

Dashboard

Use the below panels to work with your Grants and Funding Opportunities...

Announcements

Drive Sober Area Briefings - Central Kentucky

- August 3rd - 11:00am - Mark's Feed Store, Elizabethtown
- August 5th - 11:00am - Rooster's, Lexington
- August 10th - 11:00am - Sonny's BBQ, Somerset
- August 12th - 11:00am - Creekside, Campbellsville

DSGPO Area Briefings - Northern Kentucky

- August 5th - 11:00am - Cracker Barrel, Dry Ridge
- August 6th - 11:00am - General Butler State Park, Carol County

My Tasks

> Filter

My Tasks

| Name | Organization | Status | Due Date | Document Type | Status Date |
|-------------------|------------------------------|------------------------------------|-----------------------|--|------------------------|
| LE-2021-TEST-150 | Grantee Testing Organization | Application in Process | | Law Enforcement Grant Application 2022 | 12/11/2020 10:51:48 AM |
| LE-2021-TEST-152 | Grantee Testing Organization | Application Modifications Required | 7/30/2025 11:59:59 PM | Law Enforcement Grant Application 2022 | 2/11/2021 3:03:30 PM |
| LE-2022-TEST-0154 | Grantee Testing Organization | Application in Process | | Law Enforcement Grant Application 2022 | 1/26/2021 10:33:24 AM |

Initiate Related Document

My Opportunities

| Name | Provider | Availability | Short Description |
|---------------------------------------|-----------------------------------|--|---------------------------------------|
| Law Enforcement Grant Application | Kentucky Office of Highway Safety | 2/4/2021 12:00:00 AM - 9/12/2021 12:00:00 AM | Law Enforcement Grant Application |
| Non-Law Enforcement Grant Application | Kentucky Office of Highway Safety | 2/4/2021 12:00:00 AM - 8/15/2021 12:00:00 AM | Non-Law Enforcement Grant Application |

Dashboard

Use the below panels to work with your Grants and Funding Opportunities...

Initiate Related Document

Select a parent document and available related document. Use the Create button to initiate the related document.

Document Identifier

Parent Document

Available Documents

Create

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My Opportunities

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| Due Date | Document Type | Status Date |
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 - Claim Information
- Activity Reporting
 - SECTION A: Agency Overtime Worksheet
 - SECTION B: Officer Overtime Activity Report
- Financial Reporting
 - SECTION C: Detailed Expenditures Report
 - SECTION D: Reimbursement Claim Summary
- Supporting Documentation
 - Equipment
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- Landing Page
- Add/Edit People
- Status History
- Modification Summary
- Go to the top

Document Landing Page

View document details.

| Law Enforcement Reimbursement Claim 2022 | Law Enforcement Reimbursement Claim 2022 | Reimbursement Claims |
|---|---|--|
| PT-2022-00-00-169-001 | | |
| Organization Grantee Testing Organization | Your Role Agency Project Director | Period Date 9/1/2021 12:00:00 AM 10/30/2022 12:00:00 AM |

All sections must be complete with check marks to submit

- Claim Information*
- Activity Reporting*
- Financial Reporting*

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Claim Information

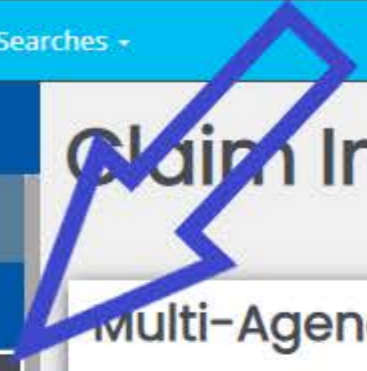
New Note Save Delete
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Multi-Agency Reporting

Are you requesting reimbursement for multiple agencies? YES NO

Checkpoint Enforcement Reporting

Are you reporting checkpoint activity in this claim? YES NO



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SECTION A: Agency Overtime Worksheet

Agency Overtime Worksheet

| | | | |
|----------------|----------------------------|-------------------|------------------|
| Grant Name | Agency Name | Grant Number | Reporting Period |
| Highway Safety | Antee Testing Organization | PT-2022-00-00-169 | N/A - N/A |

