

FORM 11 – REIMBURSEMENT CLAIM FOR ODWI/OBD GRANTS



Traffic Safety Bureau (505) 827-0427 1-800-541-7952

REIMBURSEMENT CLAIM FOR ODWI/OBD GRANTS

1. AGENCY: _____ COORDINATOR: _____
 PHONE #: _____ 2. MONTH/ SUPER BLITZ PERIOD: _____

3. OPERATION DWI (ODWI) PROJECT AGREEMENT #:						
4. Costs Calculated at: <input type="checkbox"/> Regular rate <input type="checkbox"/> Task Force rate						
5. # Checkpoints:		Cost per Checkpoint: \$		Total Checkpoint Cost: \$		
6. # Officers in Saturation Patrols		Total hours Saturation Patrols		Hourly Rate per Officer		Total Sat Pat Cost: \$
7. Other Costs (Other than CP and SP - Attach appropriate forms to insure reimbursement in this category)						Total \$:
8. Commodities (Attach appropriate form to insure reimbursement in this category) Copies of invoices and checks should be attached with each claim.						Total \$:
9. CLAIM NO. FY09 - _____			10. TOTAL ODWI REIMBURSEMENT: \$ _____ (total costs for #5, #6, #7, and #8)			
11. OPERATION BUCKLE DOWN (OBD) PROJECT AGREEMENT #						
12. # Units worked (2 hrs = 1 Unit)		Cost per Unit: \$		Total cost OBD Enforcement: \$		
13. (See page 2 for details)		Total cost OBD Personal Services:			\$	
14. CLAIM NO. FY09 - _____			15. TOTAL OBD REIMBURSEMENT: \$ _____ (total costs for #12 and #13)			
16. Is this the FINAL request for ODWI for the year? YES NO			Is this the FINAL request for OBD for the year? YES NO			
17. Name & Address to mail reimbursement check:						
Agency Name:			Street/ P.O. Box:			
City:			State: NM		Zip code:	
<i>For authorized agency representative and payroll administrator:</i> "We hereby certify to the best of our knowledge and belief, the information is correct; these services have been provided; expenditures are properly documented and will not be charged to another funding source; and these funds do not supplant any of our current funding."						
18. Name of LE Official:			Signature:		Date:	
Name of Payroll Administrator:			Signature:		Date:	
TSB Program Manager:			Signature		Date:	

19. For statistical reporting: Fax Page 2 (and Page 3, if used) to Safer New Mexico Now, C/O Project Coordinator at (505) 471-3986, before the 3rd of the month following the month being reported.

20. For reimbursement: Submit this cover sheet (Page 1), with original signatures, and Page 2 (and Page 3, if used) to Safer NM Now, 3220 Richards Lane, Suite A, Santa Fe, NM 87507. **Please do not send backup documentation.**

FORM 12 – ODWI/OBD ACTIVITY REPORT



Traffic Safety Bureau (505) 827-0427 1-800-541-7952

ODWI/ OBD ACTIVITY REPORT

21 . Agency: _____ Month/ Super Blitz Period: _____

22. OPERATION DWI (ODWI) ACTIVITIES					
Date:		<input type="checkbox"/> Checkpoint		<input type="checkbox"/> Saturation Patrol - # Officers:	
Location:	Start Time:	End Time:	Direction Traffic	# Vehicles	
# DWI arrests				# Suspended/ Revoked	
# Safety belt citations				# Uninsured motorists	
# Child restraint citations				# Speeding	
# Felony arrests				# Reckless Driving	
# Stolen vehicles recovered				# Drug Arrests	
# Fugitives apprehended				# Other Citations	
23. OPERATION BUCKLE DOWN ACTIVITIES			OBD ENFORCEMENT		
			Spotter Used: _____ Yes _____ No		Total # Units Worked:
# DWI arrests				# Suspended/ Revoked	
# Safety belt citations				# Uninsured motorists	
# Child restraint citations				# Speeding	
# Felony arrests				# Reckless Driving	
# Stolen vehicles recovered				# Drug Arrests	
# Fugitives apprehended				# Other Citations	
24. OBD – PERSONAL SERVICES – Overtime for Training/ Car Safety Seat Clinics/ Fitting Stations					
Officer Name	List Activity	Date	Total Hours	Hourly Rate x 1.5	Total Paid
25. OBD – PERSONAL SERVICES – Per Diem for Officer(s) to attend Training (Operation Kids or 4-Day NHTSA Standardized Child passenger Safety Training):					
Officer Name	List Activity	Date	Total Hours	Hourly Rate x 1.5	Total Paid
26. PUBLIC INFORMATION AND EDUCATION: For each of the following activity categories, please circle "No" or "Yes" and give details.					
News Release?	NO	YES	(List names of media):		
PSAs?	NO	YES	(List stations):		
Broadcast interviews?	NO	YES	(List stations):		
Other activities?	NO	YES	(Give details):		
Trends/ Problems/ Comments:					

