FY 2009/2010 Comprehensive DUI Enforcement Program

Reimbursement and Reporting Procedures

TO RECEIVE REIMBURSEMENT, PLEASE SUBMIT ALL CLAIMS AND SUPPORTING DOCUMENTATION TO THE DIVISION OF HIGHWAY SAFETY BY:

October 31, 2010

CLAIMS RECEIVED BEYOND 45 DAYS (of the above date) CANNOT BE REIMBURSED UNDER FEDERAL GUIDELINES.

To claim reimbursement of Highway Safety Funds once the project activity has been completed, please complete the following and return to the Division of Highway Safety.

PLEASE NOTE THAT THIS OFFICE HAS RECEIVED MANY COMMENTS FROM PROJECT DIRECTORS REGARDING THE REPORTING INFORMATION REQUIRED FOR THESE PROJECTS AND REVIEWED THOSE COMMENTS WITH GREAT INTEREST. Therefore, most of the reporting forms have been changed or modified and much of the reporting detail has been eliminated. Summaries of activities are all that will be required instead of specific information on every contact made while working under this project. Please take a few moments and review the new forms and if you have any suggestions on how the reporting/reimbursement process can be further streamlined, please include these comments in the **General Comments portion of the HIGHWAY SAFETY PROJECT SUMMARY SHEET. -- THANK YOU.**

1. Reimbursement Claim Checklist: A blank form for use is enclosed.

2. Invoice-Voucher for Goods and Services (CLA-3): A blank form for use and a sample form for reference are enclosed.

3. Cost Summary Sheet: A sample for reference is enclosed.

4. Highway Safety Project Time Sheet & Activity Report: A time sheet MUST be completed for each officer for hours worked to be claimed for reimbursement under this project. Each sheet must be signed by the officer employed under this project and claiming eligible expenses and MUST be signed by the officer's supervisor. Each report must ONLY reflect the officer's time worked and wages paid under this highway safety project. **The PREVIOUS DAILY ACTIVITY REPORT FORM HAS BEEN ELIMINATED** and in its place is an activity report summary which highlights the number of contacts that were made by this police officer while working under this project. A blank reporting form for photocopying and use is enclosed.

5. Daily Activity Report Totals: This form allows for the summarizing of all enforcement by all police officers working on a specific day. This form allows for a final summation of all activities performed during the life of this project and will be used in completing the **HIGHWAY SAFETY PROJECT SUMMARY SHEET** which will serve as a final completion report by the Project Director and allow for any and all final comments, problems encountered, etc. under this project.

6. Sobriety Check Point Activity Sheet: If your department conducts a Sobriety Check Point(s) under this project, please complete a separate form per checkpoint completed and include the enforcement statistics in the **HIGHWAY SAFETY PROJECT SUMMARY SHEET.**

7. Media Coverage: Please provide photocopies of local or regional news clippings and/or an informational statement regarding media coverage of your enforcement program.

******* WHILE THE MUNICIPALITY CANNOT BE HELD RESPONSIBLE FOR WHAT THE NEWS MEDIA CHOOSES TO PUBLICIZE, AN EFFORT SHOULD BE MADE TO INFORM THE MOTORING PUBLIC OF YOUR PLANNED DUI ENFORCEMENT EFFORTS. THE FEAR OF APPREHENSION IS OFTEN ENOUGH OF A DETERMENT TO KEEP PEOPLE WHO THINK THEY MIGHT BE UNDER THE INFLUENCE FROM OPERATING THEIR VEHICLES. THIS IS AS EFFECTIVE A TOOL OR TECHNIQUE AS THE DUI ENFORCEMENT ACTIVITY ITSELF. PLEASE NOTE THAT STATEWIDE COVERAGE OF THIS ENFORCEMENT ACTIVITY WILL BE PROVIDED BY THROUGH THE D.O.T., REGIONAL/LOCAL COVERAGE IS NEEDED TO ENHANCE THE ENFORCEMENT ACTIVITY. SOBRIETY CHECKPOINTS **MUST** BE PUBLICIZED.

Once you have completed the above, send the claim for reimbursement (CLA-3) with all supporting documentation to:

Department of Transportation
Transportation Safety Section
P. O. Box 317546
2800 Berlin Turnpike
Newington, CT 06131-7546

Attn: Kathryn Barnabei

Once the claim for reimbursement has been received, it will be reviewed for form and accuracy and processed for reimbursement. Normal processing time is approximately 4-6 weeks. The check will be made payable to the Vendor Payee listed on the CLA-3.

