

**ILLINOIS DEPARTMENT OF
TRANSPORTATION
GRANTEE MEETING**

Federal Fiscal Year 2020 (FFY20)
10/1/2019 – 9/30/2020

OVERVIEW

- Meeting Purpose and General Information
- Highway Safety Funding Source
- Highway Safety Plan
- Program Overviews
- 2832 Periodic Reporting Form
- Claims and Financial Information
- BSPE 26 Orientation Checklist
- Breakout Sessions

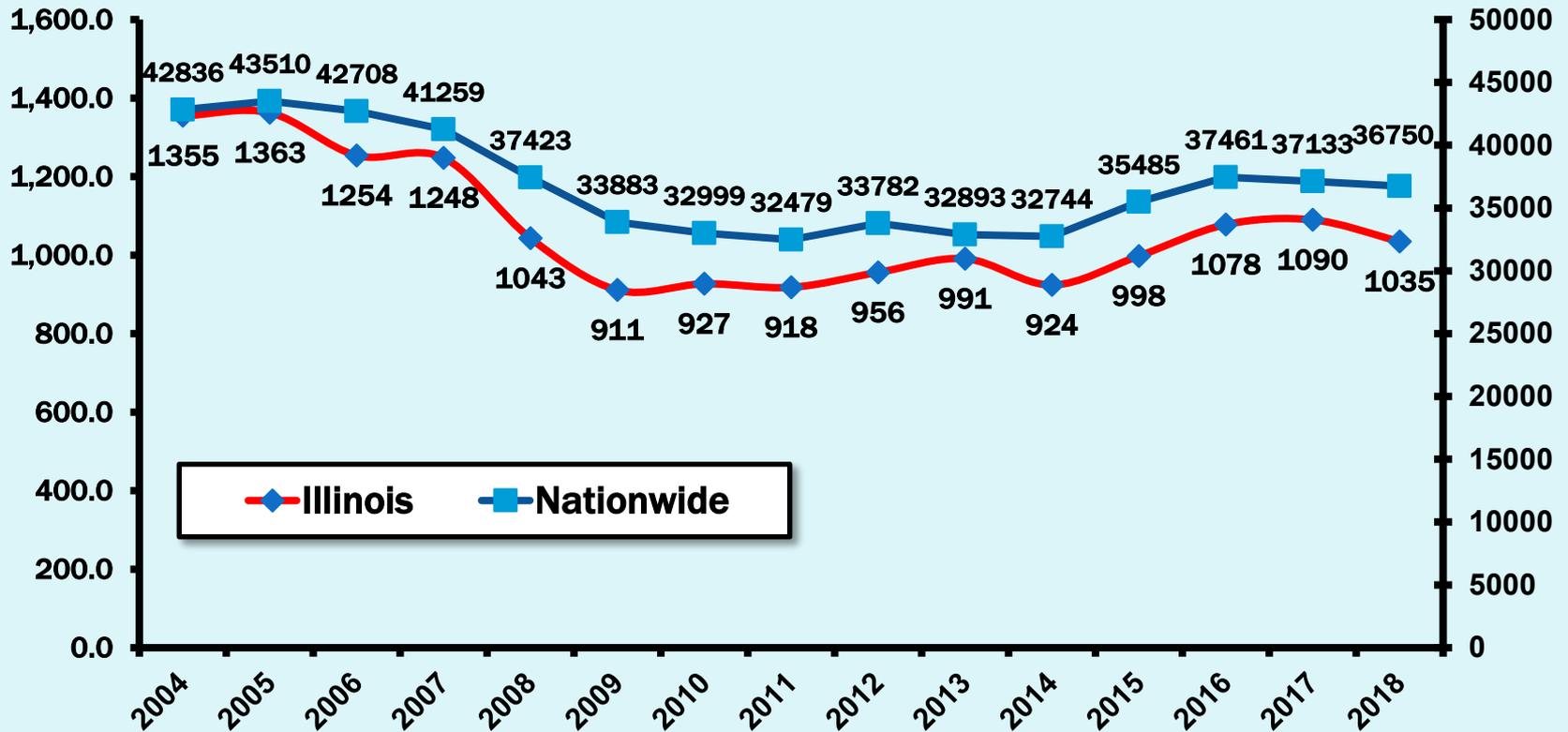
MEETING PURPOSE

- To give grantees the tools they need to be successful in implementing IDOT's safety programs and initiatives
- Ask questions and clarify issues
- To meet the IDOT Team and other highway safety partners
- Ambassadors for highway safety in Illinois

