If you have multiple budget lines (Ex. Office Supplies) approved under each category (Ex. Commodities) you <u>must</u> specify which budget <u>line</u> to take the money from and which budget <u>line</u> to add the money to. Make sure you are using the line names approved in your budget.

Questions regarding budget modifications should be directed to your Highway Safety Program Representative (see page 3).