Agency Overtime Patrol Enforcement

Patrol Enforcement Activity

Instructions

- For each officer that completed overtime **patrol enforcement** activity, fill in the following information for the specified reporting period:
 - Officer Name
 - Hours Worked
 - OT Hourly Rate
 - Employee benefit rates (if applicable)
 - Federal Insurance Contributions Act (FICA %)
 - Retirement (RET %)
 - Workers Compensation (W.COMP %)
 - Citations
 - Arrests
 - Warnings
- Click the add/delete (+)/(-) buttons at the top of each section to add/remove officers with different benefit rates.
NOTE: If you add/delete a section after the initial save, you must click **Save** to store the changes.
- Once each table is complete with all officer data, click **SAVE**.

| Agency Overtime Patrol Enforcement Information | | | | FICA(%) | RET(%) | W.COMP(%) | |
|--|--------------|----------------|-----------|---------|----------|-----------|---------------|
| Officer Name | Hours Worked | OT Hourly Rate | Gross Pay | 7.65 | 39.58 | 2.75 | Officer Total |
| John Smith | 15.00 | \$ 32.0000 | \$480.00 | \$36.72 | \$189.98 | \$13.20 | \$719.90 |
| | | | \$0.00 | \$0.00 | \$0.00 | | \$0.00 |

Bianca Jenkins -
New Note | Save | Delete
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Attention
Documentation to support the reported activity is required.

- Forms
- Claim Information
- Activity Reporting
- SECTION A: Agency Overtime Worksheet
- SECTION B: Officer Overtime Activity Report
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- SECTION C: Detailed Expenditures Report
- SECTION D: Reimbursement Claim Summary

| | | | | | | | |
|--------|-------|----|----------|---------|----------|---------|----------|
| | | \$ | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| | | \$ | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| | | \$ | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| | | \$ | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| | | \$ | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| | | \$ | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| | | \$ | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| | | \$ | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| | | \$ | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| | | \$ | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| | | \$ | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| | | \$ | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Totals | 15.00 | | \$480.00 | \$36.72 | \$189.98 | \$13.20 | \$719.90 |

New Note Save Delete



Supporting Documentation



- Instructions**
- Upload documentation to support the enforcement activity entered in the tables above for the specified reporting period.
 - For each file uploaded, a title and/or description of the file content is required.
 - Click the add/delete (+)/(-) buttons at the end of each row to add/remove files.
- NOTE:** If you add/delete an uploaded file after the initial save, you must click **Save** to store the changes.

| Title/Description | Attachment |
|-------------------|---|
| Detail Logs | Select |
| 11 of 150 | PT-2021-CG-10 ColdSpring claim9.pdf 1.20 MB |

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| | | | |
|------------------------------|---|-----------------------------------|------------------|
| Grant Name Highway Safety | Agency Name Grantee Testing Organization | Grant Number PT-2022-00-00-169 | Reporting Period |
|------------------------------|---|-----------------------------------|------------------|

Patrol Enforcement Activity

| | |
|-------------------------------------|-------|
| Total Patrol Hours | 15.00 |
| 1. DUI Arrests | 0 |
| 2. Other Arrests | 0 |
| 3. Speeding Citations | 23 |
| 4. Seat Belt Citations | 8 |
| 5. Child Restraint Citations | 0 |
| 6. Other Traffic Citations | 14 |
| 7. Written Warnings (Other Traffic) | 0 |
| 8. Distracted Driving | 0 |
| Total Contacts | 45 |
| Contact Ratio | 3.00 |

← Auto populated from Agency Overtime Worksheet



Signature Approval?

Agency Signature

I affirm and certify that the above information is true and correct to the best of my knowledge.

| | | |
|------------------|---------------------|------------|
| Project Director | Title | Date |
| Bianca Jenkins | Project Coordinator | 08/04/2021 |

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- Print Document

SECTION C: Detailed Expenditure Report

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Instructions:

- Indicate current expenditures for the current reporting period required to accomplish grant activity.
- For the Personnel section, click the add (+) button to add additional personnel service details.
- Click the **SAVE** button to update and store all calculated values.
- After saving this page, review the **SECTION D: Reimbursement Claim Summary** for accuracy before submission.

