



# Grantee Orientation

ODOT-DMV, Transportation Safety Office (TSO)

<https://www.oregon.gov/odot/safety/pages/index.aspx>

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# WELCOME!

## Why are you here...?

- ▶ Your agency or non-profit has received a grant award from TSO for the upcoming grant year. Completing this Grantee Orientation is required for all grant recipients, regardless if they've had past TSO grant awards.
- ▶ Grantee Orientation for managing your TSO grant will:
  - Help you understand TSO grant processes and forms
  - Alert you to know when and who to contact with questions throughout the year
  - Inform you of the federal and state requirements for TSO, and for your agency as a grant recipient

# Who to contact: TSO's Roles

<https://www.oregon.gov/odot/Safety/Pages/Contact-Us.aspx>

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- TSO Program Manager:  
This is the TSO program manager assigned to monitor your grant project. Contact them directly with requests to change the project (i.e., scope or budget amounts); follow-up on a report or claim submitted to TSO; technical assistance, or other general grant *management* needs.
- Grants Assistant:  
This person is the TSO 'hub' for all its grant projects, Naomi Dwyer. Contact Naomi directly with needs like a new form, copies, change in your contact information, or other general grant *administrative* needs.
- TSO Manager:  
This person oversees all TSO grant programs to assure that the administration of grant funds is clear, transparent, and efficient, Traci Pearl. Contact Traci directly with any other needs that you may have.

# Definitions: Your Agency's Roles

- ▶ **Project Director:**  
Main signatory for the grant, oversees your grant project
- ▶ **Designated Alternate:**  
Serves as Alternate Project Director if the Project Director is unavailable to answer a project question or sign a grant document or; if the Project Director is being reimbursed through a claim.
- ▶ **Authorizing Official:**  
This person has the authority to obligate funds from your agency's budget (i.e., you usually can't pay the bills or sign contracts without their signature!); this person cannot be paid through the grant project. MUST sign the claim if either the *Project Director* or *Designated Alternate* are being paid or reimbursed through a claim.
- ▶ **Project Coordinator:**  
This person is on point for running the grant project for your agency. They do most of the administrative work for the project. [The Project Director and Project Coordinator tend to be the same person for most grantee agencies].

# Agreements and Assurances (A&A's):

- ▶ Updated versions for each new grant year, both federal and state funded grants
- ▶ Bipartisan Infrastructure Law (BIL) Highway Safety Bill
  - ▶ The prior grant administrative rules under the FAST Act were replaced, or reauthorized, by Congress. BIL was signed into law Fall 2022; effective for 2023 grant year and forward
- ▶ Ensures compliance with grant funding requirements
  - **Federal requirements, like an agency's 'No Alcohol or Drugs' Policy**
  - State requirements, like Purchasing & Contracts
  - Record Retention / Audit Requirements
  - Reporting Program Income (if generated by your grant project)
  - No lobbying!
- ▶ Eligible Use, Reimbursement, and Availability of Funds
  - Recovery of Grant Funds

## A&A's: Your Agency's & Project Director's Responsibilities

- Generally accepted accounting principles
- Job descriptions for grant-funded activity hours
- Copies of contracts (if being paid from grant)
- Compile and submit reports, claims, record retention
- Request Grant Adjustments from TSO
- Final Evaluation Report:
  - Summary of entire grant project (year) activities/outcomes
  - Summary of costs of the project (all)
  - Summarize implementation, challenges, and lessons learned so that future grantees can learn from your experience

# A&A's

## Other Requirements

- ▶ Travel (if grant-funded)
  - If being funded through the grant, all out-of-state travel requires **pre-approval** from **TSO** or will not be reimbursed
  - Summarize all travel in required Quarterly/Final Evaluation Reports
  - **Per diem: Agency's travel policy or GSA Rates (gsa.gov)**
  - Tips not allowed to be reimbursed
- ▶ Print Materials or messaging created for the project (if grant-funded)
  - **Pre-approval of wording/final creative by TSO is required to be reimbursed**
  - If items are developed and/or printed using grant funds, requires item to be credited in whole or in part to ODOT - TSO

