

NEW JERSEY DIVISION OF HIGHWAY TRAFFIC SAFETY GENERAL PROVISIONS FOR DHTS GRANTS

I. PURPOSE

This document establishes uniform requirements for the administration and reporting of expenditures of grants awarded by the New Jersey Division of Highway Traffic Safety (DHTS).

II. RECORDS AND RECORDS RETENTION

The following applies to all financial and programmatic records:

- A. Original documents, including time sheets, invoices, financial accounts and records must be maintained until audited or for three years after final payment, whichever is later.
- B. These accounts, documents, and records must be made available to representatives of this Division and/or authorized federal officials and auditors.
- C. They may be microfilmed and should be held in accordance with applicable retention schedules.

III. GRANT REVISIONS

- A. The following programmatic changes require prior approval in writing by the Program Advisors of the Division of Highway Traffic Safety.
 - Changes to project scope or objectives.
 - For all out-of-state travel.
 - Changes which transfer (through subgranting or other means) financial assistance or substantive programmatic work to a third party.
 - For all printed materials funded through the Division of Highway Traffic Safety.
 - Need to extend the project or grant period.

- B. The following financial changes require prior approval, in writing:
- Any revision requiring additional funding must be approved by the Director or Deputy Director of the Division of Highway Traffic Safety.
 - Changes which affect the salary rates as specified in original grant agreement must be approved by the DHTS Program Advisor.
 - Any request to transfer approved funding between originally budgeted line items requires approval by the DHTS Program Advisor.
- C. Notification of changes in Project Director or Financial Director should be submitted, in writing, to the Division of Highway Traffic Safety within 30 days, by the authorizing official from the governmental agency.

IV. REIMBURSEMENT OF EXPENDITURES

- A. Highway safety project grants are financed on a reimbursement basis.
- B. All prior approved costs for out-of-state travel are allowable for transportation, lodging, subsistence, and related items incurred by the grantee and in accordance with N.J. State Travel Regulations. Approval must be obtained from DHTS forty-five (45) days prior to anticipated travel by submitting a completed DHTS Travel Request Authorization Request form (DHTS F-6). A mileage cost for transportation is allowed when grantee is traveling by their own vehicle on approved official business. Mileage rate must be approved by the Division of Highway Traffic Safety. Parking and toll charges are allowed when proper receipts are submitted.
- Proper DHTS mileage log form must be maintained for each individual and submitted along with your claim for reimbursement.
- C. All costs associated with a grant sponsored seminar/workshop/training must have prior written approval. A properly completed authorization request form must be submitted to the DHTS Program Advisor for approval (DHTS F-7).
- D. The advertising costs allowable are those which are solely for the recruitment of personnel required for the grant program or for the solicitation of bids for the procurement of goods and services required under the terms of the grant. No other advertising costs are allowable.

E. Request for reimbursement must include the following Division of Highway Traffic Safety forms:

- State of New Jersey Payment Voucher [PV (6/93)]
- Expenditure Summary [DHTS F-1 (1/08)]
- Salary & Employee Expenditure Detail [DHTS F-2 (1/08)]
- Other Expenditure Detail [DHTS F-3 (1/08)]
- Equipment Inventory Record [DHTS F-4 (1/08)]
- DHTS Mileage Log [DHTS F-5 (1/08)]
- Travel Request Form [DHTS F-6 (1/08)]
- Seminar/Workshop/Trng Authorization Request [DHTS F-7 (1/08)]
- Daily Activity Report [DHTS F-8 (1/08)]
- Bi-Annual Certification [DHTS F-9 (1/08)]
- Bi-Weekly Time and Attendance Report [DHTS F-10 (1/08)]
- Payroll Certification Letter [DHTS F-11 (1/08)]