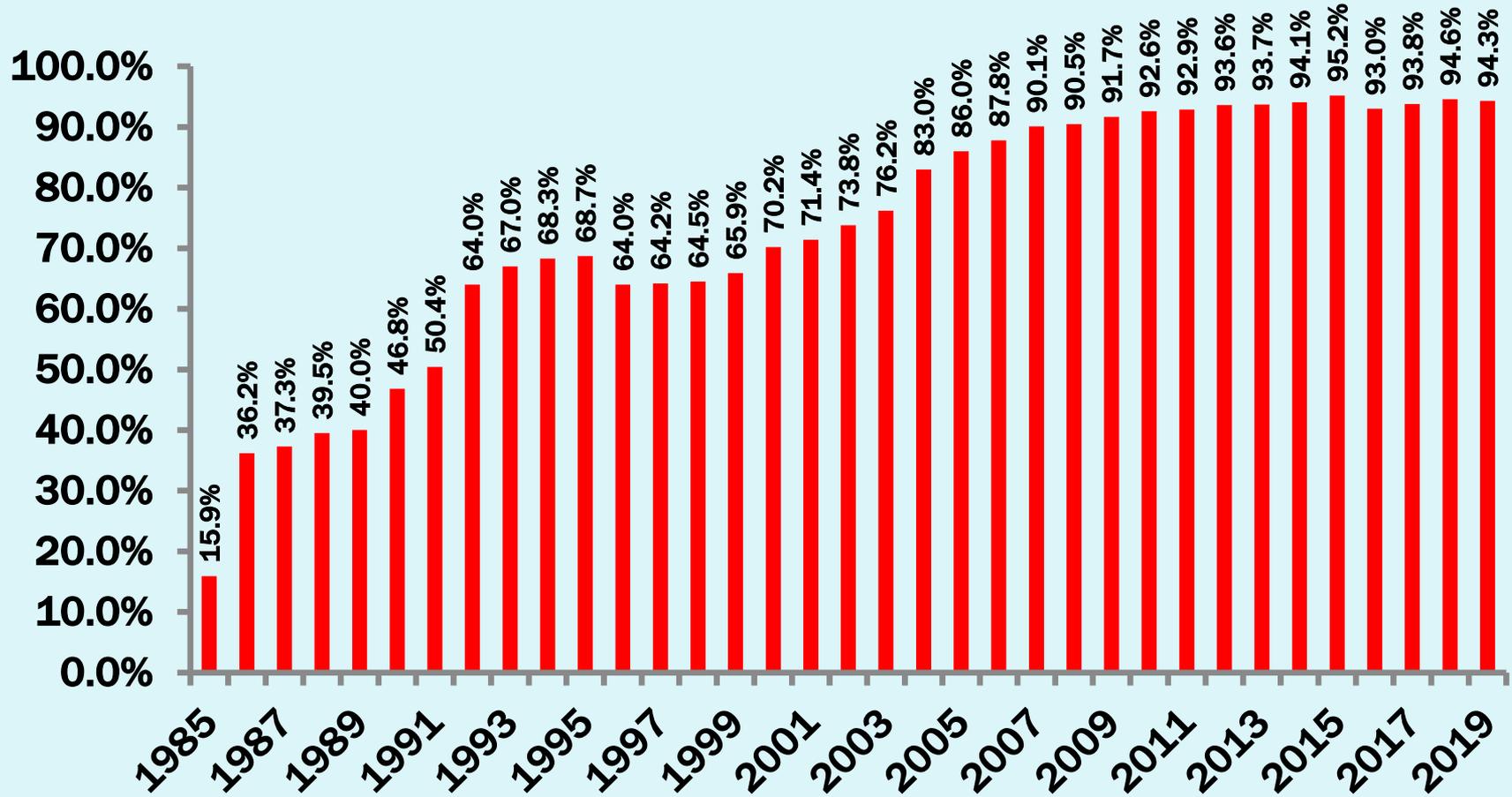
IDOT'S STRUCTURE

- Comprised of many supporting offices
- Office of Highways Program Implementation > Bureau of Safety Programs and Engineering (BSPE)
 - Implementing engineering and behavior-related safety programs

ILLINOIS' FATALITY TRENDS (2004 – 2018)



FRONT SEAT OCCUPANT RESTRAINT USAGE RATE IN ILLINOIS (1985-2019)



