



**LHSC SUBGRANT MANUAL**  
**ACKNOWLEDGEMENT FORM**

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This signature acknowledges that I have READ/REVIEWED, received, UNDERSTOOD and AGREE to the TERMS and Conditions set forth in the LHSC Subgrant Manual.

I will adhere to all provisions set forth in the subgrant manual.

Agency Name: City of Hammond

Project Number: 2020-30-25

Project Director's Name: Lieutenant Randy Miller

Project Director's Signature: \_\_\_\_\_

Date: October 15, 2019

LOUISIANA HIGHWAY SAFETY COMMISSION  
FFY 2020 CONTRACT  
**Audit Compliance Document**

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**FROM:** Lisa Freeman, Executive Director  
and Governor's Highway Safety Representative

**RE:** **Subrecipient Audit Requirements of OMB Uniform Guidance Part 200: Cost Principles, Audit, and Administrative Requirements for Federal Awards, Subpart F - Audit Requirements**  
Contract between the Louisiana Highway Safety Commission and City of Hammond  
For the period beginning Oct-01-2019 and ending Sep-30-2020  
Project Number 2020-30-25 in the amount of \$44,200.00

The Louisiana Highway Safety Commission is subject to the requirements of Office of Management and Budget Uniform Guidance Part 200: Cost principles, Audit and Administrative Requirements for Federal Awards, Subpart F - Audit requires requires the LHSC to monitor our subrecipients of federal awards and determine whether they have met the audit requirements of the circular and whether they are in compliance with federal laws and regulations.

Your prompt attention to this matter is greatly appreciated. If you have any questions, please contact Linda Tillman at (225) 925-6991.

Accordingly, we are requesting that you check one of the following, provide all appropriate documentation regarding your organization's compliance with the audit requirements, sign and date and return this memo to me with your subgrant agreement.

**Our most recent fiscal year ended on:** \_\_\_\_\_  
**Date**

*Check one of these options and appropriate boxes*

1.  We have completed our Subpart F - Audit Requirements for the most recent fiscal year. A copy of the audit report and a schedule of federal programs by major programs will be provided to LHSC by means of (email/mail/link). (If material exceptions were noted, please enclose a copy of the responses and corrective actions taken.)  
 Mailed with contract       Copy or link emailed to LHSC Coordinator
  
2.  We expect our Subpart F - Audit Requirements audit for the most recent fiscal year to be completed by \_\_\_\_\_, a copy of our audit report or a link will be forwarded to the LHSC within 30 days of receipt of the report. A schedule of federal programs is enclosed.
  
3.  We are not subject to a Subpart F - Audit Requirements audit because: Check one below:  
 Entity is a for-profit subrecipient  
 Entity expends less than \$750,000.00 in federal funds annually.  
 Other (Please explain) \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Type or Print Name

\_\_\_\_\_  
Date

**VENDOR LOCATION FORM**

**(Please Type or Print)**

Vendors complete white sections (Please list all locations doing business under FEIN/SSN.) Agencies complete the two digit location code (LC) in shaded area and circle the appropriate letter to indicate if the location is in the system. If more than three location exist, complete multiple copies of this form and label page numbers in the upper right corner.

FEIN/SSN: _____	<b>LC</b> __ __	FEIN/SSN: _____
Name 1 _____ Name 2 _____ Address 1 _____ Address 2 _____ City _____ State ____ Zip _____ Parish _____ Country _____ Contact Person _____ Contact Person Phone# (____) _____ - _____ - _____	ENTERED Y N	Name 1 _____ Name 2 _____ Address 1 _____ Address 2 _____ City _____ State ____ Zip _____ Parish _____ Country _____ Contact Person _____ Contact Person Phone# (____) _____ - _____ - _____

FEIN/SSN: _____	<b>LC</b> __ __	FEIN/SSN: _____
Name 1 _____ Name 2 _____ Address 1 _____ Address 2 _____ City _____ State ____ Zip _____ Parish _____ Country _____ Contact Person _____ Contact Person Phone# (____) _____ - _____ - _____	ENTERED Y N	Name 1 _____ Name 2 _____ Address 1 _____ Address 2 _____ City _____ State ____ Zip _____ Parish _____ Country _____ Contact Person _____ Contact Person Phone# (____) _____ - _____ - _____

FEIN/SSN: _____	<b>LC</b> __ __	FEIN/SSN: _____
Name 1 _____ Name 2 _____ Address 1 _____ Address 2 _____ City _____ State ____ Zip _____ Parish _____ Country _____ Contact Person _____ Contact Person Phone# (____) _____ - _____ - _____	ENTERED Y N	Name 1 _____ Name 2 _____ Address 1 _____ Address 2 _____ City _____ State ____ Zip _____ Parish _____ Country _____ Contact Person _____ Contact Person Phone# (____) _____ - _____ - _____

**Certification - Under penalties of perjury, I certify that:**

**If the FEIN/SSAN provided is incorrect, you may be subject to a \$50.00 penalty for each infraction and 31% rate of withholding tax under Federal Income Tax.**

1. The number shown on this form is my correct taxpayers' identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: **(a)** I am exempt from backup withholding, or **(b)** I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of a failure to report all interest or dividends, or **(c)** the IRS has notified me that I am no longer subject to backup withholding.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
NAME

## VENDOR LOCATION FORM

### INSTRUCTIONS

**AGCY:** The shaded area is to be completed by the state agency. The primary or master location (main office) of the vendor should be entered in the first block of page one even if the location is not going to be entered in ISIS. The agency should circle "Y" in the shaded area for the locations entered into ISIS. The agency should only assign location codes and enter into ISIS the locations needed. If the primary or master is entered, it should be assigned location code "00" by the requesting state agency when it is entered in ISIS.