FORM 12.1 – ODWI ACTIVITY REPORT (Continuation)



Traffic Safety Bureau (505) 827-0427 1-800-541-7952

ODWI Activity Report (Continuation)

Agency: _____ Month/Super Blitz Period: _____

OPERATION DWI (ODWI) ACTIVITIES				
Date:		<input type="checkbox"/> Checkpoint		<input type="checkbox"/> Saturation Patrol - # Officers:
Location:	Start Time:	End Time:	Direction Traffic	# Vehicles
	# DWI arrests		# Suspended/ Revoked	
	# Safety belt citations		# Uninsured motorists	
	# Child restraint citations		# Speeding	
	# Felony arrests		# Reckless Driving	
	# Stolen vehicles recovered		# Drug Arrests	
	# Fugitives apprehended		# Other Citations	
OPERATION DWI (ODWI) ACTIVITIES				
Date:		<input type="checkbox"/> Checkpoint		<input type="checkbox"/> Saturation Patrol - # Officers:
Location:	Start Time:	End Time:	Direction Traffic	# Vehicles
	# DWI arrests		# Suspended/ Revoked	
	# Safety belt citations		# Uninsured motorists	
	# Child restraint citations		# Speeding	
	# Felony arrests		# Reckless Driving	
	# Stolen vehicles recovered		# Drug Arrests	
	# Fugitives apprehended		# Other Citations	
OPERATION DWI (ODWI) ACTIVITIES				
Date:		<input type="checkbox"/> Checkpoint		<input type="checkbox"/> Saturation Patrol - # Officers:
Location:	Start Time:	End Time:	Direction Traffic	# Vehicles
	# DWI arrests		# Suspended/ Revoked	
	# Safety belt citations		# Uninsured motorists	
	# Child restraint citations		# Speeding	
	# Felony arrests		# Reckless Driving	
	# Stolen vehicles recovered		# Drug Arrests	
	# Fugitives apprehended		# Other Citations	
Trends/ Problems/ Comments:				

INSTRUCTIONS FOR COMPLETING ODWI/OBD FORMS

1. Agency's name; Coordinator's name and phone number.
2. Month/Super Blitz Period, i.e., October 2007, November 16, 2007 – December 2, 2007, etc. (submit each month even if no reimbursement is requested).

REIMBURSEMENT CLAIM FORM

3. ODWI Project Agreement # (see current Project Agreement).
4. Check box for the cost calculated at regular rate or task force rate (see Project Agreement, *Scope of Work*).
5. Number of checkpoints times the cost per checkpoint = total checkpoint cost.
6. For saturation patrols, the total number of officers working each saturation patrol times total hours worked by each officer, times hourly rate per officer = Total sat. pat. Cost.
7. Other Costs (as defined on page 11), if requesting. Attach any appropriate forms to ensure reimbursement.
8. Cost of Commodities (as defined on page 10), if requesting. Attach any appropriate forms.
9. Claim No. FY08-_____ (i.e., November 2007 could be Claim number 1 for ODWI Agreement).
10. Total ODWI Reimbursement = Total checkpoint cost + total sat.pat.cost + 10% Indirect Costs + total OT for court.
11. OBD Agreement # (see current Project Agreement).
12. Number of units times cost per unit (see *Scope of Work*) = total cost OBD Enforcement.
13. OBD Personal Services (include amounts paid for overtime for training, car seat clinics, and/or fitting stations and amounts paid for per diem to attend approved training).
14. Claim No. FY08-_____ (i.e., November 2007 could be claim number 2 for OBD Agreement).
15. Total OBD Reimbursement = Total claimed for OBD Enforcement + total claimed for Personal Services.
16. Final Request – Is this the last reimbursement request for the project year? Circle YES or NO, as appropriate.
17. Name/Address to mail reimbursement check.
18. Be sure to print the LE official and Payroll Administrator names and have them sign and date the appropriate lines. LE official signing must be same individual listed in Project Agreement (*Scope of Work*). If this individual changes during the course of the grant cycle, Agency Head should send a letter to the Traffic Safety Bureau, with a copy to Safer New Mexico Now, advising who is authorized to sign.
19. For statistical purposes, fax activity report form to Safer New Mexico Now at (505) 471-3986 before the 3rd of the following month.
20. Mail the original Claim Form and Activity Report form(s) with signatures to Safer New Mexico Now, 3220 Richards Lane, Suite A, Santa Fe, NM 87507. **Do not send backup documentation.**