# A&A's

## Equipment & Other Purchases

### ► Equipment and other Purchases

- If > \$10,000 but less than \$100K, obtain at least 3 quotes
- **If > \$1,000, but < \$10,000, it's good practice to obtain at least 3 quotes (State Requirement, or follow your agency's procurement policy)**
- Buy America Act
- Single item equipment cost > \$5,000 (requires RVA)



# A&A's

## Exhibit C (Federal)

- ▶ Non-discrimination:
- ▶ Grantee Agency must adhere to:
  - Title VI of the Civil Rights Act of 1964
  - Section 504 of the Rehabilitation Act 1973
  - American Disabilities Act of 1990
  - Equal Employment Opportunity
  - Minority Business Enterprises opportunities
  - Any contract > \$10K must include same provisions

# A&A's

## Exhibit D (Federal)

### ➤ FFATA: Federal Funding Accountability and Transparency Act

- Required reporting for receipt of Federal Grant funds

Primary grant Recipients awarded annual federal grant(s) > \$25,000 [greater than or equal to \$25,000, as of October 1, 2010] are subject to FFATA sub-award reporting requirements as outlined in the Office of Management and Budgets (OMB) guidance issued August 27, 2010. The prime awardee (your agency) is required to file a FFATA sub-award report by the end of the month following the month in which the prime recipient awards *any sub-grant greater than or equal to \$25,000.*

<https://www.fsrs.gov/>

# A&A's

## Exhibit E (Federal): FFATA continued

- ▶ Three items unique to your agency:
  - Sub-recipient Name = Your Agency name as tied to Agency UEI number
  - Sub-**recipient Unique Identifier = Your agency's UEI** number
    - One agency can have multiple UEI numbers
    - Contact your fiscal officer or agent with questions
  - Approved Indirect Cost Rate / Letter

# Allowable vs. Unallowable Expenses

## ➤ Basic Guidelines: Allowable Costs

- Necessary and reasonable
- **Eligible Expenditure of Funds (per grant project's funding source)**
- Not prohibited under state or local law
- Conform to principles set forth in those principles/laws
- Consistent with policy, regulation, and procedure
- Be accorded consistent treatment
- Generally accepted accounting principles
- Not serve as match for another federal grant award
- **BE ADEQUATELY DOCUMENTED**

# Definitions: Grant Year

- ▶ State Fiscal Year – July 1, 2023 thru June 30, 2024  
This is the grant project year if funded with state grant funds
- ▶ Federal Fiscal Year – October 1, 2023 thru September 30, 2024  
This is the grant project year if funded with federal grant funds
- ▶ Calendar Fiscal Year – January 1, 2024 – December 31, 2024  
This is the grant project year if funded with specific state grant funds



## ➤ TSO Grant Forms

# Definitions: Forms

- ▶ Local Benefit Acknowledgment Form
- ▶ Pursuant to [23 CFR 1300 Appendix C](#), TSO requests that your agency **acknowledges TSO's role in providing traffic safety related services** to the citizens of the local community you serve, as a supplement to your ongoing efforts.
- ▶ 23 CFR 1300 Appendix C Part 3 reads partly as follows:
  - If the political subdivision is not involved in the planning process of the State's highway safety program but submits a request for or acknowledgement of the State implementing a traffic safety project on its behalf [it then meets the local benefit requirement]. The request does not need to be a formal application.
  - Language from Guidance: 1300.11(b)(3)(ii)  
[https://www.ecfr.gov/current/title-23/part-1300#p-1300.13\(b\)\(3\)](https://www.ecfr.gov/current/title-23/part-1300#p-1300.13(b)(3))



[Date]

[Grantee Agency Name]

[Project #]

Dear **(Recipient/Authorizing Official Name)**,

Pursuant to [23 CFR 1300 Appendix C](#), we are asking that you acknowledge ODOT TSO's role in providing traffic safety related services to the citizens of the community you serve, as a supplement to (or in lieu of) your ongoing efforts. This is what we call *Local Benefit Acknowledgment*, or a statement from the governing body (or bodies) of the local political subdivision stating their willingness to accept the project's benefits to the local community(s).

