Grantee Orientation

ODOT-Transportation Safety Division
October 23, 2019

Grand Ronde, OR
WELCOME!
...Why you are here...

- Your agency or non-profit has received a grant award from TSD for the upcoming grant year

- Grantee Orientation for managing your TSD grant will:
  - Help you understand TSD grant processes and forms
  - Know when and who to contact with questions throughout the year
  - Be informed of the federal and state requirements for TSD, and for your agency
  - Introduce you to other safety advocates working to make Oregon a safer place to drive, walk, bike, and ride!
Who to contact

- **TSD Program Manager:**
  This is the TSD program manager assigned to your grant project. Contact them directly with requests to change the project (i.e., scope or budget amounts); follow-up on a report or claim submitted to TSD; technical assistance, or other general grant management needs.

- **Grants Assistant:**
  This person is the TSD ‘hub’ for all its grant projects, Naomi Dwyer. Contact Naomi directly with needs like a new form, copies, change in your contact information, or other general grant administrative needs.

- **TSD Highway Safety Manager:**
  This person oversees all TSD grant projects and programs to assure that the administration of grant funds is clear, transparent, and efficient, Traci Pearl. Contact Traci directly with any other needs that you may have.
Definitions: Your Agency’s Roles

- **Project Director:**
  Main signatory for the grant, oversees your grant project.

- **Designated Alternate:**
  Serves as Alternate Project Director if the Project Director is unavailable to answer a project question or sign a grant document or if the Project Director is being reimbursed through a claim.

- **Authorizing Official:**
  This person has the authority to obligate funds from your agency’s budget (i.e., you usually can’t pay the bills or sign contracts without their signature!); cannot be paid through the grant project. MUST sign the claim if either the Project Director or Designated Alternate are being paid or reimbursed through the project.

- **Project Coordinator:**
  This person is on point for running the grant project for your agency. They do most of the ‘grunt’ work for the project. It is common for the Project Director and Project Coordinator to be the same person.
Definitions: Grant Year

- **State Fiscal Year** – July 1, 2019 thru June 30, 2020
  This is the grant project year if funded with state grants

- **Federal Fiscal Year** – October 1, 2019 thru September 30, 2020
  This is the grant project year if funded with federal grants

- **Calendar Fiscal Year** – January 1, 2020 – December 31, 2020
  This is the grant project year if funded with specific state grants
Definitions: Forms

- **Budget and Cost Sharing Form**
  - Provides detail about the project’s planned expenditures
  - If your grant project funds a contract or sub-grant, submit copies of contract to TSD
  - If out-of-state travel is needed for the project: TSD pre-approval
  - Job descriptions for all positions assigned to the project if > 499 hours/year
  - **Indirect costs:** Agency must submit approval letter stating the agency’s current negotiated indirect cost rate
  - Any single equipment purchase or software purchase > $5,000: TSD pre-approval required
This form should include all budget information. If additional information is required for clarity, please include on a separate page referencing appropriate budget item.

**1. Personnel Costs**

<table>
<thead>
<tr>
<th>A. Staff assigned and estimated hours:</th>
<th>Hours</th>
<th>Rate</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.00 @ $ /hr = $ -</td>
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<td>0.00 @ $ /hr = $ -</td>
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<td>0.00 @ $ /hr = $ -</td>
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<td></td>
</tr>
</tbody>
</table>

Staff Subtotal $ - $0.00 $0.00 $0.00

<table>
<thead>
<tr>
<th>B. Overtime Hours</th>
<th>Rate</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.00 @ $ /hr = $ -</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0.00 @ $ /hr = $ -</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Overtime Subtotal $ - $0.00 $0.00 $0.00

<table>
<thead>
<tr>
<th>C. Volunteer Time Hours</th>
<th>Rate</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.00 @ $ /hr = $ -</td>
<td></td>
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<tr>
<td>0.00 @ $ /hr = $ -</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Volunteer Subtotal $ - $0.00 $0.00 $0.00