**VENDOR:** The address instructions below should be followed for the "REMIT TO" section also. A name (company and/or personal) may not be listed on the "REMIT TO" section address lines. DO NOT enter address information in the "REMIT TO" section that is not applicable to all State of Louisiana agencies remitting payments. The "REMIT TO" section should only be used if the general and remittance addresses differ.

1. **FEIN/SSN** - The Federal Tax Identification Number or Social Security Number of the vendor. This is the number to which payments to the IRS will be reported for 1099 reportable vendors.
2. **Name 1** - 30 characters. The legal name of the vendor tied to the FEIN/SSN referenced above. Doctors using a clinic's FEIN should put the clinic's name on this line and their name on Name 2. Multiple doctors using the clinic's FEIN must be set up under the clinic's name. For Doctors, do not precede the name with Dr., follow the name with MD. Personal titles (Mr., Mrs., Miss, Ms.) are not allowed unless the title is part of the legal name. Punctuation (i.e. commas, periods) should not be included, unless needed for clarity. ( i.e. Smith, Smith & Howe Inc) Decedents should be set up as "The Estate Of ..." and legal documentation proving death must be provided. Vendors doing business under another name, must list their name on the Name 1 line and "DBA ..." on the Name 2 line. For joint endorsements, the name associated with the FEIN/SSN should appear on the Name 1 line and the Name 2 line should have the second endorsee preceded by the word "AND". Do Not include policy or account numbers. The State of Louisiana vendor file is for statewide use.
3. **Name 2** - 30 characters. **See above.**  
**Address related information entered on this form must conform to US Postal Standards to ensure prompt delivery of correspondence and checks.**
4. **Address 1** - 25 characters. General address of the vendor. If the REMIT TO section is not completed, this address will receive all correspondence and payments of the vendor. Therefore, if payments should go to an address differing from the address for correspondence, the REMIT TO section should also be completed. Do not use punctuation in these fields. Post Office boxes and drawers should be entered as "PO Box" or "PO Drawer". If the vendor has a street address and a Post Office Box/Drawer to which payments and correspondence may both be sent, then list the Post Office Box/Drawer. If the vendor has an address that includes a suite and the street name and number exceed 25 characters, then list the suite number on the Address 1 line and the street name and number on the Address 2 line.
5. **Address 2** - 25 characters. **See above.** Foreign vendors will enter the name of the city, province and zip code, if applicable, on this line.
6. **City** - 15 characters. Enter the city that corresponds to the address entered above. If the city is longer than 15 characters, enter the complete name. The Office of Statewide Reporting and Accounting Policy will abbreviate in accordance with U. S. Postal Regulations. Foreign vendors will enter the name of the country associated with their address here.
7. **State** - 2 characters. Enter the two letter abbreviation for the state associated with the address listed above.
8. **Zip** - 11 digits. Enter the zip code associated with the address listed above. If the vendor has zip + four + two code, please supply it here.
9. **Parish** - If the address listed is within the State of Louisiana, then list the parish name associated with the address listed above. If outside the State of Louisiana, then list "Other".
10. **Country** - If the vendor is located in the United States, an entry is not required. If outside the United States, enter the name of the country associated with the address above.
11. **Contact Person** - 30 characters. Enter the name of the person authorized by the vendor to answer questions regarding the information contained on this form. A vendor's record will not be activated without this information.
12. **Contact Person Phone #** - 14 characters. Telephone number through which the contact person listed above may be reached. Please provide a toll-free number, if available. A vendor's record will not be activated without this information.

# LaGov Electronic Funds Transfer Enrollment Form

\*Please review instructions before completing this form. Please Print or Type.

\*Please attach a copy of a voided check, deposit slip, or bank statement.

Vendor Name: _____		Please Check One: <input type="checkbox"/> New Enrollment <input type="checkbox"/> Change	
Vendor Address: _____		For OSRAP use only. (LaGov Vendor)	
City: _____	State: _____	Zip: _____	Vendor No: _____
Vendor FEIN/SSN: _____		Partner Function: _____	
ACH Routing No.: _____	Check C for Checking or S for Savings Check/Savings Ind: <input type="checkbox"/> C or <input type="checkbox"/> S		Bank Account No.: _____
Change from ACH Routing No. (only filled in for Change) _____	Check C for Checking or S for Savings Check/Savings Ind: <input type="checkbox"/> C or <input type="checkbox"/> S		Change from Bank Account No. (only filled in for Change) _____
Bank ACCT DESCR: _____			
Bank Name: _____		Bank Address: _____	
Bank Telephone No.: _____		City: _____ State: _____ Zip: _____	

By completing the information listed above, I hereby authorize the State of Louisiana, Division of Administration and their designees (**State**) to initiate ACH credit entries to the financial institution account listed as requested by the individual or organization above (Vendor) for payment of goods and services received. This authorization is to remain in full effect until such time as the **State** is notified in writing by the vendor. This notification must include such time and be in such a manner as to afford reasonable time for the **State** to act on it. I certify that I am authorized to complete the information listed above in the unshaded areas on behalf of the individual or organization named above and resolve issues related to enrollment. The information presented above is true and correct for the individual or organization named above. I understand that by utilizing the State's EFT payment process, I will no longer receive remittance advices from the State of Louisiana for payments issued. I am instead to contract my financial institution for remittance information and I am utilizing a financial institution which has the capability to receive such information. I am solely responsible for any fees assessed by my financial institution for their services. The **State** reserves the right to issue a check for payment when the situation warrants. **I agree to notify the State of changes to the information listed on this form immediately. Failure to provide the State with correct information or failure to notify the State of changes to bank and/or account information will result in the Vendor bearing sole liability for lost and/or misdirected payments.**

Yes  No  Please check the appropriate box to indicate if the payments you receive are deposited in a U.S. Financial Institution and transferred to an account outside the United States. **Yes** means receipts are transferred to an account outside of the U. S. **No** means receipts are not transferred to an account outside of the U.S.