Project Expenditure Report

Claim Information

| | | | |
|-----------------------------------|--|---|--|
| Grant Number PT-2022-00-00-169 | Prepared By Bianca Jenkins | Prepared By Phone (517) 336-2500 | Prepared By Email mdonelson@agatesoftware.com |
| Claim Number 1 | Claim Period FROM: 10/1/2020 TO: 10/31/2020 | Claim Type PROGRESS <input checked="" type="radio"/> FINAL <input type="radio"/> | |

Complete this box with accurate claim information

Detailed Expenditures

Review Detailed Expenditures

Personnel Services

Instructions

- Complete the **Section A: Officer Overtime Worksheet(s)** to detail overtime hours worked for each officer fulfilling grant obligations for the current period.
- The total **Officer Pay** from all worksheets represent the **Current** amount below.
- Click the **SAVE** button to ensure all expenditure totals and balances have been properly copied from the worksheet and stored to this expenditure report.

| | Current | Approved | Cumulative to Date | Balance |
|---------|----------|-------------|--------------------|------------|
| Totals: | \$719.90 | \$10,000.00 | \$719.90 | \$9,280.10 |

PT-2022-00-00-169-001
 Activity Reporting

SECTION A: Agency Overtime Worksheet

SECTION B: Officer Overtime Activity Report

Financial Reporting

SECTION C: Detailed Expenditures Report

SECTION D: Reimbursement Claim Summary

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Equipment

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Notes

Print Document

Status Options

| | | | |
|-------------------|-------------------------|-----------------|-----------------------------|
| PT-2022-00-00-169 | Bianca Jenkins | (517) 336-2500 | mdonelson@agatesoftware.com |
| Claim Number | Claim Period | Claim Type | |
| 1 | 10/01/2020 - 10/31/2020 | Progress Report | |

New Note Save Delete

Project Expenditures

Instructions

1. Complete the [Section C: Detailed Expenditures Report](#) to detail costs incurred fulfilling grant obligations for the current period.
2. The total **Current** amount from each category from the report represent the **Actual Cost** amount below.
3. Click the **SAVE** button to ensure all expenditure totals and balances have been properly copied from the detailed expenditure report and stored to this claim summary.
4. Enter a **Match Amount** where applicable. The total calculated **Federal Amount** from each category will be reimbursed from the awarded grant funds.

Enter potential "Match" amounts

Cost Categories

| Cost Categories | Budgeted Amount | Expended Amount | Actual Cost | Match Amount | Federal Amount | Balance |
|-------------------|--------------------|-----------------|-----------------|---------------|-----------------|-------------------|
| Personnel | \$10,000.00 | \$0.00 | \$719.90 | \$ | \$719.90 | \$9,280.10 |
| Fuel | \$0.00 | \$0.00 | \$0.00 | \$ | \$0.00 | \$0.00 |
| Travel & Training | \$0.00 | \$0.00 | \$0.00 | \$ | \$0.00 | \$0.00 |
| Equipment | \$0.00 | \$0.00 | \$0.00 | \$ | \$0.00 | \$0.00 |
| Other | \$0.00 | \$0.00 | \$0.00 | \$ | \$0.00 | \$0.00 |
| Total | \$10,000.00 | \$0.00 | \$719.90 | \$0.00 | \$719.90 | \$9,280.10 |

Signature Approval ?

Agency Signature

I certify that actual costs claims have been incurred for the purposes specified in this Highway Safety Project, and that the original documentation to support these costs is available. I understand that all unsupported costs will be charged against this project at time of audit.

| Project Director | Title | Date |
|------------------|---------------------|------------|
| Bianca Jenkins | Project Coordinator | 08/04/2021 |

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 - Notes
- Document
- Status Options**
- Reimbursement Claim Submitted
- Reimbursement Claim Cancelled
- Related Documents

| | |
|-------------------|--|
| Fuel | |
| Travel & Training | |
| Equipment | |
| Other | |
| Total | |

Status Options

Are you sure that you want to change the status from Reimbursement Claim in Process to Reimbursement Claim Submitted?

Please enter any notes in regards to this status change

Cancel OK

Signature Approval

Agency Signature

I certify that actual costs claims have been incurred for the purposes specified in this Highway Safety Project, and that the original documentation to support these costs is available. I understand that all unsupported costs will be charged against this project at time of audit.

| Project Director | Title | Date |
|------------------|---------------------|------------|
| Bianca Jenkins | Project Coordinator | 08/04/2021 |

KOHS Approval - Staff Signatures

FOR INTERNAL USE ONLY

| Approve | Program Manager | Title | Date |
|--------------------------|-------------------|-------|------|
| <input type="checkbox"/> | | | |
| Approve | Financial Manager | Title | Date |
| <input type="checkbox"/> | | | |



Once you click OK, no more changes can be made.
Claim will be submitted to Program Manager for review