**2. Personnel Benefits**

| A. $ - $ /@ = $ - |       |      | $ - |
| B. $ - $ /@ = $ - |       |      | $ - |

Benefits Subtotal $ - $0.00 $0.00 $0.00

**3. Equipment**

| A. $ - $ /@ = $ - |       |      | $ - |
| B. $ - $ /@ = $ - |       |      | $ - |
| C. $ - $ /@ = $ - |       |      | $ - |
| D. $ - $ /@ = $ - |       |      | $ - |

Equipment Subtotal $ - $0.00 $0.00 $0.00

**4. Materials/Printing**

| A. $ - $ /@ = $ - |       |      | $ - |
| B. $ - $ /@ = $ - |       |      | $ - |
| C. $ - $ /@ = $ - |       |      | $ - |

Materials Subtotal $ - $0.00 $0.00 $0.00

**5. Overhead/Indirect Costs**

| A. $ - $ /@ = $ - |       |      | $ - |
| B. $ - $ /@ = $ - |       |      | $ - |

Overhead Subtotal $ - $0.00 $0.00 $0.00
### Other Project Costs

<table>
<thead>
<tr>
<th></th>
<th>Unit Cost</th>
<th># of Units</th>
<th>Total Cost</th>
<th>TSD FUNDS</th>
<th>MATCH</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Travel In-State</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Travel Out-of-State**</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>C. Office Expenses (supplies, photocopy, telephone, postage)</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>D. Other Costs (specify):</td>
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<td>5.)</td>
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</tr>
</tbody>
</table>

Other Project Costs Subtotal: $0.00

<table>
<thead>
<tr>
<th></th>
<th>Unit Cost</th>
<th># of Units</th>
<th>Total Cost</th>
<th>TSD FUNDS</th>
<th>MATCH</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Consultation/Contractual Services**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Consultation/Contractual Services**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Consultation/Contractual Services Total: $0.00

<table>
<thead>
<tr>
<th></th>
<th>TSD</th>
<th>Match</th>
<th>TOTAL</th>
<th>TSD FUNDS</th>
<th>MATCH</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
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<tr>
<td>B.</td>
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<tr>
<td>C.</td>
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<tr>
<td>D.</td>
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<td>E.</td>
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<td>F.</td>
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<td>G.</td>
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<tr>
<td>H.</td>
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</tbody>
</table>

Mini-Grants Subtotal: $0.00

** TSD approval required prior to expenditures.
*** Must provide TSD federal cognizant agency letter of approval rate.

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* Job descriptions for all positions assigned to grant for 500 hours or more must be included in Exhibit B.
Definitions: Forms

- **Claim for Reimbursement**
  - Submit to TSD at least quarterly, and within 35 days from the report due date (and including ‘zero’ amount claims)
  - Your Agency’s **Original signatures** are NOW ONLY required on the **Project Agreement** (contract)
  - If Project Director or Designated Alternate was paid or reimbursed in that claim, it must be signed by the Authorizing Official
  - Supporting documentation: keep for 6 years after grant expires
    - Not required with each claim unless requested by TSD
  - Grantee must request a **Grant Adjustment from TSD** to change budgeted line item amounts
### TSD Costs Incurred This Period

#### Costs Incurred

<table>
<thead>
<tr>
<th>Activity</th>
<th>Object Detail</th>
<th>Amount</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personnel Costs Total</td>
<td></td>
<td>$25,000</td>
<td>25,000</td>
</tr>
<tr>
<td>Personnel Benefits Total</td>
<td></td>
<td>$5,000</td>
<td>5,000</td>
</tr>
<tr>
<td>Equipment Total</td>
<td></td>
<td>$1,000</td>
<td>1,000</td>
</tr>
<tr>
<td>Materials/Printing Total</td>
<td></td>
<td>$0</td>
<td>0</td>
</tr>
<tr>
<td>Overhead/Indirect Costs</td>
<td></td>
<td>$0</td>
<td>0</td>
</tr>
<tr>
<td>Travel In-State</td>
<td></td>
<td>$0</td>
<td>0</td>
</tr>
<tr>
<td>Travel Out-of-State</td>
<td></td>
<td>$0</td>
<td>0</td>
</tr>
<tr>
<td>Office Expenses</td>
<td></td>
<td>$0</td>
<td>0</td>
</tr>
<tr>
<td>Other Direct Costs</td>
<td></td>
<td>$2,500</td>
<td>2,500</td>
</tr>
<tr>
<td>Other Project Costs Total</td>
<td></td>
<td>$2,500</td>
<td>2,500</td>
</tr>
<tr>
<td>Consult/Contractual Svs Total</td>
<td></td>
<td>$0</td>
<td>0</td>
</tr>
<tr>
<td>Mini-grants Total</td>
<td></td>
<td>$0</td>
<td>0</td>
</tr>
</tbody>
</table>