Vendor's Authorized Signature:		Print Name:		
Title and E-mail Address:		Date:		Phone #: _____ Extension: _____
<b>FINANCIAL INSTITUTION:</b>				
<b>I confirm that the routing and account information above is correct and our financial institution has the ability to receive ACH credit files and remittance information electronically.</b>				
Financial Institution's Authorized Signature:		Print Name:		
Title and E-mail Address:		Date:		Phone #: _____ Extension: _____

**Send completed form & void check to DOA-OSRAP EFT Section at P.O. Box 94095, Baton Rouge, LA 70804-9095 or fax to (225) 342-0964**

LOUISIANA HIGHWAY SAFETY COMMISSION  
TERMS AND CONDITIONS FFY 2020 CONTRACT

City of Hammond

2020-30-25

**A. Scope of Services**

Conduct high visibility overtime traffic safety enforcement and supporting efforts as described below.

**B. Objectives**

1. This subgrant is a part of the Louisiana Highway Safety Commission (LHSC) statewide FFY 2020 Fatal and Injury Crash Reduction Effort. The primary objective of this effort is to reduce fatal and injury crashes on Louisiana roadways.
2. The subgrantee agrees to support the LHSC statewide performance targets as listed on the the LHSC website at: <http://www.lahighwaysafety.org/>

**C. Subgrantee Performance Targets**

1. Complete at least 90% of the contracted overtime enforcement hours by the end of the contract period.
2. Conduct/participate in at least 4 Day or Night Occupant Protection (OP) Checkpoints, one per quarter, throughout the contract year.
3. Conduct/participate in at least 2 OP Checkpoints and/or Saturation Patrol efforts during the May Click It or Ticket campaign.
4. Conduct/participate in the April Buckle Up In Your Truck OP Enforcement campaign.
5. Conduct/participate in at least 4 DWI Checkpoints and or Saturation Patrol efforts, one per quarter, throughout the contract year.
6. Work the twelve (12) months as stipulated on Annex C with special emphasis on the seven waves that are listed below.

Occupant Protection Campaigns

NOV 25-DEC 1, 2019	Click It or Ticket-Thanksgiving
APR 19-26, 2020	Buckle Up in Your Truck
MAY 18-31, 2020	Click it or Ticket National Mobilization

Impaired Driving Campaigns

DEC 13, 2019-JAN 1, 2020	Drive Sober or Get Pulled Over- Christmas/New Year
FEB 14-27, 2020	Drive Sober or Get Pulled Over-Mardi Gras

LOUISIANA HIGHWAY SAFETY COMMISSION  
TERMS AND CONDITIONS FFY 2020 CONTRACT

6. Special emphasis waves continued.

JUL 2-6, 2020

Drive Sober or Get Pulled Over- Independence Day

AUG 21-SEP 7, 2020

Drive Sober or Get Pulled Over National Mobilization-Labor Day

**D. Contract Requirements**

1. Your agency must provide the LHSC Coordinator with a copy of your internal control procedures for monitoring federal grants prior to the submission of your first grant claim.
2. The subgrantee shall perform other related duties consistent with federal and state laws and regulations as directed by the LHSC executive director.
3. The acceptance of this LHSC contract and its reimbursement monies in no way requires or encourages the law enforcement agency to offer any reward or other benefit to any law enforcement officer based on the number of citations issued.
4. Your agency will be considered to be in compliance with LHSC performance expectations as long as they can demonstrate completion of enforcement activity efforts with some measure of success. Failure to achieve any performance expectation will not exclude your agency from consideration for future funding.
5. Your agency agrees to work with the LHSC Law Enforcement Liaison (LEL) assigned to your agency:
  - LEL: Aaron Chabaud
  - Phone: (985) 635-1083
  - Email: [aaronchabaud@bellsouth.net](mailto:aaronchabaud@bellsouth.net)
6. Your agency must use an evidenced-based enforcement approach for this grant. Evidence-Based Enforcement requires your agency to:
  - a. Deploy enforcement resources based on the analysis of crashes, crash fatalities and injuries. Crash analysis, and other traffic safety reports, may be located on the LHSC website, and on-line at the LSU Highway Safety Research Group and the National Highway Traffic Safety Administration. Your agency is also responsible for analysis of agency specific information to determine where to best deploy enforcement resources.
  - b. Continually follow-up and adjust your enforcement plan based on changes in traffic safety problem identification.