HIGHWAY SAFETY FUNDING SOURCE

- National Highway Traffic Safety Administration (NHTSA)
- Federal Highway Bill/Fixing America's Surface Transportation (FAST) Act
- Program and funding specifics submitted with Illinois' annual Highway Safety Plan (HSP) application
- Maintain traffic safety benchmarks formulated by NHTSA
- BSPE is the State Highway Safety Office for Illinois

HIGHWAY SAFETY PLAN

- Due annually to NHTSA by July 1st
- Performance measures required by NHTSA
- Strategy for programming funds
- Data and analysis supporting countermeasures
- Description of all federal funds
- NHTSA reviews and approves HSP

REIMBURSEMENT

- Grants are reimbursed with state dollars
- BSPE submits reimbursement to NHTSA for federal dollars
- NHTSA reimburses Illinois' state appropriation
- No federal funds go directly to your agency

CONTACT INFORMATION

Steve Esslinger

Safety Projects Manager

Illinois Department of Transportation

Bureau of Safety Programs & Engineering

2300 South Dirksen Parkway, Room 007

Springfield, Illinois 62764

Steven.Esslinger@illinois.gov

217/524-1001

IMPAIRED DRIVING PROGRAM

Shannon Alderman

Impaired Driving Program Coordinator

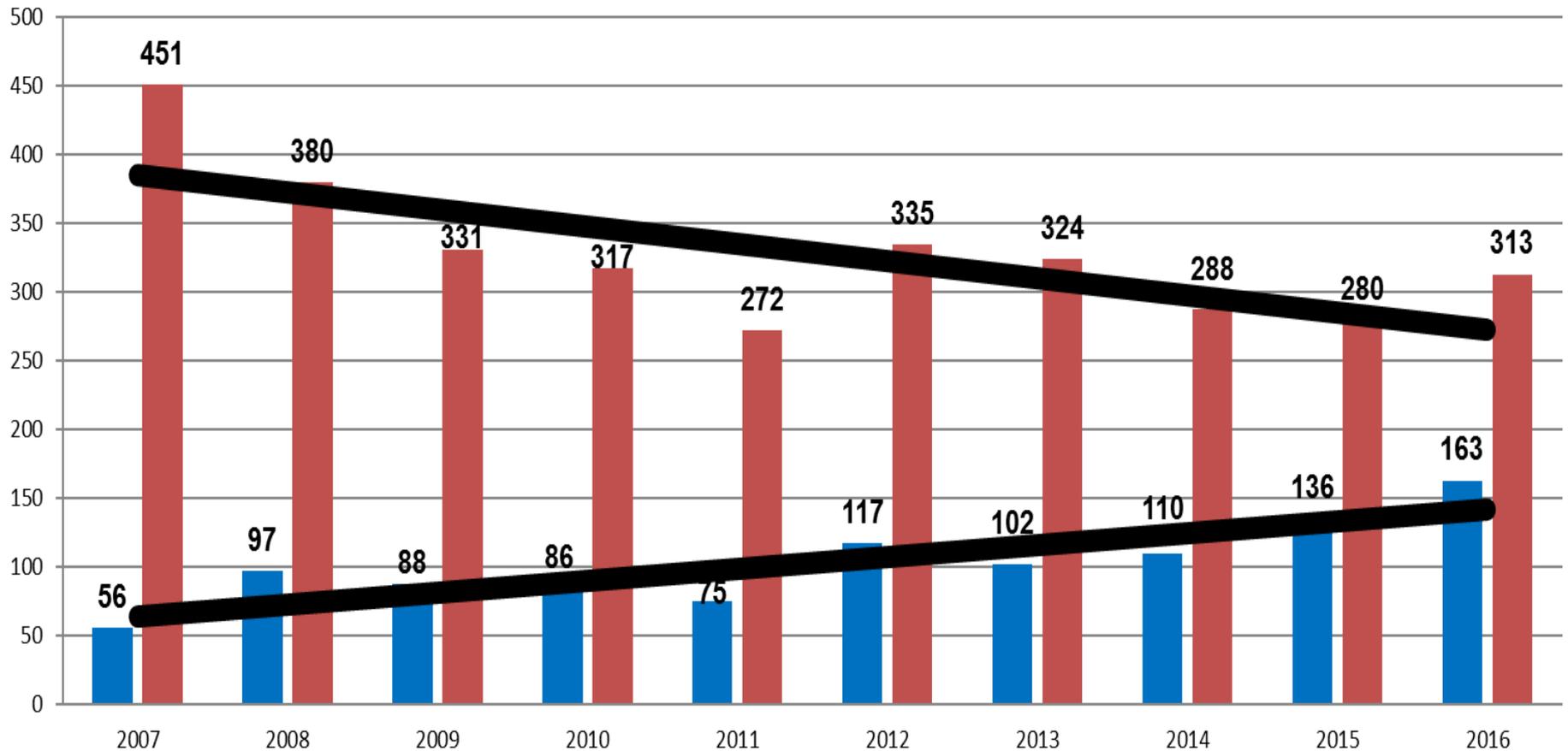
Bureau of Safety Programs & Engineering

217/557-6670

Shannon.Alderman@illinois.gov

HOW ARE WE DOING?