**TOTAL TSD COSTS:** $33,500

---

I certify that this billing is correct and is based upon actual costs incurred in accordance with the project agreement:

**Project Director (Original signature required):** [Signature]

**Print Name:** [Name]

**Phone No.:** [Number]

**Date:** [Date]

---

**Vendor No.:** [Number]

**Claim No.:** 1

**Final Claim:** [Check]

**Agreement No.:** [Number]

**Office Use Only:**

---

**Project No.:**[Number]

**Project Name:** [Name]

**Agency:** [Name]

**Address:** [Address]

**City:** [City]

**State:** [State]

**Zip:** [Zip Code]

---

**Total TSD Funding:** $33,500

**Federal Tax ID No.:** [Number]

**Billing Period:** [Start Date] through [End Date]

---

**I certify that this billing is correct and is based upon actual costs incurred in accordance with the project agreement:**

**Project Director (Original signature required):** [Signature]

**Print Name:** [Name]

**Phone No.:** [Number]

**Date:** [Date]

---

**Crew:** 0

**Activity:** [Activity]

**Object Detail:** [Detail]

**Amount:** $0.00
**Fill in figures for the COSTS INCURRED THIS PERIOD - shaded in yellow**

<table>
<thead>
<tr>
<th>DETAIL OF LOCAL/STATE COSTS</th>
<th>MATCH TOTAL</th>
<th>COSTS INCURRED THIS PERIOD</th>
<th>COSTS REPORTED PREVIOUSLY</th>
<th>TOTAL COSTS TO DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff Assigned</td>
<td>$ 0</td>
<td>$ 0</td>
<td>$ 0.00</td>
<td>$ 0.00</td>
</tr>
<tr>
<td>Overtime</td>
<td>$ 0</td>
<td>$ 0</td>
<td>$ 0.00</td>
<td>$ 0.00</td>
</tr>
<tr>
<td>Volunteer Time</td>
<td>$ 5,000</td>
<td>$ 0.00</td>
<td>$ 0.00</td>
<td>$ 0.00</td>
</tr>
<tr>
<td><strong>1. Personnel Costs Total</strong></td>
<td>$ 5,000</td>
<td>$ 0.00</td>
<td>$ 0.00</td>
<td>$ 0.00</td>
</tr>
<tr>
<td><strong>2. Personnel Benefits Total</strong></td>
<td>$ 0</td>
<td>$ 0</td>
<td>$ 0.00</td>
<td>$ 0.00</td>
</tr>
<tr>
<td><strong>3. Equipment Total</strong></td>
<td>$ 0</td>
<td>$ 0</td>
<td>$ 0.00</td>
<td>$ 0.00</td>
</tr>
<tr>
<td><strong>4. Materials/Printing Total</strong></td>
<td>$ 2,500</td>
<td>$ 0.00</td>
<td>$ 0.00</td>
<td>$ 0.00</td>
</tr>
<tr>
<td><strong>5. Overhead/Indirect Costs</strong></td>
<td>$ 0</td>
<td>$ 0</td>
<td>$ 0.00</td>
<td>$ 0.00</td>
</tr>
<tr>
<td>Travel In-State</td>
<td>$ 1,200</td>
<td>$ 0.00</td>
<td>$ 0.00</td>
<td>$ 0.00</td>
</tr>
<tr>
<td>Travel Out-of-State</td>
<td>$ 0</td>
<td>$ 0</td>
<td>$ 0.00</td>
<td>$ 0.00</td>
</tr>
<tr>
<td>Office Expenses</td>
<td>$ 0</td>
<td>$ 0</td>
<td>$ 0.00</td>
<td>$ 0.00</td>
</tr>
<tr>
<td>Other Direct Costs</td>
<td>$ 0</td>
<td>$ 0</td>
<td>$ 0.00</td>
<td>$ 0.00</td>
</tr>
<tr>
<td><strong>6. Other Project Costs Total</strong></td>
<td>$ 1,200</td>
<td>$ 0.00</td>
<td>$ 0.00</td>
<td>$ 0.00</td>
</tr>
<tr>
<td><strong>7. Consult Svcs/Contractual Total</strong></td>
<td>$ 0</td>
<td>$ 0</td>
<td>$ 0.00</td>
<td>$ 0.00</td>
</tr>
<tr>
<td><strong>8. Mini-grants Total</strong></td>
<td>$ 0</td>
<td>$ 0</td>
<td>$ 0.00</td>
<td>$ 0.00</td>
</tr>
<tr>
<td><strong>TOTAL LOCAL/STATE COSTS</strong></td>
<td>$ 8,700</td>
<td>$ 0.00</td>
<td>$ 0.00</td>
<td>$ 0.00</td>
</tr>
</tbody>
</table>
Definitions: Forms