LOUISIANA HIGHWAY SAFETY COMMISSION  
TERMS AND CONDITIONS FFY 2020 CONTRACT

7. Occupant Protection Enforcement

a. Nighttime Drivers

All agencies are required to conduct at least 15% of their occupant protection activities (both saturation patrols and checkpoints) during nighttime hours between 1800 hours and 0600 hours.

b. Pickup Truck Drivers

All agencies are required to participate in the Buckle Up In Your Truck campaign. Enforcement activities include occupant protection checkpoints and/or saturation patrols focusing on pickup trucks.

c. Achieve a ratio of 2:1 contacts per hour for occupant protection enforcement (an average of two contacts per hour of occupant protection enforcement overtime worked). The Louisiana Highway Safety Commission is not declaring 2:1 contacts per hour represents a quota. A contact is defined as a traffic stop or other interaction with a motorist. Agencies will be considered to be in compliance with LHSC performance expectations as long as they demonstrate completion of enforcement activity efforts with some measure of success.

d. Your agency is encouraged to participate in the half-day occupant protection/child passenger safety training for all officers working OP overtime enforcement. Additional information on the course may be obtained by calling Bridget Gardner at (504) 702-2296.

8. Impaired Driving Enforcement

a. When conducting sobriety checkpoints, your agency will adhere to Supreme Court guidance as set forth in State of LA v. Leon Jackson located at the listed link below.

<http://www.lasc.org/opinions/2000/00kk0015.opn.pdf>

Additional guidance on procedural orders may be obtained via Louisiana State Police, Operational Development, (225) 925-6202.

b. Conduct Impaired Driving checkpoints and/or saturation patrols on at least four nights during each of the four (4) LHSC/NHTSA Impaired Driving waves listed in this contract.

c. Conduct Impaired Driving checkpoints and/or saturation patrols at high-risk locations within your jurisdictions.

d. Conduct Impaired Driving checkpoints and/or saturation patrols in a highly visible manner, supported by public information and education (PI&E) activities.

LOUISIANA HIGHWAY SAFETY COMMISSION  
TERMS AND CONDITIONS FFY 2020 CONTRACT

- e. Achieve a 1:8 ratio of impaired driving arrests (an average of one impaired driving arrest per eight hours of saturation patrol worked). The Louisiana Highway Safety Commission is not declaring the 1:8 ratio as a quota. Agencies will be considered to be in compliance with LHSC performance expectations as long as they demonstrate completion of enforcement activity efforts with some measure of success.
  - f. Encourage SFST Certifications for all officers working DWI overtime enforcement.
  - g. Your agency is encouraged to conduct joint DWI checkpoints with other agencies, including the Louisiana State Police.
  - h. Provide all of your agencies scheduled DWI checkpoints on grant overtime to [terry.chustz@la.gov](mailto:terry.chustz@la.gov)
  - i. Clearly document Impaired Driving checkpoints and/or saturation patrols, and your agencies supporting PI&E activities, on the monthly LHSC reimbursement forms Annexes B and the online C.
  - j. Your agency is encouraged to participate in LADRIVING, the electronic DWI arrest report system. This program is web-based, secure, paperless, and is provided free of charge along with necessary training. For information and/or training contact the LHSC LADRIVING training coordinator, Cory Reech, at [Cory.Reech@la.gov](mailto:Cory.Reech@la.gov) or [ladriving@la.gov](mailto:ladriving@la.gov).
9. Other Traffic Safety Activities
- a. If your contract includes speeding enforcement, your agency will achieve a ratio of 2:1 contacts per hour, i.e., two contacts per hour of speeding enforcement overtime worked. The Louisiana Highway Safety Commission is not declaring 2:1 contacts per hour represents a quota. Agencies will be considered to be in compliance with LHSC performance expectations as long as they demonstrate completion of enforcement activity efforts with some measure of success.
  - b. If your contract includes juvenile underage drinking enforcement (JUDE) your agency will work overtime enforcement hours geared toward the reduction of underage drinking.
  - c. You are encouraged to conduct motorcycle endorsement checks as part of your normal traffic safety enforcement efforts.
  - d. The LHSC supports Louisiana's Strategic Highway Safety Plan (SHSP) Regional Traffic Safety Coalitions. All subgrantees are strongly encouraged to participate in their local Traffic Safety Coalition. For coalition meeting information, visit [www.destinationzerodeaths.com](http://www.destinationzerodeaths.com)
  - e. Take appropriate enforcement action on other hazardous moving violations observed during

LOUISIANA HIGHWAY SAFETY COMMISSION  
TERMS AND CONDITIONS FFY 2020 CONTRACT

grant funded overtime and report those actions on monthly Annex C reports.

**Your agency is required to:**

- a. Submit an approval request to the LHSC 15 days in advance for any materials that are circulated publicly on behalf of the LHSC.
- b. Coordinate press events with your LHSC Program Coordinator. This includes press releases, media advisories, press inquiries, etc.

10. Earned Media

- a. Public awareness and education is a critical component of traffic safety. The use of earned media through press releases and public press events is designed to increase public awareness about ongoing enforcement efforts and to gain voluntary compliance with traffic safety laws.
- b. You are encouraged to engage your local media outlets throughout the grant year to increase the public's awareness of traffic safety issues and your agency's enforcement efforts. We also encourage your announcement of pending saturation patrols and checkpoints through normal media outlets and social media such as your agency's website, Facebook or other social media outlets.
- c. The LHSC understands that agencies do not have control over what your local media outlets actually publish. Submission of a press release to a media outlet demonstrates compliance with the earned media requirement listed below.
- d. Issue at least one press release, and/or participate in at least one public press event (examples: radio and television interviews, press conferences, etc.) related to your agency receiving a grant from the LHSC to conduct additional traffic safety enforcement activities throughout the year by November 30, 2019.
- e. Issue at least one press release, and/or participate in at least one public press event (examples: radio and television interviews, press conferences, etc.) related to your receipt of the grant and participation in sustained Nighttime Enforcement of the State's seat belt and child passenger safety laws.
- f. Issue at least one press release, and/or participate in at least one public press event (examples: radio and television interviews, press conferences, etc.) related to your receipt of the grant and participation in the LHSC Buckle Up In Your Truck traffic safety campaign during the first week of the campaign that runs from APR 19-26, 2020
- g. Issue at least one press release, and/or participate in at least one public press event (examples: radio and television interviews, press conferences, etc.) related to your receipt of the grant and participation in the LHSC/NHTSA Click It or Ticket traffic safety campaign