State of New Jersey Payment Voucher (PV) must have fields A, C, D, F, and G completed (**highlighted in yellow**) The payee must enter in the area of field A, the federal employer identification number assigned to the organization or his/her social security number if the payee is an individual. Other Expenditure Detail (DHTS F-3) and Equipment Inventory Record (DHTS F-4) must be accompanied by the following supporting documentation:

- Copy of the original purchase order request. Purchase(s) **may not** be initiated *prior* to project start date or **after August 1** of the current project period.
- Copy of vendor invoice indicating check number and date paid.
- Copy of cash receipt noting item and date of purchase. If contractual services, copy of contract, if not already submitted.
- Copy of travel expense voucher indicating check number and date paid. Itemized paid receipts for lodging, transportation, and registration fees.
- If applicable, Daily Activity Reports (DHTS F-8) for overtime activities must be filled out (all mobilizations and some year long grants). Contact your Regional Supervisor for direction.

If supporting documentation is not submitted, the claim may be returned.

F. Frequency of financial reports:

<u>Grant Amount</u>	<u>Invoice Schedule</u>
Less than \$3,000	Final Claim Only
\$3,000 to \$8,000	Midway and Final
\$8,000 to \$30,000	Quarterly and Final
\$30,000 and over	Monthly and Final

G. DEFINITIONS

PROJECT PERIOD

Time frame in which the grantee is allowed to incur cost for project activities as specified in the contract.

GRANT PERIOD

Time frame in which the grantee **MUST** claim reimbursement for project cost. The final invoice must be submitted within the **GRANT PERIOD**.

PROJECT DIRECTOR

This is the individual having direct responsibility for implementing and managing the project.

FINANCE DIRECTOR

The individual responsible or authorized to sign State invoices. They are responsible for receiving the financial package and carrying out the various accounting procedures necessary for the proper reporting of project expenditures. This person should be the chief financial officer of the governing body.

APPROVED SIGNATURE

The individual who signed the DHTS grant application. Those who are authorized as approved signatures on all financial forms (F-1 thru F-7.) **The voucher (PV) and payroll certification letter (DHTS F-11) must be signed by the CFO.**

All applicable purchase regulations, guidelines, and procedures established by state statute and local ordinance must be followed.

H. COMMODITIES

Any request for commodities (i.e. giveaways, promotional items) cannot exceed 4% of the total grant award. For example, an \$18,000 grant cannot have more than \$720 allocated for commodities. A separate justification will be needed if the 4% cap needs to be exceeded due to extraordinary circumstances. These justifications will be reviewed and approved on a case by case basis

V. EQUIPMENT

- A. "Equipment" means tangible, non-expendable, personal property having a useful life of more than one year and an acquisition cost of One Thousand Dollars (\$1,000) or more per unit.
- B. Equipment shall be used by the grantee in the program or project for the exclusive purpose for which it was acquired. If equipment is not used for the purpose intended, it may be repossessed.
- C. Equipment purchasing procedures should be initiated within 90 days of project approval and must be completed no later than **August 1** of current project period.
- D. Adequate maintenance procedures must be developed to keep the property in good condition.
- E. Property records, i.e., equipment inventory records must be maintained that include the description of the property, a serial number, cost, location, and a notation that equipment was purchased with DHTS federal grant funds.
- F. No equipment will be conveyed, sold, salvaged, or transferred without the written approval of the Director or Deputy Director of this Division.
- G. Prior approval (State and Federal) is needed for new and replacement equipment with a useful life of more than one year and an acquisition cost per unit (including accessory items essential to its operation) of \$5,000 or more.

VI. PROHIBITED POLITICAL ACTIVITIES

- A. No officer or employee of the state agency or political subdivision whose principal employment is in connection with any activity which is financed in whole or in part by federal highway safety grants shall take part in any prohibited political activities enumerated in the Hatch Political Activity Act 5 U.S.C. 118K (1985).