- **Grant Adjustments**
  - Project Director’s responsibility
  - Required for ANY one of the following:
    - Change of Project Director
    - Change of, or addition of Designated Alternate
    - Change of Authorizing Official
    - Change in any objectives/activities (scope of the project)
    - Change in total grant award amount
    - Change in individual budget line item(s)
  - Request from/Submit two copies to TSD Program Manager
  - Nature of Adjustment
  - Generates updated Claim form reflecting adjustments made
Please note: Two copies with original signatures & new budget attached required to process financial adjustment.

<table>
<thead>
<tr>
<th>Budget Line Item</th>
<th>Current TSD Share</th>
<th>$ +/- Change</th>
<th>Proposed TSD Share</th>
<th>Proposed Match</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Staff Assigned</td>
<td>$</td>
<td>-</td>
<td>$</td>
<td>-</td>
</tr>
<tr>
<td>2 Overtime</td>
<td>$</td>
<td>-</td>
<td>$</td>
<td>-</td>
</tr>
<tr>
<td>3 Volunteer Time</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>4 1 Personnel Costs Total</td>
<td>$</td>
<td>-</td>
<td>$</td>
<td>-</td>
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<tr>
<td>5 2 Personnel Benefits Total</td>
<td>$</td>
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<tr>
<td>6 Equipment Total</td>
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<tr>
<td>7 Materials/Printing Total</td>
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<tr>
<td>8 Overhead/Indirect Costs</td>
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<td>9 Travel In-State</td>
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<tr>
<td>10 Travel Out of State</td>
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<tr>
<td>11 Office Expenses</td>
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<tr>
<td>12 Other Costs</td>
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<tr>
<td>13 Other Project Costs Total</td>
<td>$</td>
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<tr>
<td>14 Consult/Contractual Svcs.</td>
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<tr>
<td>15 Mini-Grants Total</td>
<td>$</td>
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<tr>
<td><strong>Total Costs</strong></td>
<td>$</td>
<td>-</td>
<td>$</td>
<td>-</td>
</tr>
</tbody>
</table>

Project Director's Signature  
Date

Authorizing Official's Signature  
(if changing Project Directors)  
Date

Approved by: TSD Program Manager's Signature  
Date

Approved by: TSD Manager's Signature (for funding increases only)  
Date

Federal to Local Percentage  
Change in Total TSD Funding:  
Enter Yes or No

Reviewed by Fiscal Specialist  
Revised Budget Attached:

Reviewed by Grants/Contracts Coordinator  
HSP Mod./Change Order required:

Reviewed by Proj. Sumry. (changed objectives):
Definitions: Forms

- **Quarterly Project Status Report**
  - When emailing to TSD, please send both PDF and Word.doc format
  - Required quarterly due dates (see Calendars)
  - Signed by Project Director, Designated Alternate, or Authorizing Official
  - Not required for mini-grants, unless requested by TSD
  - Also customized by TSD for your grant project
  - Outline the status/progress made or not made on project objectives and activities

  Claims for Reimbursement will not be paid unless all reports are current
QUARTERLY PROJECT STATUS REPORT

Project No.: 
Project Name: 
Agency: 
Date of Report: 
Report Time Frame: 

- □ 1st Qtr. 
- □ 2nd Qtr. 
- □ 3rd Qtr. 
- □ 4th Qtr. 
- □ Other 

Start Date: 
End Date: 

Progress on project objectives during this quarter/time frame:

1. 