23 CFR 1300 Appendix C Part 3 reads as follows (excerpt):

“(3) When Federal funds apportioned under 23 U.S.C. 402 are expended *by a State agency for the benefit of a political subdivision*, such funds may be considered as part of the local share, provided that the political subdivision has had an active voice in the initiation, development, and implementation of the programs for which such funds are expended. A State may not arbitrarily ascribe State agency expenditures as "benefitting local government." Where political subdivisions have had an active voice in the initiation, development, and implementation of a particular program or activity, and a political subdivision which has not had such active voice agrees in advance of implementation to accept the benefits of the program, the Federal share of the cost of such benefits may be credited toward meeting the local participation requirement. **Where no political subdivision has had an active voice in the initiation, development, and implementation of a particular program, but a political subdivision requests the benefits of the program as part of the local government's highway safety program**, the Federal share of the cost of such benefits may be credited toward meeting the local participation requirement. **Evidence of consent and acceptance** of the work, goods or services on behalf of the local government must be established and maintained on file by the State until all funds authorized for a specific year are expended and audits completed.”

Whether your political subdivision did or did not have an active voice in the initiation, development, and implementation of this grant project, *your signature below* indicates you are requesting (and accepting) the benefits of ODOT's Transportation Safety program as part of your local government's highway safety program. This program/grant project is provided at no cost to you/the political subdivision.



# Definitions: Forms

## ► Budget and Cost Sharing Form

- **Provides detail about the project's planned expenditures**
- Job descriptions for all positions assigned to the project if > 499 hours/year
- Any single equipment purchase or software purchase > \$5,000: TSO pre-approval required
- Indirect costs: Agency must submit current approval letter stating **agency's negotiated / approved indirect cost rate**
- If out-of-state travel is needed for the project: TSO pre-approval required
- If your grant project funds a contract or sub-grant, submit copies of contract to TSO

Project No.		Project Name		Agency		Project Period:		(From)	(To)	COURSE FUNDING DATE		0
										<b>THESE COLUMNS NEED TO MATCH</b>		
This form should include all budget information. If additional information is required for clarity, please include on a separate page referencing appropriate budget item.										Project Yr. (1-2-3, Ongoing):		
						TSO FUNDS	MATCH	TOTAL				
<b>1. Personnel Costs*</b>												
<b>A. Staff assigned and estimated</b>						<b>Hours</b>	<b>Rate</b>	<b>Total Cost</b>				
					0.00 @ \$ - /hr	\$ -						
					0.00 @ \$ - /hr	\$ -						
					0.00 @ \$ - /hr	\$ -						
					0.00 @ \$ - /hr	\$ -						
					0.00 @ \$ - /hr	\$ -						
					0.00 @ \$ - /hr	\$ -						
					<b>Staff Subtotal</b>	\$ -	\$0.00	\$0.00	\$0.00			
<b>B. Overtime</b>						<b>Hours</b>	<b>Rate</b>	<b>Total Cost</b>				
					0.00 @ \$ - /hr	\$ -						
					0.00 @ \$ - /hr	\$ -						
					<b>Overtime Subtotal</b>	\$ -	\$0.00	\$0.00	\$0.00			
<b>C. Volunteer Time</b>						<b>Hours</b>	<b>Rate</b>	<b>Total Cost</b>				
					0.00 @ \$ - /hr	\$ -						
					0.00 @ \$ - /hr	\$ -						
					<b>Volunteer Subtotal</b>	\$ -	\$0.00	\$0.00	\$0.00			
<b>2. Personnel Benefits</b>						<b>Unit Cost</b>	<b># of Units</b>	<b>Total Cost</b>				
					\$ - @ 0 =	\$ -						
					\$ - @ 0 =	\$ -						
					<b>Benefits Subtotal</b>	\$ -	\$0.00	\$0.00	\$0.00			
<b>3. Equipment</b>						<b>Unit Cost</b>	<b># of Units</b>	<b>Total Cost</b>				
					\$ - @ 0 =	\$ -						
					\$ - @ 0 =	\$ -						
					\$ - @ 0 =	\$ -						
					\$ - @ 0 =	\$ -						
					<b>Equipment Subtotal</b>	\$ -	\$0.00	\$0.00	\$0.00			
<b>4. Materials/Printing</b>						<b>Unit Cost</b>	<b># of Units</b>	<b>Total Cost</b>				
					\$ - @ 0 =	\$ -						
					\$ - @ 0 =	\$ -						
					\$ - @ 0 =	\$ -						
					<b>Materials Subtotal</b>	\$ -	\$0.00	\$0.00	\$0.00			
<b>5. Overhead/Indirect Costs***</b>						<b>Unit Cost</b>	<b># of Units</b>	<b>Total Cost</b>				
					\$ - @ 0 =	\$ -						
					\$ - @ 0 =	\$ -						
					<b>Overhead Subtotal</b>	\$ -	\$0.00	\$0.00	\$0.00			

