

**DEPARTMENT OF PUBLIC SAFETY
GRANTS MANAGEMENT BUREAU
INSTRUCTIONS FOR COMPLETING ALL GRANTS MANAGEMENT FORMS**

GOALS AND OBJECTIVES CHANGE FORM

If Application **is not fully** funded, then Sub-grantee must complete this form outlining the changes made to program goals and objectives due to the reduction in funding **and complete** a revised Budget Detail Worksheet, outlining the financial changes made to program due to the reduction in funding.

| NEW MEXICO DEPARTMENT OF PUBLIC SAFETY GRANTS MANAGEMENT BUREAU GOALS AND OBJECTIVES CHANGE FORM |
|---|
| <p>Name of Sub-grantee: _____</p> <p>Sub-grant Number: _____</p> <p>Sub-grant Amount: _____</p> <p>If Application is not fully funded, then Sub-grantee must complete this form outlining the changes made to program goals and objectives due to the reduction in funding and complete a revised Budget Detail Worksheet, outlining the financial changes made to program due to the reduction in funding.</p> <p>Goal and/or objective # _____ Goal and/or objective as originally stated in application: _____</p> <p>Changes being made to goal and/or objective: _____</p> <p>Goal and/or objective # _____ Goal and/or objective as originally stated in application: _____</p> <p>Changes being made to goal and/or objective: _____</p> <p>GMB Approval: _____ Date: _____</p> |

COMPLETING THE GOALS AND OBJECTIVES CHANGE FORM

The form outlines the changes made to the program’s goals and objectives in the original application, due to the reduction in funding. In narrative form, describe in detail; accomplishments, goals, objectives, expected outcomes, coordination of funding, major expenditures, and timelines. The form must be sent back to the Bureau with the Sub-grant Agreement. Sub-grantee will be held accountable for completing all program goals and objectives as described on this form.

PROGRAM DESCRIPTION FORM

To assist in fulfilling the GMB’s responsibilities to comply with the Federal application for this grant, provide a narrative of the Program’s goals and objectives; include data that measures the results of the program. In addition, discuss the data collection methods that will be utilized.

| NEW MEXICO DEPARTMENT OF PUBLIC SAFETY GRANTS MANAGEMENT BUREAU PROGRAM DESCRIPTION | |
|---|------------|
| Name of Sub-grantee: | |
| Sub-grant Number: | |
| Sub-grant Amount: | |
| To assist in fulfilling the GMB's responsibilities to comply with the Federal application for this grant, provide a narrative of the Program's goals and objectives; include data that measures the results of the program. In addition, discuss the data collection methods that will be utilized. | |
| (1) Goal and/or objective: | |
| (2) Goal and/or objective: | |
| (3) Goal and/or objective: | |
| GMB Approval _____ | Date _____ |

COMPLETING THE PROGRAM DESCRIPTION FORM

State a general overview of the program, to include what your program will accomplish, keep it simple and to the point.

Explain the goal of the program in simple and straight terms; one or two goals specifically related to the programs purpose area are sufficient. Each goal should have, at least one measurable output linked to a desired outcome. The Goals, Objectives, and Methods of Accomplishments part must include:

1. Program objectives that are linked to meaningful and measurable outcomes consistent with the goals of the program.

- 2. Organization capabilities and competencies, including a description of how the organization will track all drawdowns and grant expenditures separately from other federal funding.

BUDGET DETAIL WORKSHEET

The Budget Detail Worksheet details all program costs and will total to the Sub-grantee’s award amount. This may or may not differ from the budget request on the application. A well-prepared budget justifies all expenses and is consistent with the program description/goals and objectives.