Financial or operational questions/issues should be directed to Transportation Safety Section staff member Lorna Zirolli at 860-594-2366 or lorna**.zirolli@po.state.ct.us**.

City/Town of: _____

FY 2009/2010 Comprehensive DUI Enforcement

Reimbursement Claim Checklist

Claims for reimbursement to be submitted by:	**February 1, 2010**

The following items are submitted to claim reimbursement for allowable expenses as listed under the above named DUI Enforcement Project:

Check	Name of Item
(☐)	CLA-3 Invoice -- Voucher for Goods and Services
(☐)	Cost Summary Sheet
(☐)	Highway Safety Project Time Sheet(s) & Activity Report
(☐)	Daily Activity Report Totals
(☐)	Sobriety Check Point Activity Sheets (if applicable)
(☐)	Highway Safety Program Summary Sheet
(☐)	Photocopies of Media Coverage (if applicable)

Please return the above items to the following address:

Department of Transportation
Transportation Safety Section
P. O. Box 317546
2800 Berlin Turnpike
Newington, CT 06131-7546

Attn: Kathryn Barnabei

City/Town of: _____

FY 2009/2010 Comprehensive DUI Enforcement

Reimbursement Claim Checklist

Claims for reimbursement to be submitted by:	**August 1, 2010**

The following items are submitted to claim reimbursement for allowable expenses as listed under the above named DUI Enforcement Project:

Check	Name of Item
(☐)	CLA-3 Invoice -- Voucher for Goods and Services
(☐)	Cost Summary Sheet
(☐)	Highway Safety Project Time Sheet(s) & Activity Report
(☐)	Daily Activity Report Totals
(☐)	Sobriety Check Point Activity Sheets (if applicable)
(☐)	Highway Safety Program Summary Sheet
(☐)	Photocopies of Media Coverage (if applicable)

Please return the above items to the following address:

Department of Transportation
Transportation Safety Section
P. O. Box 317546
2800 Berlin Turnpike
Newington, CT 06131-7546

Attn: Kathryn Barnabei

City/Town of: _____

FY 2009/2010 Comprehensive DUI Enforcement

Reimbursement Claim Checklist

Claims for reimbursement to be submitted by:	**October 12, 2010**

The following items are submitted to claim reimbursement for allowable expenses as listed under the above named DUI Enforcement Project:

Check	Name of Item
(☐)	CLA-3 Invoice -- Voucher for Goods and Services
(☐)	Cost Summary Sheet
(☐)	Highway Safety Project Time Sheet(s) & Activity Report
(☐)	Daily Activity Report Totals
(☐)	Sobriety Check Point Activity Sheets (if applicable)
(☐)	Highway Safety Program Summary Sheet
(☐)	Photocopies of Media Coverage (if applicable)

Please return the above items to the following address:

Department of Transportation
Transportation Safety Section
P. O. Box 317546
2800 Berlin Turnpike
Newington, CT 06131-7546

Attn: Kathryn Barnabei

COST SUMMARY SHEET

Town/City of:			**State Project No:**	
Project Title:	**FY 2009/2010 Comprehensive DUI Enforcement Program**			
Enforcement Period:	**From:**		**To:**	

SUMMARY OF EXPENSES

Date Worked	Last Name	First Name	$ Hourly Rate	# of Hours Worked	Total Cost
					$
					$
					$
					$
					$
					$
					$
					$
					$
					$
					$
					$
					$
					$
					$
					$
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					$
					$
					$
					$
					$
					$
					$
					$
					$
					$
					$
			SUBTOTAL:		**$**
		Fringe Benefit Rate: 23.75% of Subtotal:			**$** $0.00
				TOTAL	**$** $0.00

COST SUMMARY SHEET

Town/City of:		**State Project No:**	
Project Title:	**FY 2009/2010 Comprehensive DUI Enforcement Program**		
Enforcement Period:	**From:**	**To:**	