LOUISIANA HIGHWAY SAFETY COMMISSION  
TERMS AND CONDITIONS FFY 2020 CONTRACT

during the first week of the campaign that runs from  
NOV 25-DEC 1, 2019

- h. Issue at least one press release, and/or participate in at least one public press event (examples: radio and television interviews, press conferences, etc.) related to your receipt of the grant and participation in the LHSC/NHTSA Drive Sober or Get Pulled Over traffic safety campaign during the first week of the campaign that runs from DEC 13, 2019-JAN 1, 2020
11. If funded in this agreement, travel must be in accordance with PPM 49 State Travel regulations if travel is to be reimbursed as a part of this contract.

Routine in-state travel is mileage at state rate only. Out-of-state travel will include lodging, mileage, airfare; conference registration fees, hotel and airport parking, and taxi/shuttle transportation. Out-of-state travel destinations will include highway safety related conferences only. Travel not specified on the subgrant budget summary page must be submitted in writing and approved in advance by the LHSC Executive Director.

Submit requests for out of state conference travel to LHSC within the first quarter of the contract year or within 90 days of receiving approved contract. Extension of this period must be specifically approved by the LHSC. Requests for travel cost reimbursements must include a Travel Expense Account Form DPSMF1382. All travel, other than the routine in-state mileage, must be approved by the Louisiana Highway Safety Commission no less than 15 days prior to the date of travel.

12. The agency will make any LHSC approved purchases in the first quarter of the contract or within 90 days of receiving approved contract. The agency will submit specifications for the items to be ordered to the LHSC Program Coordinator for review and approval prior to placing an order. Once approval is received, the agency will order approved items for distribution through the outreach campaign. All purchases must be in accordance with State of Louisiana purchasing guidelines. Please see LHSC Subgrant Manual. For further information, refer to the Louisiana Office of State Procurement website at Office of State Procurement.

#### **E. Funding**

Funding for this subgrant begins on October 1, 2019 and ends September 30, 2020 This funding is not transferable to the following fiscal year and should be used in the fiscal year as planned. All reporting and close out requirements contained in the LSHC Subgrant Manual apply to this subgrant.

The use of LHSC funding are to be used to promote traffic safety and to save lives and are not intended or to be used for monetary gain of any kind.

#### **F. Project Reporting, Monitoring and Evaluation**

1. Complete reimbursement claims, including applicable Annexes on a monthly basis. Claims must be received by LHSC no later than the 20th of the month. Due to state and federal

LOUISIANA HIGHWAY SAFETY COMMISSION  
TERMS AND CONDITIONS FFY 2020 CONTRACT

audit requirements, no corrections are allowed in amounts on the Annex A. Please review claims carefully. Claims needing corrections/revisions will be returned to the submitting agency for corrections which will result in a delay of your agency's reimbursement.

**Important Reminder: Final claims for reimbursement must be received by October 30, 2020.**

2. Recipient agrees that project activities, reporting, monitoring and evaluation will be in accordance with the most recent LHSC "Manual for Subgrants", available for review at <http://www.lahighwaysafety.org/Documents/GRANTS>
3. Recipient agrees that reimbursement claims, including contractually agreed upon data will be submitted on a monthly basis. Incomplete or incorrect claim forms will not be processed by LHSC. They will be returned to the subgrantee. All claims must be submitted via e-mail [lhsclaims@la.gov](mailto:lhsclaims@la.gov).
4. All records and supporting documentation must be maintained by your agency for the current year plus **five (5)** years.
5. The subgrantee has the duty to fully cooperate with the State and provide any and all requested information, documentation, etc. to the state when requested. This applies even if this agreement is terminated and/or a lawsuit is filed. Specifically, the subgrantee shall not limit or impede the State's right to audit or shall not withhold State owned documents.
6. The Legislative Auditor of the State of Louisiana and/or the Office of the Governor, Division of Administration auditors shall have the option of auditing all accounts of subgrantee which relate to this agreement.