COMPLETING THE BUDGET DETAIL WORKSHEET

This is a MS Excel spreadsheet with self-populating fields. Justifications for expenses in each category are required. The Budget Detail Worksheet includes Personnel, Fringe Benefits, Contractual Services, Travel, Equipment, Supplies, Administrative Costs, Confidential Funds, and Other Costs. The following are a few examples of items that belong in each category:

Personnel

- Job Title or description of position **SEE NOTE BELOW**
- Computation indicates the percentage of time employee will dedicate to grant
- Overtime for fiscal agency goes under personnel

| DEPARTMENT OF PUBLIC SAFETY GRANTS MANAGEMENT BUREAU (GMB) BUDGET DETAIL WORKSHEET | | | |
|--|-------------|------|---|
| 1. 200 CATEGORY COSTS | | | |
| 1a. Personnel - 200 – List each position by title. Show the annual salary rate and the percentage of time to be devoted to the project. Compensation paid for employees engaged in grant activities must be consistent with that paid for similar work within the applicant organization. No need to include the employee's name under job title/position. Identify matching contribution in parenthesis. | | | |
| Job Title/Position | Computation | Cost | |
| | | \$ | - |

NOTE: No Personnel cost may be used to supplant State or local funds, but will be used to increase the amounts of such funds that would, in the absence of Federal funds, be made available for program activities. The Sub-grantee understands that the Bureau **will not reimburse** any portion of salaries paid for existing general fund employees/staff

Fringe Benefits

- Based on actual known costs or established formula
- Must match the percentage of time employee will dedicate to grant
- Fringe benefits on overtime is limited to FICA, Workman’s Compensation, and Unemployment Compensation

1b. Fringe Benefits - 200 – Fringe benefits should be based on actual known costs or an established formula. Fringe benefits are for those listed in the personnel budget category and only for the percentage of time devoted to the project. Fringe benefits on overtime hours are limited to FICA, Workman's Compensation, and Unemployment Compensation. Identify matching contribution in parenthesis.

| Type | Computation | Cost |
|------|-------------|------|
| | | \$ - |

Contractual Services

- Name each contractor (if known)
- Include the service to be provided, computation is the hourly or daily rate, additionally, estimated time spent on the project
- Rented or leased equipment, building space, or janitorial services to be listed in this section

2. 300 CATEGORY COSTS

2a. Contractual Services - 300 – For each contractor enter the name, if known, service to be provided, hourly or daily fee, and estimated time on the project. Identify matching contribution in parenthesis.

| Name of Contractor | Service Provided | Computation | Cost |
|--------------------|------------------|-------------|------|
| | | | \$ - |

Travel

- Expenses by employees who are in travel status on official business
- These costs must be in accordance with State or an organizationally approved travel policy
- Identify in-state and/or out-of-state travel
- Separate costs by purpose
 - Field work/Investigative
 - Trainings
 - Meetings
 - Conferences
- Air fares, hotel costs, car rental, meals, and all costs associated with the actual travel

3. 400 CATEGORY COSTS

3a. Travel - 400 – Itemized travel expenses of project purpose (e.g., staff to training, field interviews, advisory group meeting, etc). Show the basis of the computation (e.g., six people to 3-day training at \$X airfare, \$X lodging, \$X subsistence). In training projects, travel, and meals for trainees should be listed separately. Show the number of trainees and the unit costs involved. Identify as "In-State" and/or "Out-of-State" Travel. **Registration Fees should be included in the "Other Costs Category" not the "Travel Costs Category".** Identify matching contribution in parenthesis.

| Purpose | Location | Computation | Cost |
|---------|----------|-------------|------|
| | | | \$ - |

Equipment

- Non-expendable (tangible property) items with a value over \$5,000 per item and/or has a shelf-life of over one year
- Examples would include: a \$400 camera, a \$2,700 laptop computer, a \$6,000 Microscope (include any equipment maintenance contracts).

| 3b. Equipment – 400 – List non-expendable items that are to be purchased. Equipment is tangible property having a useful life of more than one year and/or an acquisition cost of \$5,000 or more per unit. Rented or leased equipment costs should be listed in the "Contractual" category. Explain how the equipment is necessary for the success of the project. All equipment will be bar-coded by the GMB for tracking purposes. Identify matching contribution in parenthesis. | | |
|--|-------------|------|
| Item | Computation | Cost |
| | | \$ - |

Supplies

- List items by type
- Examples would include: office supplies, postage, training materials, paper, or items that are expendable or utilized during the course of the program

| 3c. Supplies – 400 – List items by type (office supplies, postage, training materials, copying paper) and show the basis for computation. Supply items cost less than \$5,000 and have a shelf life of less than one year. Identify matching contribution in parenthesis | | |
|--|-------------|------|
| Supply Item | Computation | Cost |
| | | \$ - |
| | | \$ - |

Administrative Costs

- Unless otherwise noted, sub-grantees shall limit total administrative expenses to no more than five percent (5%) of their grant award
- Cost of an organization/agency's operating and maintaining facilities
- Examples would include: administrative salaries, operating and maintaining facilities
- Indirect costs are NOT ALLOWABLE

| 3d. Administrative Costs – 400 - costs of the fiscal agency that are not readily assignable to a particular project, but are necessary operation of the organization to administer the grant project. Usually limited to 5% of the awarded amount. | | |
|---|-------------|------|
| Description | Computation | Cost |
| | | \$ - |

Confidential Funds

- Funds allocated to either (1) Purchase of Services (2) Purchase of Evidence or (3) Purchase of Information
- Funds should **only** be allocated when: (1) The particular merits of a program/investigation warrant the expenditure of these funds or (2) Requesting agencies are unable to obtain these funds from other sources.
- Confidential funds must be a reasonable and necessary element of project operations

| | | |
|--|--------------------|-------------|
| <p>3e. Confidential Funds – 400 - confidential funds are those monies allocated to Purchase of Service (P/S) which includes effects to create or establish the appearance of affluence for undercover purposes, within reasonable limits. Purchase of Evidence (P/E) for purchase of evidence and/or contraband, such as narcotics. Purchase of Information (P/I) which includes the payment of monies to an informant for specific information.</p> | | |
| | | |
| Description | Computation | Cost |
| | | \$ - |

Other Costs

Examples in this category are:

- Registration fees for training
- Vehicle/equipment maintenance
- Fuel for vehicles
- Telecommunication service fees
- If uncertain, please contact the Grants Management Bureau

| | | |
|--|--------------------|-------------|
| <p>3f. Other Costs – 400 – List items (e.g., telecommunication, vehicle maintenance, equipment maintenance, janitorial or security services, registration fees) by major type and the basis of the computation. For example, telecommunication costs, provide number of phone lines, monthly cost, and number of months. Identify matching contribution in parenthesis.</p> | | |
| | | |
| Description | Computation | Cost |
| | | \$ - |

REQUEST FOR REIMBURSEMENT

The Bureau reimburses only actual and allowable expenditures, in the approved budget, for goods and services purchased during the grant period. The Bureau will not reimburse the Sub-grantee for any expenditure not budgeted in the approved budget categories. Failure of the sub-grantee to operate the program in accordance with the approved budget may result in suspension and/or termination of the grant agreement.

Copies of supporting documentation (e.g. invoices, receipts, time cards, payroll reports, etc.) must accompany all Requests for Reimbursements (RFRs). RFRs will not be paid without the required supporting documentation of expenditures. Additionally, a tally or spreadsheet must be included with the backup documentation clarifying the amounts used to arrive at totals. Written statements are not acceptable documentation of program expenses. If RFR Form and backup documentation is not complete a RFR Rejection Notice will be sent with instructions on incorrect or missing information.

DUE DATES: 15 days after the end of each quarter; if no expenditures were incurred during that period, submit zero expenditures on RFR.

RFRs will be accepted by the Bureau at any time, but at a minimum, must be submitted on a quarterly basis.

QUARTERS ARE AS FOLLOWS:
 Quarter 1: October 1 through December 31
 Quarter 2: January 1 through March 31
 Quarter 3: April 1 through June 30
 Quarter 4: July 1 through September 31

One original Final Request for Reimbursement shall be submitted to the Bureau for review and approval no later than thirty (30) days after the termination date of the award. Failure by the Sub-grantee to timely submit a complete final RFR to include all supporting backup documentation, as requested by the Bureau, will result in an Administrative Closeout by the Bureau. If an Administrative Closeout takes place, it may have a negative impact on future funding through the New Mexico Department of Public Safety.

An Administrative Closeout will consist of the GMB determining, based upon the backup documentation submitted by the Sub-grantee, a final reimbursement amount. The GMB will notify the Sub-grantee of the final reimbursement amount in writing and the amount shall not be open to dispute.

Any RFR not submitted within thirty (30) days may result in the suspension, termination and/or an administrative closeout of the grant. The Sub-grantee must receive prior approval from the Bureau to extend a RFR requirement past its due date.

COMPLETING THE REQUEST FOR REIMBURSEMENT FORM

SECTION I: PROGRAM IDENTIFICATION

| DEPARTMENT OF PUBLIC SAFETY GRANTS MANAGEMENT BUREAU REQUEST FOR REIMBURSEMENT | | | | | | | | | |
|--|-----------------|--------------------|---------------------------|-------------|---------------------------|---------------------------|-------------------|-------------|--|
| Request Number: | | For the period of: | | to | | | | | |
| I. Program Identification | | | | | | | | | |
| A. Sub-grant Number: | | | | | | E. Sub-recipient: | | | |
| B. Contact Person: | | | | | | F. Sub-recipient Address: | | | |
| C. Telephone: | | | | | | (Remit To Address) | | | |
| D. E-mail Address: | | | | | | | | | |
| Budget Categories | Approved Budget | | Expenditures Year-To-Date | | Expenditures This Request | | Remaining Balance | | |
| | Sub-grant Funds | Match Funds | Sub-grant Funds | Match Funds | Sub-grant Funds | Match Funds | Sub-grant Funds | Match Funds | |
| Personnel Services - 200 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | |
| Fringe Benefits - 200 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | |
| Contractual Services - 300 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | |
| Travel - 400 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | |
| Equipment - 400 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | |
| Supplies - 400 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | |
| Administrative Costs - 400 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | |
| Confidential Funds - 400 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | |
| Other Costs - 400 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | |
| TOTALS: | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | |

Request Number: Number 1 is the first RFR due 15 days after the end of the first quarter from the last signatory executing the Sub-grant Agreement. For example, if the Agreement was signed on February 17 the RFR is due on or before April 15, if the Agreement was signed on October 17 the RFR is due on or

before December 15. Should the RFR get rejected by GMB the *Request Number* will remain the same except “revised” will follow the number.

For the period of _____ to _____: would be the period in which funds were expended. This should follow the same dates as listed above for each quarter; however, it could also be a shorter time frame.

Approved Budget

SUB-GRANT FUNDS

Complete the dollar amounts for each category directly from the approved Budget Detail Worksheet. These amounts shall remain constant unless an amendment has been approved.

Expenditures Year-to-Date

SUB-GRANT FUNDS

Report only the cumulative GMB approved expenditures from the beginning of the Sub-grant through the previous reporting period. This amount **does not** include the funds being requested on this Request for Reimbursement.

Expenditures This Request

SUB-GRANT FUNDS

Sub-grant funds requested by category expended this reporting period. The total of this column shall equal your total RFR.

Remaining Balance

SUB-GRANT FUNDS

To calculate the remaining Sub-grant fund balances for each of The Budget Category Line Items; refer to the Sub-grant Funds Approved Budget amount (same line item); subtract the Sub-grant Y-T-D amount (same line item) and the Sub-grant “Expenditure This Request” amount (same line item); **Approved Budget minus Expenditures Year-to-Date minus Expenditures This Request equals remaining balance.**

SECTION II: PROGRAM INCOME

| | | | | | | | |
|--|--------------------|--------------------|--------------------|--------------------|----|----------------------|----|
| <p>ii. Program Income (PI) = All income generated as a direct result of a Sub-recipient funded project shall be deemed program income (e.g., if the purpose of the grant is to conduct conferences, any training fees that are generated would be considered program income). Use of Program Income: Program income maybe used to further program objectives or may be refunded to the GMB. Program income may only be used for allowable programs costs, if the cost was allowed under the Sub-grant Agreement, then the cost would be allowable using program income. All program income must be expended prior to the Sub-grant Agreement termination date or it must be refunded to the GMB.</p> | | | | | | | |
| Program Income | 1st Quarter | 2nd Quarter | 3rd Quarter | 4th Quarter | | Y-T-D Balance | |
| PI Received | \$ | \$ | \$ | \$ | \$ | \$ | 0 |
| PI Expended | \$ | \$ | \$ | \$ | \$ | \$ | 0 |
| Balance | \$ | 0 | \$ | 0 | \$ | 0 | \$ |

Designated for Program Income, any Sub-grantee receiving program Income must complete this section on a quarterly basis. A detailed explanation on Program Income is outlined in this Attachment.

SECTION III: CERTIFICATION

| | | | | | | | |
|--|--|--|--|--|--|-------|--|
| <p>iii. Certification: Under penalty of law, I / We hereby certify that to the best of our knowledge and belief, the above information is correct; expenditures are properly documented; required matching funds have been obligated in the reported amount; documentation attached are true and correct copies of the original; and payment has not been and will not be received from any other source.</p> | | | | | | | |
| Sub-recipient Program Representative: | | | | | | Date: | |
| Sub-recipient Fiscal Representative: | | | | | | Date: | |
| GMB Representative: | | | | | | Date: | |

In this section both the Program and Fiscal Representative should sign and by doing so, certify that the expenditures are properly documented.

PLEASE SEND A SIGNED ORIGINAL RFR FORM WITH ALL BACKUP DOCUMENTATION TO GMB TO BE RECEIVED ON OR BEFORE DUE DATE. THE GRANTS MANAGEMENT BUREAU WILL NOT ACCEPT A FAXED OR SCANNED COPY OF THE RFR SINCE BOTH THE RFR AND BACKUP DOCUMENTATION MUST ARRIVE TOGETHER.

SUB-GRANT AGREEMENT AMENDMENT

Amendments are used to request project changes and/or correction for any programmatic, administrative, or financial change associated with a grant award. Initial Amendment requests will be accepted by the GMB via email/fax on agency's letterhead. Should the GMB accept this request, the formal Agreement Amendment process is not necessary. If GMB denies the informal request, a full Amendment request will be required. All Amendments must be received at least 45 calendar days prior to the end of the Sub-grant Agreement.

| DEPARTMENT OF PUBLIC SAFETY GRANTS MANAGEMENT BUREAU (GMB) AGREEMENT AMENDMENT | | | | | | | |
|---|---|-----------------------|----------------|----------------------|----------------|-----------------------|----------------|
| All Amendments must be received at least forty five (45) calendar days prior to the termination of the Agreement. | | | | | | | |
| Sub-grantee: | _____ | | | | | | |
| Sub-grant Number: | _____ | | | | | | |
| Amendment Number: | _____ | | | | | | |
| Type of Amendment: | _____ | | | | | | |
| | Ending Period Amended From | _____ | | | | To | _____ |
| | • Please attach a Justification Letter. | | | | | | |
| | Program Description Change | | | | | | |
| | • Please attached a revised Program Narrative and Justification Letter. | | | | | | |
| | Internal Budget Revision (Within the same budget category) | | | | | | |
| | • Please attach a revised Budget Detail Worksheet and Justification Letter. | | | | | | |
| | Budget Revision (Complete Budget Table below) | | | | | | |
| | • Please attach a revised Budget Detail Worksheet and Justification Letter. | | | | | | |
| | CATEGORY | CURRENT BUDGET | | REVISIONS +/- | | REVISED BUDGET | |
| | | Sub-grant | Match | Sub-grant | Match | Sub-grant | Match |
| | Personnel Services & Benefits-200 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |
| | Contractual Services-300 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |
| | Other Contr-400 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |
| | TOTAL | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |
| IN WITNESS WHEREOF, the Sub-grantee and the Section do hereby execute this Agreement Amendment as of the last date written below. THIS AGREEMENT AMENDMENT has been approved by: | | | | | | | |
| SUB-GRANTEE | | | | | | | |
| By: | Authorized Sub-grantee Representative | | | | Date | | |
| DEPARTMENT OF PUBLIC SAFETY | | | | | | | |
| By: | DPS Cabinet Secretary | | | | Date | | |
| <i>DPS/GMBE will not accept any forms other than those provided to the Sub-grantees. If the Agreement Amendment form is submitted with alterations DPS/GMBE will deny the request.</i> | | | | | | | |

Extension Request: Modifies the date of the project period. An Amendment is required for a change to the grant period, such as an extension of the project period end date and/or an extension of the expenditure deadline. A sub-grantee may request an extension to the project period at any time after accepting the award, but no later than 45 days prior to the award end date. The sub-grantee may request an extension no more than 12 months beyond the original end date.