					TSO FUNDS	MATCH	TOTAL
<b>6. Other Project Costs</b>							
<b>A. Travel In-State</b>							
	Unit Cost	\$	# of Units	Total Cost			
	- @		0 =	\$ -	\$0.00	\$0.00	\$0.00
<b>B. Travel Out-of-State (specify)**:</b>							
	- @		0 =	\$ -	\$0.00	\$0.00	\$0.00
<b>C. Office Expenses (supplies, photocopy, telephone, postage)</b>							
	- @		0 =	\$ -	\$0.00	\$0.00	\$0.00
<b>D. Other Costs (specify):</b>							
1.)	- @		0 =	\$ -			
2.)	- @		0 =	\$ -			
3.)	- @		0 =	\$ -			
4.)	- @		0 =	\$ -			
5.)	- @		0 =	\$ -			
<b>Other Project Costs Subtotal</b>					\$ -	\$0.00	\$0.00
<b>7. Consultation/Contractual Service</b>							
	Unit Cost	\$	# of Units	Total Cost			
A.	- @		0 =	\$ -			
B.	- @		0 =	\$ -			
<b>Consultation/Contractual Services Total</b>					\$ -	\$0.00	\$0.00
<b>8. Mini-Grants **</b>							
			TSO	Match			
A.		\$ -		\$ -			
B.		\$ -		\$ -			
C.		\$ -		\$ -			
D.		\$ -		\$ -			
E.		\$ -		\$ -			
F.		\$ -		\$ -			
G.		\$ -		\$ -			
H.		\$ -		\$ -			
<b>Grants Subtotals</b>					\$ -	\$ -	\$ -
<b>TOTAL</b>					\$0.00	\$0.00	\$0.00
<b>COST SHARING BREAKDOWN</b>							
1.	TSO Funds	\$ -		\$ -			
2.	Match: State						
3.	Match: Local						
4.	Match: Other (specify)						
a.)							
b.)							
c.)							
5.	TOTAL COSTS	\$ -		\$ -			

Budget Comments:

\* Job descriptions for all positions assigned to grant for 500 hours or more must be included in Exhibit B.

\*\* TSO approval required prior to expenditures.

\*\*\* Must provide TSO federal cognizant agency letter of approval rate

# Definitions: Forms

## ▶ Claim for Reimbursement

- Submit to TSO at least quarterly, and within 35 days from the report due date (and include any **'zero'** amount claims)
- If Project Director or Designated Alternate was reimbursed in that claim, it must be signed by the Authorizing Official instead
- Supporting documentation: keep for 6 years after grant expires
- Grantee must request a Grant Adjustment from TSO to change budgeted line item amounts, project personnel, and/or scope of project

## EXPENSES

Vendor No.:		Claim No.:	
Project No.:		Final Claim	<input type="checkbox"/>
Project Name:		Grant Adjust. No.:	
Agency:		Grant Adjust. Effective Date:	
Address:			
City:			
State:		Zip:	
Contact/Phone:		/	

Total TSO Funding:		<i>Officer Use Only</i>	
Federal Tax ID No.:		Agreement No.:	
Billing Period:		EA:	
	through	SJ:	

(Fill in figures for the COSTS INCURRED THIS PERIOD - shaded in yellow)