<table>
<thead>
<tr>
<th>Status</th>
<th>Support Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Scheduled to begin</td>
<td>Date:</td>
</tr>
<tr>
<td>□ In progress</td>
<td>Date:</td>
</tr>
<tr>
<td>□ Completed</td>
<td>Date:</td>
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<tr>
<td>□ Problem with completion (explain below)</td>
<td>Date:</td>
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</table>

Explanation: 

2. 

<table>
<thead>
<tr>
<th>Status</th>
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<tbody>
<tr>
<td>□ Scheduled to begin</td>
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<td>Date:</td>
</tr>
<tr>
<td>□ Completed</td>
<td>Date:</td>
</tr>
</tbody>
</table>

Explanation: 
Current/additional activities and comments: 

Data Table – Attach completed Data Table to this report.

Project Director's Name: ___________________________ Signature: ___________________________

(or Designated Alternate’s name, as identified in Agreements & Assurances)

INSTRUCTIONS

Mail completed form to: ODOT – TSD
4040 Fairview Industrial Drive SE, MS 3
Salem, OR 97302 – 1142

Email completed form to: Your TSD Program Manager

OFFICE USE ONLY

(TSD) Grant Manager’s Approval: [ ] Approved Date: ___________________________
Definitions: Forms

- **Residual Value Agreement (RVA)**
  - Required for an equipment purchase > $5,000 (cost per); OR if aggregate of purchase > $5,000
  - Attach copy of vendor's invoice to the RVA (quantity; description; manufacturer, and cost)
  - Property Identification Number (your agency's inventory)
  - Visit annually by TSD Staff for 3 years after purchase
    - Maintenance/repair responsibility of grantee
  - Grantee retains property as long as used for original purpose
  - No grant-funded equipment will be conveyed, sold, salvaged, transferred, etc., without TSD pre-approval
Residual Value Agreement

Ownership of equipment acquired through this project shall be vested with the grantee, not the United States. Equipment acquired shall be utilized and retained in highway safety operations during the useful existence of such equipment. Costs incurred for maintenance, repairs, updating or support of such equipment shall be borne by the grantee.

IF ANY OF THE ABOVE EQUIPMENT CEASES TO BE USED IN THE HIGHWAY SAFETY PROGRAM, THE GRANTEE AGREES TO IMMEDIATELY NOTIFY THE TRANSPORTATION SAFETY DIVISION (TSD), OREGON DEPARTMENT OF TRANSPORTATION. In such event, grantee further agrees to either give credit to an active project for the residual value of such equipment in an amount to be determined by TSD, or to transfer, return, or otherwise dispose of such equipment as directed by TSD.

Project Director’s Signature: _______________________________  Date: __________________

Program Manager Approval: ______________________________  Date: __________________

OREGON DEPARTMENT OF TRANSPORTATION
Transportation Safety Division
Definitions: Forms

- **Project Evaluation Report**
  - Last and final report summarizing project, outcomes
  - Due within 35 days of end of grant year
  - Follow Evaluation Plan in *Project Agreement* for required content
  - Additional pages, if needed
  - Must be signed by Project Director, Designated Alternate or Authorizing Official

Final claims for reimbursement will not be paid without receipt of Final Project Eval report by TSD.
Project Evaluation Report

Project No:
Project Name:
Agency:
Project Director:
TSD Project Manager:

Summary of Project:

List of the problem(s) impacted:

Project's major activities:

Accomplishments as they relate to the objectives:
Strengths and weaknesses of the implementation process:

Cost Summary:

<table>
<thead>
<tr>
<th>Amount paid by TSD:</th>
<th>$ 0.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount paid by Agency:</td>
<td>$ 0.00</td>
</tr>
</tbody>
</table>

Final Evaluation:

Evaluation Questions. (Attach additional pages as necessary)

1.