VII. EQUAL EMPLOYMENT OPPORTUNITY/AFFIRMATIVE ACTION

- A. Recipients of grants will not discriminate against any employee or applicant for employment because of race, religion, sex, age, color, or national origin.
- B. The applicant agency will take affirmative action to ensure that applicants are employed, and that employees are treated during employment, without regard to their race, creed, color, or national origin.
- C. The state agency or political subdivision and persons retained by the state agency or political subdivision under contract or subcontract shall not discriminate against any person on the basis national origin in the use of any property or facility acquired or developed pursuant to a federal highway safety grant, and shall comply with Title VI of the Civil Rights Act of 1964, 78 Stat. 252, 42 U.S.C. 1000-d to 2000-4.

VIII. CERTIFICATION REGARDING LOBBYING

Section 319 of Public Law 101-121 generally prohibits recipients of Federal contracts, grants, and loans from using appropriated funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a specific contract, grant, or loan. Section 319 also requires that each person who requests or receives a Federal contract, grant, cooperative agreement, loan or a Federal commitment to insure or guarantee a loan, must disclose lobbying.

For the purpose of this award, only those applicants and recipients whose agencies are in receipt of a federal contract, grant, or cooperative agreement exceeding Three Hundred Thousand Dollars (\$300,000) shall file either a Certification for Contracts, Grants, Loans, and Cooperative Agreements and/or disclosure statements.

Activities undertaken by grantees to educate local, state or Congressional officials are not subject to the funding prohibition. The prohibition on the use of appropriated funds does not apply to payments for professional and technical services if they are for the direct preparation, submission, and negotiation of a proposal/application for a Federal contract/grant.

IX. DRUG-FREE WORKPLACE REQUIREMENTS

In accordance with the Drug-free workplace Act of 1988, recipients of grants shall have a policy that provides for a Drug-free workplace.

X. PERSONNEL

The Highway Safety Act of 1966 states that NHTSA federal funds are intended for the purpose of initiating new safety program elements that have not previously been in effect or in significantly improving those that are ongoing. Therefore, funds awarded may not be used to fund positions which are currently funded through state, county or municipal governments, or other sources.

XI. TIME AND ATTENDANCE/CERTIFICATIONS (YEAR LONG GRANTS)

Grantees who receive partial or full funding for salaries must complete either time and attendance forms or semi-annual certifications. For grantees whose salaries are solely funded by a DHTS grant, a semi-annual (2 times a year) certification needs to be completed (DHTS F-9). For grantees whose salaries are funded through multiple sources (split funded positions), bi-weekly time and attendance forms must be completed (DHTS F-10). Contact your Regional Supervisor for clarification of this requirement.



**STATE OF NEW JERSEY
PAYMENT VOUCHER
(VENDOR INVOICE)**

DOCUMENT				BATCH				ACTG PER.	FY
TC	AGV	NUMBER		TC	AGV	NUMBER			
PP START		SCHED PAY			CHK	OFF	F	RF	CK
MO	DY	YR	MO	DY	YR	CAT	LIAB	A	TY
PO#		PV DATE						(A) VENDOR ID NUMBER	

CONTRACT NO.	AGENCY REF	BUYER	(B) TERMS	PAYEE: SEE INSTRUCTIONS FOR COMPLETING ITEMS (A) THROUGH (G)	(C) TOTAL AMOUNT
(D) PAYEE NAME AND ADDRESS				(E) SEND COMPLETED FORM TO:	

(F) **PAYEE DECLARATIONS**
 CERTIFY THAT THE WITHIN PAYMENT VOUCHER IS CORRECT IN ALL ITS PARTICULARS THAT THE DESCRIBED GOOD OR SERVICE HAVE BEEN FURNISHED OR RENDERED AN THAT NO BONUS HAS BEEN GIVEN OR RECEIVED ON ACCOUNT OF SAID DOCUMENT.

PAYEE SIGNATURE

PAYEE TITLE

BILLING DATE

REFERENCE				(G) PAYEE REFERENCE	
DC	AGY	NUMBER	LINE		

FUND	AGCY	ORG CODE	SUB-ORG	APPR UNIT	ACTIVITY CD	OBJECT CD	SUB-OBJ	REV SRCE	SUB-REV	PROJECT NO

RPT	BS ACT	DT	DESCRIPTION	QUANTITY	AMOUNT	ID	PF	TX

ITEM NO	COMMODITY CODE / DESCRIPTION OF ITEM	QUANTITY	UNIT	UNIT PRICE	AMOUNT

CERTIFICATION BY RECEIVING AGENCY: I certify that the above article have been received or services rendered as stated herein.

Signature

Title

Date

CERTIFICATION BY RECEIVING AGENCY: I certify that this Payment Voucher is correct and just, and payments is approved.

Authorized Signature

Title

Date

**NEW JERSEY DIVISION OF HIGHWAY TRAFFIC SAFETY
EXPENDITURE SUMMARY**

Reporting Agency: _____

Project Title: _____

Project Number: _____ **Project Period:** _____ **Grant Period:** _____

COST CATEGORY	BUDGETED AMOUNT	PREVIOUS CLAIMS	SUB-TOTAL BALANCE	CURRENT CLAIM	BALANCE
A. Personal Services	_____	_____	_____	_____	_____
B. Contractual Services	_____	_____	_____	_____	_____
C. Commodities	_____	_____	_____	_____	_____
D. Other Direct Costs	_____	_____	_____	_____	_____
E. Indirect Costs	_____	_____	_____	_____	_____
TOTAL	=====	=====	=====	=====	=====

I certify that this Expenditure Summary and all attached Detail Reports are correct in all their particulars and are in compliance with the General Provision for Highway Traffic Safety grants as provided by the N.J. Division of Highway Traffic Safety.

Approved Signature: _____

Title: _____

Date: _____

**NEW JERSEY DIVISION OF HIGHWAY TRAFFIC SAFETY
TRAVEL AUTHORIZATION REQUEST**

Name: _____

Date _____

Grant No.: _____

Conference/Training Description:

Title of Conference/Training: _____

Sponsor: _____

Location: _____

Date of Conference/Training: _____

Others Attending: _____

Date of Departure: _____

Approximate Time: _____

Date of Return: _____

Approximate Time: _____

Estimate Costs:

Mode of Travel: Air _____ Rail _____ \$ _____

Agency Vehicle _____ Personal Vehicle _____

Tolls \$ _____

Miles _____ X .31 a mile \$ _____

Parking _____ \$ _____

Total \$ _____

(If travel is by air or rail, please indicate airport or train station
you are leaving from and also approximate time of flights.)

Ground Transportation:

Round trip home to airport/train station:

_____ \$ _____

_____ \$ _____

Round trip at conference site:

_____ \$ _____

_____ \$ _____

Total \$ _____

Registration Fee:

\$ _____

Estimated Costs Per Diem:

Hotel Name: _____

Address: _____

of nights _____ X daily rate \$ _____ = Total \$ _____

Meals

Breakfast \$ _____ x _____ days= \$ _____

Lunch \$ _____ x _____ days= \$ _____

Dinner \$ _____ x _____ days= \$ _____

Total Meals \$ _____

* Gratuities @ \$ per day \$ _____

TOTAL TRAVEL \$ _____

*Gratuities should be reasonable and based on
DHTS Program Advisor approval (i.e., maid service
baggage handling, etc.)

JUSTIFICATION FOR ATTENDANCE MUST BE ATTACHED ALONG WITH CONFERENCE BROCHURES,
REGISTRATION FORM(S) AND AGENDAS.

Approved: _____

Dissapproved: _____

Program Advisor: _____

Date: _____

**NEW JERSEY DIVISION OF HIGHWAY TRAFFIC SAFETY
GRANT SPONSORED SEMINAR/WORKSHOP/TRAINING AUTHORIZATION REQUEST**

All requests must be submitted to the Division of Highway Traffic Safety Grant Program Advisor for approval *prior* to the event. Failure to obtain *prior written* approval may result in non-payment of related expenses.

Requesting Agency: _____

Grant Number: _____ Date of Request: _____

Description of Function: _____

Location: _____

Date of Function: _____ *Anticipated Number of Attendees: _____

*List of attendees must be submitted with claim for reimbursement.

PLEASE ITEMIZE ALL ANTICIPATED COSTS:

Meals	\$	_____
Room Rental	\$	_____
Equipment	\$	_____
Guest Speaker(s)	\$	_____
Other	\$	_____

Estimated Total \$ _____

COMMENTS: _____

Prepared by: _____ Title: _____
Project Director

(Do not write below this line. For NJ Division of Highway Traffic Safety use only.)

Approved: _____ Dissapproved: _____

COMMENTS: _____

DHTS PROGRAM ADVISOR

DATE



State of New Jersey
Division of Highway Traffic Safety



Grantee Daily Report Form

Sample

POLICE DEPARTMENT: _____

DATE: _____

OFFICER:(Print) _____

Hours Worked - From: _____ To: _____ Total O.T. Hours: _____

Total number of summonses issued: _____

Roving Patrol: _____ (Or) Fixed Checkpoint: _____
(Check one if applicable)

Summonses issued by category:

DWI Arrests: _____ Seat Belt: _____

Child Restraint: _____ Felony Arrests: _____

Stolen Vehicles: _____ Fugitives Apprehended: _____

Suspended Licenses: _____ Uninsured Motorist: _____

Speeding: _____ Reckless Driving: _____

Drug Arrests: _____ Other Moving and Non-Moving: _____

Officer Signature: _____ Date: _____

Approved by: _____ Date: _____

******THIS FORM MUST BE COMPLETED BY EACH OFFICER FOR EVERY PROJECT OVERTIME DETAIL WORKED. THERE MUST BE TWO DIFFERENT SIGNATURES ON THE REPORT. THE PERSON WORKING THE OVERTIME SHIFT CANNOT BE THE SAME PERSON WHO REVIEWS AND APPROVES THE REPORT.******

**N.J. DIVISION OF HIGHWAY TRAFFIC SAFETY
GRANT CERTIFICATION - (SINGLE FEDERAL GRANT)**

In accordance with Federal OMB Circular A-87, the undersigned certifies that he/she has worked solely on the single Federal award identified below for the period **April 1, 2007 to September 30, 2007.**

Federal Award/Grant Program _____

Description of Activity Performed _____

EMPLOYEE NAME: _____

EMPLOYEE SIGNATURE: _____ DATE: _____

SUPERVISOR NAME: _____

SUPERVISOR SIGNATURE: _____ DATE: _____

(Grantee's Letter Head)

Date: _____

New Jersey Division of Highway Traffic Safety
P.O. Box 048
Trenton, NJ 08625-0048

Re: Grant #: _____

Project Title: _____

Payroll Certification In Lieu of Payroll Register:

Dear: _____

In lieu of Payroll Registers, I hereby certify that the (the name of grantee), has disbursed the salaries through its regular payrolls, to the following employees who participated in the captioned project. The total salary amount claimed on this reimbursement claim is for the period (mention the period).

Name of Employee	Hours Claimed	Hourly Rate	Amount Claimed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total \$			

I also enclose herewith the DHTS F-2 Form Salary Expenditure Detail Form duly filled in, along with the relevant Daily Activity Reports, for your approval. I understand that the burden of proof lies with (Name of Grantee) in the absence of the Payroll documentation, while claiming reimbursement from the Division of Highway Traffic Safety. Payroll documentation must be maintained for a period of three years for possible future audit purposes.

If you have any questions please give me a call at (Telephone #). Thank you.

Sincerely,

(Name of Authorized Person)
Chief Financial Officer

Enclosure