DETAIL OF TSO COSTS	TSO TOTAL	COSTS INCURRED THIS PERIOD	COSTS BILLED PREVIOUSLY	TOTAL COSTS TO DATE
Staff Assigned	\$ 25,000.00	\$	\$ 0.00	\$ 0.00
Overtime	\$ 0.00	\$	\$ 0.00	\$ 0.00
Volunteer Time	N/A	N/A	N/A	N/A
<b>1. Personnel Costs Total</b>	\$ 25,000.00	\$ 0.00	\$ 0.00	\$ 0.00
<b>2. Personnel Benefits Total</b>	\$ 5,000.00	\$	\$ 0.00	\$ 0.00
<b>3. Equipment Total</b>	\$ 0.00	\$	\$ 0.00	\$ 0.00
<b>4. Materials/Printing Total</b>	\$ 1,000.00	\$	\$ 0.00	\$ 0.00
<b>5. Overhead/Indirect Costs</b>	\$ 0.00	\$	\$ 0.00	\$ 0.00
Travel In-State	\$ 0.00	\$	\$ 0.00	\$ 0.00
Travel Out-of-State	\$ 0.00	\$	\$ 0.00	\$ 0.00
Office Expenses	\$ 0.00	\$	\$ 0.00	\$ 0.00
Other Direct Costs	\$ 2,500.00	\$	\$ 0.00	\$ 0.00
<b>6. Other Project Costs Total</b>	\$ 2,500.00	\$ 0.00	\$ 0.00	\$ 0.00
<b>7. Consult/Contractual Svcs Total</b>	\$ 0.00	\$	\$ 0.00	\$ 0.00
<b>8. Mini-grants Total</b>	\$ 0.00	\$	\$ 0.00	\$ 0.00
<b>TOTAL TSO COSTS</b>	\$ 33,500.00	\$ 0.00	\$ 0.00	\$ 0.00

I certify that this billing is correct and is based upon actual costs incurred in accordance with the project agreement:

<b>X</b>			
Project Director (Original signature required)	Print Name	Phone No.	Date

## MATCH

Project No.:	0	Claim No.:	
Project Name:	0	Final Claim	<input type="checkbox"/>
		Grant Adjust. No.:	
		Grant Adjust. Effective Date:	

*(Fill in figures for the COSTS INCURRED THIS PERIOD - shaded in yellow.)*

DETAIL OF LOCAL/STATE COSTS	MATCH TOTAL	COSTS INCURRED THIS PERIOD	COSTS REPORTED PREVIOUSLY	TOTAL COSTS TO DATE
Staff Assigned	\$ 0.00	\$	\$ 0.00	\$ 0.00
Overtime	\$ 0.00	\$	\$ 0.00	\$ 0.00
Volunteer Time	\$ 5,000.00	\$	\$ 0.00	\$ 0.00
<b>1. Personnel Costs Total</b>	\$ 5,000.00	\$ 0.00	\$ 0.00	\$ 0.00
<b>2. Personnel Benefits Total</b>	\$ 0.00	\$	\$ 0.00	\$ 0.00
<b>3. Equipment Total</b>	\$ 0.00	\$	\$ 0.00	\$ 0.00
<b>4. Materials/Printing Total</b>	\$ 2,500.00	\$	\$ 0.00	\$ 0.00
<b>5. Overhead/Indirect Costs</b>	\$ 0.00	\$	\$ 0.00	\$ 0.00
Travel In-State	\$ 1,200.00	\$	\$ 0.00	\$ 0.00
Travel Out-of-State	\$ 0.00	\$	\$ 0.00	\$ 0.00
Office Expenses	\$ 0.00	\$	\$ 0.00	\$ 0.00
Other Direct Costs	\$ 0.00	\$	\$ 0.00	\$ 0.00
<b>6. Other Project Costs Total</b>	\$ 1,200.00	\$ 0.00	\$ 0.00	\$ 0.00
<b>7. Consult Svcs/Contractual Total</b>	\$ 0.00	\$	\$ 0.00	\$ 0.00
<b>8. Mini-grants Total</b>	\$ 0.00	\$	\$ 0.00	\$ 0.00
<b>TOTAL LOCAL/STATE COSTS</b>	\$ 8,700.00	\$ 0.00	\$ 0.00	\$ 0.00

# Definitions: Forms

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## ► Grant Adjustment Request form

- **Project Director's responsibility (Assistance from TSO Program Manager is always available)**
- Required for ANY one of the following:
  - Change of Project Director
  - Change of, or addition of Designated Alternate
  - Change of Authorizing Official
  - Change in any objectives/activities (scope of the project)
  - Change in total grant award amount or federal funding source
  - Change in individual budget line item(s) or eligible use
  - Change in intended recipient/Agency
  - Change in funding amount exceeds 10% of approved budget or \$500,000, whichever is less
- Request form from Grants Assistant/Submit two copies to TSO Program Manager
- Project Director, Designated Alternate, or Authorizing Official submits to TSO
- Nature of Adjustment (text box, top right); why change is being requested
- Generates updated Claim form reflecting adjustments made (if approved)

Project No.:		Nature of Adjustment:
Project Name:		
Agency:		
Grant Adjustment No.:	1	
Grant Adjustment Effective Date:		
Increase/Decrease in \$ +/(-):	\$ -	
Fund Source:		

**PLEASE NOTE: Two copies with original signatures & new budget attached REQUIRED to process financial adjustment**

Budget Line Item	Current TSO Share	\$ + or (-) Change	Proposed TSO Share	Proposed Match
Staff Assigned	\$ -	\$ -	\$ -	\$ -
Overtime	\$ -	\$ -	\$ -	\$ -
Volunteer Time	N/A	N/A	N/A	\$ -
<b>1 Personnel Costs Total</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>2 Personnel Benefits Total</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>3 Equipment Total</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>4 Materials/Printing Total</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>5 Overhead/Indirect Costs</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Travel In-State	\$ -	\$ -	\$ -	\$ -
Travel Out of State	\$ -	\$ -	\$ -	\$ -
Office Expenses	\$ -	\$ -	\$ -	\$ -
Other Costs	\$ -	\$ -	\$ -	\$ -
<b>6 Other Project Costs Total</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>7 Consult/Contractual Svc</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>8 Mini-Grants Total</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>Total Costs</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

Project Director's Signature

Date

Authorizing Official's Signature (if changing Project Directors)

Date

Approved by: TSO Program Manager's Signature

Date

Approved by: TSO Manager's Signature (for funding increases only)

Date



# Definitions: Forms

## ▶ Quarterly Project Status Report

- If emailed to TSO, please send in Word.doc format
- Required quarterly due dates (see FY Calendars)
- Project Director, Designated Alternate, or Authorizing Official submits to TSO
- Not required for mini-grants, unless requested by TSO
- Form is customized by TSO for your grant project
- Inform of the status/progress made or not made on project objectives and activities

*Claims for Reimbursement will not be paid  
unless all reports are current*



## QUARTERLY PROJECT STATUS REPORT

Project No.:

Project Name:

Agency:

Date of Report:

Report Time Frame:     1<sup>st</sup> Qtr.                       2<sup>nd</sup> Qtr.                       Other

3<sup>rd</sup> Qtr.                       4<sup>th</sup> Qtr.

Start Date:                      End Date:

**Progress on project objectives during this quarter/time frame:**

1.

<u>Status</u>		<u>Support Documentation</u>	
<input type="checkbox"/> Scheduled to begin	Date:	<input type="checkbox"/> Attached	
<input type="checkbox"/> In progress		<input type="checkbox"/> Will be submitted by (explain below)	Date:
<input type="checkbox"/> Completed	Date:	<u>Budget</u>	
<input type="checkbox"/> Problem with completion (explain below)		<input type="checkbox"/> On track	<input type="checkbox"/> Not on track (explain below)

Explanation:

2.

<u>Status</u>		<u>Support Documentation</u>	
<input type="checkbox"/> Scheduled to begin	Date:	<input type="checkbox"/> Attached	
<input type="checkbox"/> In progress		<input type="checkbox"/> Will be submitted by (explain below)	Date:
<input type="checkbox"/> Completed	Date:	<u>Budget</u>	



Current/additional activities and comments:

Data Table – Attach completed Data Table to this report.