2.

3.

4.

Signature ____________________________ Date _____________
Agreements and Assurances (A&A’s):

- New versions in 2020, both federal and state funded
- FAST Act: Surface Transportation, or Highway Safety Bill
- Ensures compliance with grant funding requirements
  - Federal requirements, like ‘No Drugs’ Policy for agency
  - State requirements, like Purchasing & Contracts
  - Record Retention / Audit Requirements
  - Program Income
  - No lobbying!
- Eligible Use, Reimbursement, and Availability of Funds
  - Recovery of Grant Funds
A&A’s: Your Agency’s & Project Director’s Responsibilities

- Generally accepted accounting principles
- Job descriptions for grant-funded positions
- Copies of contracts (if being paid from grant)
- Compile and submit reports, claims, record retention
- Request Grant Adjustments from TSD
- Final Evaluation Report:
  - Summary of entire grant project (year) Activities/outcomes
  - Summary of Costs of the project (all)
  - Summarize Implementation and lessons learned so that future grantees can learn from your experiences
A&A’s Other Requirements

- **Travel**
  - All out-of-state travel needs pre-approval from TSD
  - Summarize all travel in Quarterly/Final Evaluation Reports
  - Per diem: Agency’s travel policy or GSA Rates (gsa.gov)
  - Tips not allowed to be reimbursed

- **Print Materials**
  - Pre-approval by TSD required
  - If developed and/or printed using grant funds, credit TSD
A&A’s Exhibit C (Federal)

- **Non-discrimination:**
- Grantee Agency must adhere to:
  - Title VI of the Civil Rights Act of 1964
  - Section 504 of the Rehabilitation Act 1973
  - American Disabilities Act of 1990
  - Equal Employment Opportunity
  - Minority Business Enterprises opportunities
  - Any contract > $10K must include same provisions
A&A’s
Other

- **Equipment and other Purchases**
  - If > $10,000 but less than $100K, obtain at least 3 quotes
  - If > $1,000, but < $10,000, it’s good practice to obtain at least 3 quotes (not required by the State, but may be required by your agency’s procurement policy)

- **Buy America Act**

- **Single item equipment cost > $5,000 (requires RVA)**
A&A’s Exhibit D (Federal)

- **Exhibit D**
  - Required reporting for receipt of Federal Grant funds

Primary grant Recipients awarded a new Federal grant greater than or equal to $25,000 as of October 1, 2010 are subject to FFATA sub-award reporting requirements as outlined in the Office of Management and Budgets guidance issued August 27, 2010. The prime awardee is required to file a FFATA sub-award report by the end of the month following the month in which the prime recipient awards any sub-grant greater than or equal to $25,000.

[https://www.fsrs.gov/](https://www.fsrs.gov/)
A&A’s Exhibit D con

- Three items unique to your agency:
  - Sub-recipient Name = Your Agency name tied to DUNS number
  - Sub-recipient Unique Identifier = Your agency’s DUNS number
    - One agency can have multiple DUNS numbers
    - Contact your fiscal officer or agent with questions
  - Approved Indirect Cost Rate / Letter
Allowable vs Unallowable Expenses

**Basic Guidelines**
- Necessary and reasonable
- Allocable to Federal awards
- Not prohibited under state or local laws
- Conform to principles set forth in those principles/laws
- Consistent with policy, regulation, and procedure
- Be accorded consistent treatment
- Generally accepted accounting principles
- *Not serve as match for another grant award*
- **BE ADEQUATELY DOCUMENTED**
Review

- TSD grant management processes and forms
- Who to contact TSD with questions
- When to submit reports and other project documents
- Federal Requirements
- State Requirements
- What’s expected of you and your agency
- What you can expect from TSD
- Networking with other transportation safety advocates and potential partners!

...All working Toward Zero Deaths
Wrap-Up

- What’s coming up next:
  ODOT-TSD’s 2019 Transportation Safety Conference
  - Registration
  - Start time

- On the horizon….still; (to be continued…..)
  - TSD Automated Grants Management System
    - No more paper
    - No more ‘original’ signatures
    - Web-based and interactive
Thank You

- ODOT-Transportation Safety Division

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