**LOUISIANA HIGHWAY SAFETY COMMISSION  
FFY 2020 CONTRACT**

<b>Prior Year SRM#</b>		<b>2000377289</b>		<b>Current Year SRM#</b>			
<b>Project Title:</b> Overtime Traffic Safety Enforcement				<b>LHSC Project Number:</b>		<b>2020-30-25</b>	
<b>Contract Period:</b>				<b>Program Priority Area(s)</b>		<b>Percent</b>	
<b>Begin Date:</b> October 1, 2019				Police Traffic Services		100%	
<b>End Date:</b> September 30, 2020				<b>Total</b>		<b>100%</b>	
<b>Contracting Agency:</b> City of Hammond PO Box 2788 Hammond, LA 70404  <b>Phone #</b> (985) 277-5605 <b>Fax#</b> (985) 277-5607 <b>E-mail:</b> <a href="mailto:upton_am@hammond.org">upton_am@hammond.org</a>				<b>Implementing Agency:</b> Hammond Police Department 120 S. Oak Street Hammond, LA 70404  <b>Phone #</b> (985) 277-5700 <b>Fax#</b> <b>E-mail:</b> <a href="mailto:miller_tr@hammond.org">miller_tr@hammond.org</a>			
<b>Agency Type:</b> Local Government		<b>Federal Tax ID #:</b>		<b>720573539</b>		<b>DUNS #:</b> <b>007595648</b>	
		<b>State Vendor #</b>				<b>LDR #:</b> <b>EXEMPT</b>	
<b>Source of Funds:</b>				<b>CFDA#</b>		<b>FAIN #</b>	
405B (FAST ACT) OCCUPANT PROTECTION LOW BELT USE - 2019				20.616		69A3751930000405BLAL	
405D (FAST ACT) IMPAIRED DRIVING MID - 2018				20.616		69A3751830000405DLAM	
						\$0.00	
						\$0.00	
<b>LHSC CONTRACT Amount</b>						\$44,200.00	
Agency Matching Funds							
Anticipated Program Income							
<b>Total PROJECT COST</b>						\$44,200.00	
<b>Acceptance of Conditions:</b>							
<p>It is understood and agreed by the undersigned that any funds received as a result of this subgrant are subject to all State and Federal Regulations. This subgrant is subject to the terms of the LHSC Subgrant manual (LHSC Format #1) available at <a href="http://www.lahighwaysafety.org/grant.html">http://www.lahighwaysafety.org/grant.html</a> and appendices, budget summary, and project description. It is also agreed that this project will constitute an official part of the Highway Safety Program of the State of Louisiana. This project will meet all administrative regulations and executive orders of the National Highway Traffic Safety Administration. My signature below and initials on the bottom of Budget Summary and Project Description pages indicate that I have read and will comply with all terms and conditions of this subgrant.</p>							
<u>Authorizing Official</u>		<u>Title</u>		<u>Project Director</u>		<u>Title</u>	
Pete Panepinto		Mayor		Randy Miller		Lieutenant	
SIGNATURE				SIGNATURE			
DATE				DATE			
<u>Fiscal Officer</u>		<u>Title</u>		<u>STATE OF LOUISIANA</u>			
Syeda Naeem		Finance Director		Lisa Freeman			
SIGNATURE				SIGNATURE			
DATE				DATE			
				Executive Director and Governor's Highway Safety Representative Phone # (225) 925-6991 Fax# (225) 925-0501			

LOUISIANA HIGHWAY SAFETY COMMISSION  
FFY 2020 CONTRACT BUDGET

Agency: <b>City of Hammond</b>					2020-30-25		
<b>1. PERSONAL SERVICES (Salaries and Benefits)</b>					<b>AMOUNTS</b>		<b>TOTAL PROJECT COSTS</b>
<b>SALARIES</b>					<b>LHSC Funds</b>	<b>Contracting Agency Match/Program Income</b>	
<u>Position Title</u>	<u>Funding Source</u>	<u>Estimated # HRS</u>	<u>Avg Hrly Rate</u>				
Occupant Protection Enforcement OT	405B (FAST)	480	\$32.50	\$15,600.00			\$15,600.00
Impaired Driving Enforcement OT	405D (FAST ACT) I	400	\$32.50	\$13,000.00			\$13,000.00
JUDE OT	405D (FAST ACT) I	480	\$32.50	\$15,600.00			\$15,600.00
Subtotal Salaries				\$44,200.00	\$0.00		\$44,200.00
<b>RELATED BENEFITS (not allowed for overtime)</b>							
	<u>Funding Source</u>						
Retirement Contributions							
Medicare Tax							
Group Insurance Contributions							
Other: Social Security, Workers Comp							
Subtotal Related Benefits				\$0.00	\$0.00		\$0.00
<b>Subtotal Salaries and Related Benefits</b>				<b>\$44,200.00</b>	<b>\$0.00</b>		<b>\$44,200.00</b>
<b>2. TRAVEL</b>							
	<u>Funding Source</u>	<u>Est. miles</u>	<u>mileage rate*</u>				
IN-STATE MILEAGE							
IN STATE VEHICLE RENTAL							
IN-STATE LODGING/MEALS/OTHER							
OUT OF STATE TRAVEL	<u>Funding Source</u>					<u># Travelers</u>	
*PPM49 approved mileage rate will be used							
Subtotal Travel				\$0.00	\$0.00		\$0.00
<b>TOTAL PERSONAL SERVICES</b>				<b>\$44,200.00</b>	<b>\$0.00</b>		<b>\$44,200.00</b>
<b>3. CONTRACTUAL SERVICES</b>							
	<u>Funding Source</u>	<u># HRS</u>	<u>Avg Hrly Rate</u>				
<b>TOTAL CONTRACTUAL SERVICES</b>					<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>4. OPERATING SERVICES</b>							
	<u>Funding Source</u>						
(telephone, postage, copier, etc.)							
<b>TOTAL OPERATING SERVICES</b>					<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>5. SUPPLIES</b>							
	<u>Funding Source</u>						
<b>TOTAL SUPPLIES</b>					<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>6. EQUIPMENT</b>							
	<u>Funding Source</u>	<u>Number</u>	<u>Per Unit \$\$</u>				
<b>TOTAL EQUIPMENT</b>					<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>7. INDIRECT COSTS</b> Rate Applied: <b>0%</b> <u>Funding Source</u>							
<u>TYPE RATE APPLIED</u>							
<b>TOTAL INDIRECT COSTS</b>					<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>GRAND TOTAL</b>				<b>\$44,200.00</b>	<b>\$0.00</b>		<b>\$44,200.00</b>

Authorizing Official Initials \_\_\_\_\_

LOUISIANA HIGHWAY SAFETY COMMISSION  
FFY 2020 CONTRACT

ANNEX A

SRM#

0

Project Title: Overtime Traffic Safety Enforcement

Project No. 2020-30-25

Claim#:

1

Billing Period:

10/1/2019

Through

10/31/2019

Make Check

Payable to: City of Hammond

Phone # (985) 277-5605

CATEGORY	BUDGETED	CLAIM AMOUNT	PRIOR CLAIMS	CLAIMS TO DATE	BALANCE
Personal Services	\$44,200.00			\$0.00	\$44,200.00
Travel	\$0.00			\$0.00	\$0.00
Contractual Services	\$0.00			\$0.00	\$0.00
Operating Services	\$0.00			\$0.00	\$0.00
Supplies	\$0.00			\$0.00	\$0.00
Equipment	\$0.00			\$0.00	\$0.00
Indirect Costs	\$0.00			\$0.00	\$0.00
<b>TOTALS</b>	<b>\$44,200.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$44,200.00</b>

**REPORT PROGRAM INCOME HERE:**

Agency Match	Total Match this Claim	Prior Match	Total Match To Date
\$0.00			\$0.00

**CERTIFICATION**

I certify that in accordance with the laws of the State of Louisiana and under the terms of the project contract (LHSC Format #1 available at <http://www.lahighwaysafety.org/grant.html>) under which this claim is submitted, actual costs claimed have been incurred for the purpose specified and that no prior claim has been presented to or payment made by the Louisiana Highway Safety Commission for actual cost reimbursement claimed herein. 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). I certify that the GRANTEE has not billed another funding source for the same items and/or services being claimed on this form. I will maintain original basic documentation and records as evidence of costs incurred. These records will be available for a period not less than five (5) years after final payment for examination by representatives of the United States Government. By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements, and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise.

**SIGNATURES:**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Randy Miller  
Lieutenant  
Phone#: (985) 277-5605 Fax#: (985) 277-5607

**APPROVED FOR PAYMENT:**

\_\_\_\_\_  
Date Kenny Williams  
Project Coordinator  
Phone#: (225) 276-6970 Fax#: (225) 922-0517

\_\_\_\_\_  
Date LHSC Program Accountant  
Phone#: (225) 925-6994 Fax#: (225) 922-0517

*NOTE: Print this page. It must be signed by the Project Director, then scanned and attached to the e-mail submitting this claim.*

*****LHSC USE ONLY*****							
Fund Name	Cost Center	Fund Number	Grant Number	WBS Element	Order #	G/L Account	Amount
405B (FAST ACT) OCCUPANT PROTECTION LOW BELT USE - 2019	4251012709	G100000000	U4254051.1924	U425405101.425	DPSMS1000058	5610002	
405D (FAST ACT) IMPAIRED DRIVING MID - 2018	4251012709	G100000000	U4254055.1823	U425405501.425	DPSMS1000058	5610002	
	#N/A	#N/A	#N/A	#N/A	#N/A	5610002	
Total							

LOUISIANA HIGHWAY SAFETY COMMISSION  
FFY 2020 CONTRACT

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**PROJECT TITLE:** Overtime Traffic Safety Enforcement      **PROJECT NUMBER:** 2020-30-25  
**AGENCY:** Hammond Police Department      **CLAIM NUMBER** 1  
**CLAIM PERIOD** \_\_\_\_\_ **Through** \_\_\_\_\_

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**I. COMMENTS/NARRATIVES/ACCOMPLISHMENTS DURING REPORTING PERIOD:** (Provide description of activities conducted during reporting period.)

**II. PROBLEMS/OBSTACLES ENCOUNTERED DURING REPORTING PERIOD:** (Provide explanation(s) for not meeting program activities; i.e. reason unable to work planned hours or implement planned activities; i.e., inclement weather, unplanned emergencies, e Attach additional sheet if needed.)

**III. PLANS/NEEDS FOR SUBSEQUENT PERIOD:** (Provide details on plans/needs for upcoming month.)

LOUISIANA HIGHWAY SAFETY COMMISSION  
FFY 2020 CONTRACT

Hammond Police Department		Project Number: 2020-30-25												
ACTIVITIES	1st QUARTER			2nd QUARTER			3rd QUARTER			4th QUARTER			Total	
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep		
<b>405B (FAST) MONTHLY OCCUPANT PROTECTION PLANNED ENFORCEMENT HOURS</b>														
PLANNED HOURS FOR MONTHLY OVERTIME FOR OCCUPANT PROTECTION	P	28	28	28	28	28	28	28	28	28	28	28	28	336
LINK TO REPORT-->	<a href="#">CLICK HERE TO ENTER MONTHLY ACTIVITY REPORT FOR OCCUPANT PROTECTION</a>													
<b>405B (FAST) OCCUPANT PROTECTION ENFORCEMENT HOURS FOR SPECIAL WAVES</b>														
Occupant Protection Campaigns			CIOT THANKSGIVING NOV 25-DEC 1, 2019				BUIYT APR 19-26, 2020	CIOT NATIONAL MOBILIZATION MAY 18-31, 2020						Total
PLANNED HOURS FOR SPECIAL WAVES OVERTIME OCCUPANT PROTECTION	P		36				36	72						144
LINK TO REPORT-->	<a href="#">CLICK HERE TO ENTER DATA FOR SPECIAL WAVES FOR OCCUPANT PROTECTION</a>													
<b>405D (FAST) MONTHLY IMPAIRED DRIVING ENFORCEMENT HOURS PLANNED</b>														
PLANNED HOURS FOR MONTHLY OVERTIME IMPAIRED DRIVING	P	20	20	20	20	20	20	20	20	20	20	20	20	240
<b>405D (FAST) JUDE ENFORCEMENT HOURS PLANNED</b>														
PLANNED HOURS FOR MONTHLY OVERTIME JUDE ENFORCEMENT	P	40	40	40	40	40	40	40	40	40	40	40	40	480
PLANNED HOURS FOR MONTHLY OVERTIME JUDE PIO	P	0	0	0	0	0	0	0	0	0	0	0	0	0
PLANNED HOURS FOR MONTHLY IMPAIRED DRIVING PIO OT	P	0	0	0	0	0	0	0	0	0	0	0	0	0
LINK TO REPORT-->	<a href="#">CLICK HERE TO ENTER MONTHLY ACTIVITY REPORT FOR IMPAIRED DRIVING / JUDE</a>													
<b>405D (FAST) IMPAIRED DRIVING ENFORCEMENT HOURS FOR SPECIAL WAVES</b>														
Impaired Driving Campaigns			DSGPO CHRISTMAS/NEW YEAR DEC 13, 2019-JAN 1, 2020		DSGPO MARDI GRAS FEB 14-27, 2020					DSGPO INDEPENDENCE DAY JUL 2-6, 2020	DSGPO NATIONAL MOBILIZATION AUG 21-SEP 7, 2020			Total
PLANNED HOURS FOR SPECIAL WAVES OVERTIME FOR IMPAIRED DRIVING	P		54		26					19	61			160
LINK TO REPORT-->	<a href="#">CLICK HERE TO ENTER SPECIAL WAVE DATA FOR IMPAIRED DRIVING</a>													
<b>NO SPEED/HAZOURDOUS MOVING/OTHER ENFORCEMENT HOURS BUDGETED FOR THIS CONTRACT</b>														
PLANNED HOURS FOR SPEED ENFORCEMENT	P	0	0	0	0	0	0	0	0	0	0	0	0	0
LINK TO REPORT-->	<a href="#">CLICK HERE TO ENTER MONTHLY ACTIVITY REPORT FOR SPEED/HAZARDOUS MOVING OR OTHER ENFORCEMENT</a>													
<b>NO MONTHLY BICYCLE ENFORCEMENT HOURS BUDGETED FOR THIS CONTRACT</b>														
PLANNED HOURS FOR MONTHLY OVERTIME FOR BICYCLE ENFORCEMENT HRS	P	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>TOTAL MONTHLY PLANNED MONTHLY EXPENDITURES</b>														
		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Total

LOUISIANA HIGHWAY SAFETY COMMISSION  
FFY 2020 CONTRACT

Hammond Police Department		Project Number: 2020-30-25											
ACTIVITIES	1st QUARTER			2nd QUARTER			3rd QUARTER			4th QUARTER			Total
PERSONAL SERVICES	\$2,860	\$4,030	\$4,628	\$2,860	\$3,692	\$2,860	\$4,030	\$5,200	\$2,860	\$3,484	\$4,836	\$2,860	\$44,200.00
TRAVEL													\$0
CONTRACTUAL SERVICES													\$0
OPERATING SERVICES													\$0
SUPPLIES													\$0
EQUIPMENT													\$0
INDIRECT COSTS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>TOTAL EXPENDITURES</b>	<b>\$2,860</b>	<b>\$4,030</b>	<b>\$4,628</b>	<b>\$2,860</b>	<b>\$3,692</b>	<b>\$2,860</b>	<b>\$4,030</b>	<b>\$5,200</b>	<b>\$2,860</b>	<b>\$3,484</b>	<b>\$4,836</b>	<b>\$2,860</b>	<b>\$44,200.00</b>
P = Planned	C = Completed			SUBMIT TO LHSC BY THE 20th DAY OF EACH MONTH					\$30,160			\$14,040	\$44,200.00

LOUISIANA HIGHWAY SAFETY COMMISSION  
FFY 2020 CONTRACT

**ANNEX A1 CERTIFICATION OF OFFICERS WORKED AND TIME BILLED**

**NOTE: Print this page. It must be signed then scanned and attached to the e-mail submitting the claim to LHSC for reimbursement.**

**Agency:** Hammond Police Department  
**Project Number:** 2020-30-25

**Claim #:** 1  
**Claim Total:** \$0.00

By signing below, I certify that the employees listed on the Annex A1 spreadsheet(s) listed below and submitted with Claim#1 for the period of 10/01/19 thru 10/31/19 worked the stated overtime hours under this LHSC subgrant. These overtime hours were above and beyond their normal duty shifts and were verified according to the agency's internal control procedures for monitoring overtime enforcement hours as submitted to LHSC.

Occupant Protection Enforcement OT	\$	-	Speed Enforcement	\$	-
Occupant Protection Enforcement OT SW	\$	-	Bicycle Non-Motorized Safety	\$	-
Impaired Driving Enforcement OT	\$	-			
Impaired Driving Enforcement OT SW	\$	-			
JUDE	\$	-			

\_\_\_\_\_  
PROJECT DIRECTOR'S SIGNATURE

Randy Miller  
Lieutenant

\_\_\_\_\_  
Date

**Note: If the Project Director works this LHSC Subgrant, this Annex A-1 certification must also be signed by the Project Director's Supervisor.**

\_\_\_\_\_  
PROJECT DIRECTOR'S SUPERVISOR  
SIGNATURE

\_\_\_\_\_  
Date

\_\_\_\_\_  
TYPE/PRINT SUPERVISOR'S NAME/TITLE