



Occupant Protection Attachment A

Date: 12/1/10

- 1. Warrant Issued To: Your City Police Dept.
123 Main St
- 2. Claim Number: 1
- 3a. Prepared By: John Doe
- 3b. Telephone Number: 888-123-4567
- 3c. E-Mail Address: John@PD.com
- 4. Project Number: 889-0000-999
- 5. Period Covered: Nov 1-30, 2010
- 6. Location of Records: 123 Main Street
Your City, IL 00000

7. Project Costs by Budget Category:

	A Approved Budget For Occupant Protection Enforcement	B Expended this Period For Occupant Protection Enforcement
Personal Services	32,500-	1062 50
Equipment	2,000-	
Oper / Auto / Equip	1500-	
TOTAL	36,000-	1062 50
8. Amount of Claim		1062 50

Certification:

I certify that costs claimed have been incurred for the purposes specified in the Project Agreement:

John Smith (Project Director) 12/1-10 (Date)

Dave Thomas (Authorizing Representative) 12/1/10 (Date)

Authorization for payment by Division of Traffic Safety:

(Division of Traffic Safety) _____ (Date)

RECEIVED: _____

DATE STAMP

**Attachment B
Occupant Protection - STEP
Claim for Reimbursement Cover Sheet**

Project Number: _____
 Reimbursement Claim Number: _____
 Budget Category (line item): _____
 Claim Period: _____

Date Issued	Payee	Federal Amount	Check Number
11/15/10	John Smith	500-	#15750
11/15/10	Mary Martin	562.50	DD
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	TOTAL	1062.50	

Complete a separate Cover Sheet for each line item category claimed.

**Attachment C
Occupant Protection - STEP
For Law Enforcement**

Overtime Hire-back Cost Documentation

Personal Services

Employee: Mary Martin Base Hourly Wage: 25.00
 Date(s) Worked: Nov 4, 6, 9 Overtime Hourly Rate: 37.50
 Total Project Hours: 15 **TOTAL:** 562.50

Operation of Automotive Equipment

Odometer Readings:

Date: <u> / / </u>	Beginning: _____	Ending: _____	TOTAL: _____
Date: <u> / / </u>	Beginning: _____	Ending: _____	TOTAL: _____
Date: <u> / / </u>	Beginning: _____	Ending: _____	TOTAL: _____
Date: <u> / / </u>	Beginning: _____	Ending: _____	TOTAL: _____
Date: <u> / / </u>	Beginning: _____	Ending: _____	TOTAL: _____
Date: <u> / / </u>	Beginning: _____	Ending: _____	TOTAL: _____
Date: <u> / / </u>	Beginning: _____	Ending: _____	TOTAL: _____
Date: <u> / / </u>	Beginning: _____	Ending: _____	TOTAL: _____
Date: <u> / / </u>	Beginning: _____	Ending: _____	TOTAL: _____
Total Mileage			_____

I certify that the above listed officer has been certified by ILETSB and has worked his/her scheduled hours (documented hours) and is eligible for overtime compensation.

Employee Signature: Mary Martin
 Supervisor's Signature: Dave Spenser

This form is to be completed for each individual officer for each campaign.

Instructions for TS 500b

1. **Warrant Issued To:** The applicant agency and address as it appears on the agreement. This is where the check will be mailed.
2. **Claim Number:** Number of this claim, i.e. Claim No. 1 – Progress, then Claim No. 2 – Progress and so on until Claim No. ____ Final.
3. **Prepared By:** Name, telephone number and e-mail address of individual who prepared the claim.
4. **Project Number and Type:** Use the same number as on Page 1 of the agreement.
5. **Period Covered:** Dates covered by this claim.
6. **Location of Records:** Indicate the agency and address where fiscal records are kept for three years after the final claim has been reimbursed.
7. **Project Costs by Budget Category:**
 - A – Approved Budget: Enter the approved federal amount for the occupant protection campaign from Page 1 of the agreement. Reflect any approved revision to the budget that occurred among line items.
 - B – Expended this Period: Summarize the federal expenditures incurred during this claim period.
8. **Amount of Claim:** Enter the total amount to be reimbursed for the claim.
 - **The Project Director and Authorizing Representative**, as appears in Items 7A and 7B of the Agreement **must sign and date the claim form.**
 - **Mail the original claim form** (with appropriate signatures) and the **supporting documentation** (see Agreement condition 8G – Method of Payment) to your grant manager.
 - **The final claim for reimbursement must be received by the grant manager by November 1.**
 - Allow 4-6 weeks for processing and payment of claims. All evaluation and reporting requirements must be completed before each claim for reimbursement will be processed for payment.