Project Director's Name:

Signature:

(or Designated Alternate's name, as identified in Agreements & Assurances)

#### INSTRUCTIONS

Mail completed form to:

ODOT – TSD  
4040 Fairview Industrial Drive SE, MS 3  
Salem, OR 97302 – 1142

Email completed form to:

Your TSD Program Manager

#### OFFICE USE ONLY

(TSD) Grant Manager's Approval:  Approved

Date:

# Definitions: Forms

## ➤ Project Evaluation Report

- **Last and final report summarizing the year's project, outcomes**
- Due within 35 days of end of grant year (Nov 5 for federal funds)
- Follow the *Evaluation Plan section* in the Project Agreement for required content
- Additional pages, if needed
- Must be signed by Project Director, Designated Alternate or Authorizing Official

Final claims for reimbursement will not be paid without receipt of Final Project Evaluation report by TSO



## **Project Evaluation Report**

**Project No:**

**Project Name:**

**Agency:**

**Project Director:**

**TSD Project Manager:**

**Summary of Project:**

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**List of the problem(s) impacted:**

**Project's major activities:**

**Accomplishments as they relate to the objectives:**

**Strengths and weaknesses of the implementation process:****Cost Summary:**

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**Amount paid by TSD:** \$ 0.00**Amount paid by Agency:** \$ 0.00**Final Evaluation:**

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**Evaluation Questions** (Attach additional pages as necessary)

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- 1.
- 2.
- 3.
- 4.

\_\_\_\_\_  
Signature\_\_\_\_\_  
Date

# Definitions: Forms

- Residual Value Agreement (RVA)
  - Required for an equipment purchase > \$5,000 (cost per)
  - **Attach copy of vendor's invoice to the RVA (quantity; description; manufacturer, date, and cost)**
  - **Property Identification Number (your agency's inventory)**
  - Visit annually from TSO Staff for 3 years after purchase
    - Maintenance/repair are responsibility of grantee
  - Grantee retains property as **long as it's used for original purpose** (*before expiration of Useful Life*)
  - No grant-funded equipment will be conveyed, sold, salvaged, transferred, etc., without TSO pre-approval



**OREGON DEPARTMENT OF TRANSPORTATION**  
**Transportation Safety Office**

## Residual Value Agreement

**Project No:**

**Project Name:**

**Agency:**

**Project Director:**

**Title:**

**Phone:**

**TSO Project Manager:**

**Project Period:**

Equipment Description	Purchase Date	Verify Until	Serial No.	Agy. Prop.No.	Original Cost	TSD Cost	Current Location
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1.

2.

Ownership of equipment acquired through this project shall be vested with the grantee, not the United States. **Equipment acquired shall be utilized and retained in highway safety operations during the useful existence of such equipment.** Costs incurred for maintenance, repairs, updating or support of such equipment shall be borne by the grantee. IF ANY OF THE ABOVE EQUIPMENT CEASES TO BE USED IN THE HIGHWAY SAFETY PROGRAM, THE GRANTEE AGREES TO IMMEDIATELY NOTIFY THE TRANSPORTATION SAFETY OFFICE (TSO), OREGON DEPARTMENT OF TRANSPORTATION – DMV. In such event, grantee further agrees to either give credit to an active project for the residual value of such equipment in an amount to be determined by TSO, or to transfer, return, or otherwise dispose of such equipment as directed by TSO.

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

**Date:** \_\_\_\_\_

**Program Manager Approval:** \_\_\_\_\_

**Date:** \_\_\_\_\_



# Review

- ▶ TSO grant management processes and forms
- ▶ Who to contact at TSO with questions
- ▶ When to submit reports and other project documents
- ▶ Federal Requirements
- ▶ State Requirements
- ▶ **What's expected of you and your agency**
- ▶ What you can expect from TSO

**...All working Toward Zero Deaths, or Zero Fatalities**

# Wrap-Up

## ► On the horizon...for FY2025

- New TSO Automated Grants Management System
  - No more paper
  - **No more 'original' signature requirements**
  - Web-based and *interactive* (w/assigned user roles)
  - *Go-live is scheduled for July 2024: for FFY2025 (Oct 1, 2024 – September 30, 2025)*
  - Training will be provided to all grantees; be on the look-out for a **'Save-the-Date' notification! Testing begins** Spring 2024

# Thank You

- ▶ ODOT-DMV Transportation Safety Office  
<https://www.oregon.gov/ODOT/Safety/pages/index.aspx>
- Naomi Dwyer, TSO Grants Assistant (503) 949-8914  
[Naomi.Dwyer@odot.Oregon.gov](mailto:Naomi.Dwyer@odot.Oregon.gov)
- Traci Pearl, TSO Manager (503) 983-6162  
[Traci.Pearl@odot.Oregon.gov](mailto:Traci.Pearl@odot.Oregon.gov)