SUMMARY OF EXPENSES

Date Worked	Last Name	First Name		$ Hourly Rate	# of Hours Worked		Total Cost
11/23/08	Smith	Joseph	$	36.71	8	$	293.68
	Jones	William	$	41.00	8	$	328.00
11/24/08	Smith	Joseph	$	36.71	8	$	293.68
	Jones	William	$	41.00	8	$	328.00
11/25/08	Smith	Joseph	$	36.71	8	$	293.68
	Jones	William	$	41.00	8	$	328.00
11/26/08	Smith	Joseph	$	36.71	8	$	293.68
	Jones	William	$	41.00	8	$	328.00
11/27/08	Smith	Joseph	$	36.71	8	$	293.68
	Jones	William	$	41.00	8	$	328.00
12/22/08	Smith	Joseph	$	36.71	8	$	293.68
	Jones	William	$	41.00	8	$	328.00
12/23/08	Smith	Joseph	$	36.71	8	$	293.68
	Jones	William	$	41.00	8	$	328.00
12/24/08	Smith	Joseph	$	36.71	8	$	293.68
	Jones	William	$	41.00	8	$	328.00

SUBTOTAL	$	4,973.44
Fringe Benefit Rate: 23.75% x Subtotal	$	1,181.19
Add Rows		
TOTAL	$	6,154.63

* EXAMPLE *

Highway Safety Program Time Sheet & Activity Report

Town/City of:	**State Project No:**

Project Title: **FY 2009/2010 Comprehensive DUI Enforcement Program**

(One time sheet/activity report per officer -- per enforcement shift)

Employee Name:

Date Worked:

Hours Worked:	**Start:**	**End:**	**Total Hours:**

Hourly Rate:	**Hours Worked**	**Cost:**
Shift Premium Rate:	**Hours Worked**	**Cost:**

Connecticut General Statute Number	Total Number of Arrests	Total Number of Warnings
14 - 227a		
14 - 100a(c)		
14 - 100a (d)		
Other MV		
Non MV		

CERTIFICATIONS

I hereby certify that this statement is correct in all respects and that the time and expenses claimed herein are authorized by the Transportation Safety Section Project identified by the above listed State Project Number.

SIGNED:

(Employee's Ink Signature Required)

I hereby certify that this statement is correct in all respects and that the time and expenses claimed herein are authorized by the Transportation Safety Section Project identified by the above listed State Project Number.

SIGNED:

(Supervisor's Ink Signature Required)

DAILY ACTIVITY REPORT TOTALS

Town/City of: | **State Project No:**

Project Title: **FY 2009/2010 Comprehensive DUI Enforcement Program**

DAILY SUMMARIES: ***Make extra copies as needed***

DATE	Connecticut General Statute Number	Number of Arrests	Number of Warnings
	14 - 227a		
	14 - 100a (c)		
	14 - 100a (d)		
	Other MV		
	Non MV		

DATE	Connecticut General Statute Number	Number of Arrests	Number of Warnings
	14 - 227a		
	14 - 100a (c)		
	14 - 100a (d)		
	Other MV		
	Non MV		

DATE	Connecticut General Statute Number	Number of Arrests	Number of Warnings
	14 - 227a		
	14 - 100a (c)		
	14 - 100a (d)		
	Other MV		
	Non MV		

DATE	Connecticut General Statute Number	Number of Arrests	Number of Warnings
	14 - 227a		
	14 - 100a (c)		
	14 - 100a (d)		
	Other MV		
	Non MV		

DATE	Connecticut General Statute Number	Number of Arrests	Number of Warnings
	14 - 227a		
	14 - 100a (c)		
	14 - 100a (d)		
	Other MV		
	Non MV		

HIGHWAY SAFETY PROJECT SUMMARY SHEET

Town/City of:	State Project No:

Dates of Operation: FROM: TO:

Total Hours of Operation:

Connecticut General Statutes Number	Grand Total Number of Arrests	Grand Total Number of Warnings
14 - 227a		
14 - 100a(c)		
14 - 100a (d)		
Other MV		
Non MV		

PROJECT DIRECTOR'S REPORT:

SUMMARIZE PROJECT OPERATION:

IDENTIFY SIGNIFICANT PROBLEMS:

GENERAL COMMENTS:

SOBRIETY CHECK POINT TIME SHEET & ACTIVITY REPORT

Date of Operation:					
Time of Operation:	**FROM:**		**TO:**		
Location of Checkpoint:					

Connecticut General Statutes Number	Grand Total Number of Arrests	Grand Total Number of Warnings
14 - 227a		
14 - 100a(c)		
14 - 100a (d)		
Other MV		
Non MV		

Title/Rank and Name of Officer	Hours worked	Hourly Rate	Total Cost
#1:			
#2:			
#3:			
#4:			
#5:			
#6:			
#7:			
#8:			
#9:			
#10:			
#11:			
#12:			
Totals			$

Name of Supervising Officer:	Signature of Supervising Officer: