187933

ODOT GRANT ADJUSTMENT Transportation Safety Division

Project No.:	SC-16-35-11 PPB	3		
Project Name:	Portland Police Sp	peed Grant		
Agency:	Portland Police Bu			
Grant Adjustme	ent No.:		1_	
Grant Adjustme	ent Effective Date:			
Increase/Decre	ase in \$ +/(-):	\$		4,996
Fund Source:				

Nature of Adjustment: Increase speed grant by \$5,000 for additional speed overtime enforcement.

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

Budget Line Item	Current TSD Share		\$ + or (-) Change		Proposed TSD Share		oposed flatch
Staff Assigned	\$		\$	-	\$		\$ 4,500
Overtime	\$	11,997	\$	4,996	\$	16,993	\$ -
Volunteer Time		N/A		N/A		N/A	\$ -
1 Personnel Costs Total	\$	11,997	\$	4,996	\$	16,993	\$ 4,500
2 Personnel Benefits Total	\$	-	\$	-	\$	-	\$
3 Equipment Total	\$		\$	-	\$	-	\$ -
4 Materials/Printing Total	\$	-	\$	-	\$	-	\$ -
5 Overhead/Indirect Costs	\$	-	\$	-	\$		\$ -
Travel In-State	\$		\$	-	\$	-	\$ -
Travel Out of State	\$		\$	-	\$	-	\$ -
Office Expenses	\$	-	\$	-	\$	-	\$ -
Other Costs	\$	-	\$		\$	-	\$ -
6 Other Project Costs Total	\$	-	\$	-	\$	-	\$ -
7 Consult/Contractual Svcs.	\$	-	\$	-	\$	-	\$ -
8 Mini-Grants Total	\$	-	\$		\$	-	\$ -
Total Costs	\$	11,997	\$	4,996	\$	16,993	\$ 4,500

Project Director's Signature	Date		
Authorizing Official's Signature (if changing Project Directors	Date		
Approved by: TSD Program Manager's Signature	Date		
Approved by: TSD Manager's Signature (for funding increases	s only) Date		
TSD Office Use Or	nly	Enter Yes or No	
Federal to Local Percentage	Change in Total TSD Funding:		
Reviewed by Fiscal Specialist	Revised Budget Attached:		
Reviewed by Grants/Contracts Coordinator	HSP Mod./Change Order required		
- h	Rvsd. Proj. Smry. (changed objectives)		

ODOT GRANT BUDGET AND COST SHARING

∂roject Period:

Project No.: S -35-11 PPB

02/04/16

09/30/16

roject Name:	Portland Police Speed Grant					(From)	(To)	1 0 40 9 9
gency:	Portland Police Bureau						(Office Use	on 1 8 7 9 3 3
	*						Grant Adjustment #:	
	:×						Grant Adjust. Effective Date:	
his form shou	ld include all budget information. If	additional	information is required	for clarity, please include on a s	eparate page		Project Yr. (1-2-3, Ongoing):	
eferencing app	propriate budget item.						. , , , ,	
						TSD FUNDS	MATCH	TOTAL
1. Personn	ol Costs*							
	assigned and estimated hours:		Hours	Rate	Total Cost			
	o Officers		89.65 @ \$	45.46 /hr = \$	4,075.49			
	c Sgts		7.09 @ \$	53.40 /hr = \$	378.61			
	care charge		1.00 @ \$	45.46 /hr = \$	45.46			
Medic	care charge		0.00 @ \$	- /hr = \$	-			
9						4		
-			0.00 @ \$	- /hr = \$				
			0.00 @ \$	- /hr = \$	4 400 50	\$0.00	\$4,499.56	\$4,499.56
				Staff Subtotal \$	4,499.56	\$0.00	\$4,499.56	\$4,499.50
B. Over			Hours	Rate	Total Cost	· ·		
	c Officers		244.85 @ \$	64.89 /hr = \$	15,888.32			
Traffi	c Sgts		15.00 @ \$	73.64 /hr = \$	1,104.60			
				Overtime Subtotal \$	16,992.92	\$16,992.92	\$0.00	\$16,992.92
C. Volu	nteer Time		Hours	Rate	Total Cost			
			0.00 @ \$	- /hr = \$	-			
·			0.00 @ \$	/hr =_\$	_			
				Volunteer Subtotal \$	-	\$0.00	\$0.00	\$0.00
2. Personn	el Benefits		Unit Cost	# of Units	Total Cost			
Α.		\$	@	0 = \$	-			
В.		\$	- @	0 = \$				
				Benefits Subtotal \$	-	\$0.00	\$0.00	\$0.00
3. Equipme	ent ·		Unit Cost	# of Units	Total Cost			
Α.		\$	@					
В.		\$	- @		-			
C.		\$	- @		-			
D.		\$	@					
<u> </u>		- Ψ		Equipment Subtotal \$	_	\$0.00	\$0.00	\$0.00
				Equipment dubtotal 4		Ψ0.00	Ψ0.00	ψ0.00
4 14-4-1-1	-ID-1-41		U-14 O4	4-511-4-	T-4-104			
4. Material	s/Printing		Unit Cost	# of Units	Total Cost			
<u>A.</u>		\$ \$	@	0 = \$				
B.		<u>Ψ</u>	@	0 = \$	_			
C.		\$	@	0 = \$		¢0.00	\$0.00	¢0.00
				Materials Subtotal\$		\$0.00	\$0.00	, \$0.00
NAME AND PARTY.	*		2007 2007 200	na water con				
	d/Indirect Costs		Unit Cost	# of Units	Total Cost			
Α.		. \$	@	0 = \$	-			
В.		\$		0 = \$ Overhead Subtotal \$		\$0.00	\$0.00	\$0.00
				Overneau Subtotal \$		φυ.υυ	φυ.υυ	
737-1	003 (Rev.10/03)							Page 1

Portland Police Speed Grant

Project Number:

TSD FUNDS MATCH TOTAL 6. Other Project Costs A. Travel In-State **Unit Cost** # of Units **Total Cost** \$ 0 = \$0.00 \$0.00 \$0.00 B. Travel Out-of-State (specify)***: \$ \$0.00 \$0.00 \$0.00 C. Office Expenses (supplies, photocopy, telephone, postage) \$0.00 \$0.00 0 = \$0.00 - @ D. Other Costs (specify): 1.) \$ 0 = \$ 2.) 3.) \$ 0 \$ 4.) 0 = 5.) 0 = Other Project Costs Subtotal \$ \$0.00 \$0.00 \$0.00 Consultation/Contractual Services ** **Total Cost Unit Cost** # of Units \$ A. 0 = \$ B. Consultation/Contractual Services Total \$ \$0.00 \$0.00 \$0.00 Mini-Grants *** TSD Match A. B. C. D. E. F. \$ G. H. \$0.00 \$0.00 \$0.00 Mini-Grants Subtotals \$ TOTAL \$16,992.92 \$4,499.56 \$21,492.48 **COST SHARING BREAKDOWN Budget Comments:** 1. TSD Funds 16,992.92 79% Match: State 4,499.56 21% 3. Match: Local 4. Match: Other (specify) a.) b.) c.) 5. TOTAL COSTS 21,492.48 100%

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

^{**} TSD approval required prior to expenditures.