ODWI/OBD ACTIVITY REPORT FORM

21. Fill in Agency Name and the Month/Super Blitz Period.

Operation DWI:

22. Fill in date of activity and check box for activity conducted, i.e., checkpoint or saturation patrol, location (cross streets/highway/etc.), start and end time, direction of traffic, i.e. north, east, south or west; number of vehicles through the area, number of DWI arrests, etc. If not all the officers worked the same number of hours on a saturation patrol, include detail of hours worked for each officer (list in shaded area). List each date separately and attach additional sheets if necessary.

Operation Buckle Down:

23. List the total number of units (2-hour blocks) for the entire month and list the number of seatbelt citations, number of child restraint citations etc.
24. Personal Services – overtime for training, car seat clinics, and/or fitting stations – list the officer(s), indicate which activity, i.e., training, etc., the date, total hours worked, hourly rate X 1.5, and total amount paid.
25. Personal Services – per diem for officer(s) to attend training (Operation Kids or 4-Day NHTSA Standardized Child Passenger Safety) – list the officer(s), course title, date(s), and total amount paid.

Activity Report Form, Public Information and Education Section

26. Circle Yes or No and provide the details (do not attach clippings). However, include other activities and add any trends, problems, or other comments. This provides important historical and statistical data, i.e. problems noted, solutions attempted, what worked, what did not, etc.

FORM 15 – PROJECT REIMBURSEMENT FOR OVERTIME



Traffic Safety Bureau (505) 827-0427 1-800-541-7952

PROJECT REIMBURSEMENT CLAIM for OVERTIME

1. Claim Number: _____ 2. TSB Project Agreement #: _____ 3. Period of Claim: ____/____ to ____/____
 4. Grantee Name: _____ Address: _____
 _____ Zip _____

(where check should be sent)

5. NAME	6. DATES WORKED	7. Type of Overtime (regular, dispatcher, court)	8. # OF OVERTIME HOURS WORKED	9. OVERTIME HOURLY RATE	10 TOTAL PAID AMOUNT
11.TOTALS					

I hereby certify to the best of my knowledge and belief, the above information is correct, expenditures are properly documented, and copies of all required documentation are attached, when required or on file for review. All payments requests listed are not funded by any other funding source. Funds being claimed were not used to supplant (Replace routine and/or existing State or local expenditures with the use of project agreement funds and/or use these funds for costs of activities that constitute general expenses required to carry out the overall responsibilities of State, local, or federally-recognized Indian tribal governments). The GRANTEE has not billed another funding source for the same items and/or services being claimed on this form.

12. IS THIS A FINAL REIMBURSEMENT CLAIM? _____ YES _____ NO

13. CERTIFIED CORRECT BY:

_____ Date _____
 Project Director Signature

_____ Date _____
 Print Project Director Name

14. Authorized for payment by:

_____ Date _____
 TSB Program Manager

FORM 15 – PROJECT REIMBURSEMENT FOR OVERTIME

INSTRUCTIONS FOR COMPLETING A PROJECT REIMBURSEMENT CLAIM FOR OVERTIME

1. **Claim Number:** Fill out claim numbers in sequence, i.e. 1, 2, 3, 4, etc.
2. **TSB Project Agreement Number:** i.e. 02-EE-05-115
3. **Period of Claim:** Dates when work was performed
4. **Grantee Name:** Agency name and mailing information; address where check should be mailed

5. **Name:** Name of officer
6. **Dates Worked:** Dates officer worked
7. **Type of Overtime:** List type of overtime worked, such as regular, dispatcher, court
8. **# of Overtime Hours Worked:** Total hours officer worked
9. **Overtime Hourly Rate:** Round to 2nd decimal place
10. **Paid Amount:** Total amount paid to officer
11. **Totals:** Total columns 7 and 9

12. **Is this the final reimbursement claim?:** All claims should be marked (X) No, unless it is the final claim, in which case, mark (X) for Yes

13. **Certified Correct by:** Claim must be signed and dated by the approved Project Director.
14. **Authorized for Payment by:** To be signed and dated by TSB Program Manager