Program Description Change: Changes the scope, activities, or other significant areas are changes that require prior approval from the bureau or program office through a grant adjustment notice. These changes specifically include:

1. Altering programmatic activities;
2. Affecting the purpose of the project;
3. Changing the project site;
4. Changes to the organization with primary responsibility for implementation of the grant, contracting out, sub-granting, (if authorized by law) or otherwise obtaining the services of a third party to perform activities which are central to the purpose of the award; and
5. Changes in scope that affect a sub-grantee's budget, which must follow the budget revision procedure.

Internal Budget Revision: Modifies the approved budget within the same category. For example, if the price of a certain item has changed from the time of submission of the original budget to the time of the purchase date and funds are available in that category, an internal budget revision may be used.

Budget Revision: Modifies the approved budget in order to reallocate dollar amounts within the existing award amount between categories. The original award amount may **not** be increased by a budget revision; however, it can be decreased. A Budget Detail Worksheet must be included with this request.

PERSONNEL ACTIVITY REPORT (PAR)

The PAR form is to be completed for both regular and overtime pay. Each PAR must have a standard timesheet(s), overtime sheet(s) (if applicable) and corresponding pay stub, payroll register, or general ledger (no exceptions). Overtime sheets must indicate activity(s) performed and associated funding source. Personnel Activity Reports must be signed by both supervisor and employee.

COMPLETING A PAR

Complete all information applicable to each employee and only include one pay period per report.

| GRANTS MANAGEMENT BUREAU (GMB) PERSONNEL ACTIVITY REPORT (PAR) | | | | | |
|--|--|-------|--|--------------------------|--|
| For Pay Period: | From | | To | | (Include only one pay period per report) |
| Sub-recipient: | | | | | |
| Sub-grant #: | | | | | |
| Purpose of Expenditure: | <input type="checkbox"/> Match Expenditure | | <input type="checkbox"/> Sub-grant Expenditure | | |
| EMPLOYEE INFORMATION | | | | | |
| Employee Name: | | | | | |
| Department / Organization: | | | | Position: | |
| Salary / Wage | \$ | - | Hourly Pay Rate | \$ | - |
| | | | | Overtime Rate @ 1 to 1.0 | |
| | | | | Overtime Rate @ 1 to 1.5 | |
| OVERTIME HOURS | | | | | |
| Overtime Hours Applicable to the Sub-grant: | | | | | |
| Sub-grant overtime hours @ 1 to 1.0 | | Hours | \$ | - | |
| Sub-grant overtime hours @ 1 to 1.5 | | Hours | \$ | - | |
| Total Overtime Salary / Wages Applicable to the Sub-grant | | | \$ | - | |
| SHIFT HOURS | | | | | |
| Shift Hours Applicable to the Sub-grant: | | | | | |
| | Hours | X | \$ | - | Rate = \$ - |
| REGULAR WORK HOURS | | | | | |
| Percentage of Total Effort | | | | | |
| Sub-grant Regular Work Hours | | % | Hours | \$ | - |
| Regular Duty Work Hours | | % | Hours | \$ | - |
| Total Work Hours | | % | Hours | \$ | - |
| EMPLOYEE BENEFITS | | | | | |
| Benefits Applicable to Sub-grant for Regular Hours Worked = | | | | \$ | - |
| Benefits Applicable to Sub-grant for Overtime Hours Worked = | | | | \$ | - |
| Benefits Applicable to Match for Regular Hours Worked = | | | | \$ | - |
| I certify that this distribution of time or effort represents the actual time (effort) expended by me during the period cover by this report. I further certify that the salaries / wages indicated as applicable to the Sub-grant were received by me. | | | | | |
| Employee Signature | | | Supervisor Signature | | |
| DPS/GMB will not accept any forms other than those provided to the Sub-grantees. If the PAR forms are submitted with alterations DPS/GMB will deny the request. | | | | | |