Cannabis-Involved (Blue) & Alcohol-Involved (Red) Fatalities

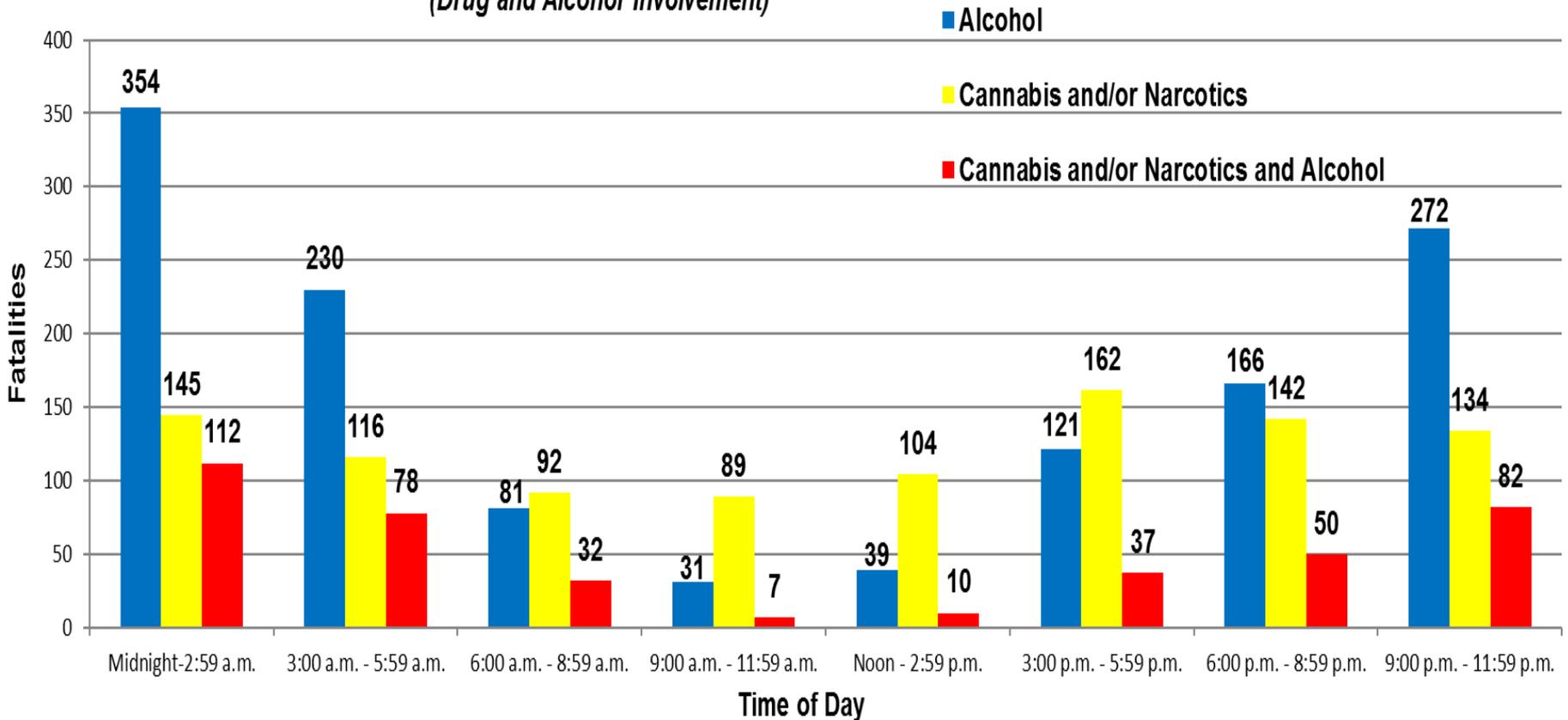


HOW ARE WE DOING?

Illinois Impaired Driving Fatalities by Time of Day

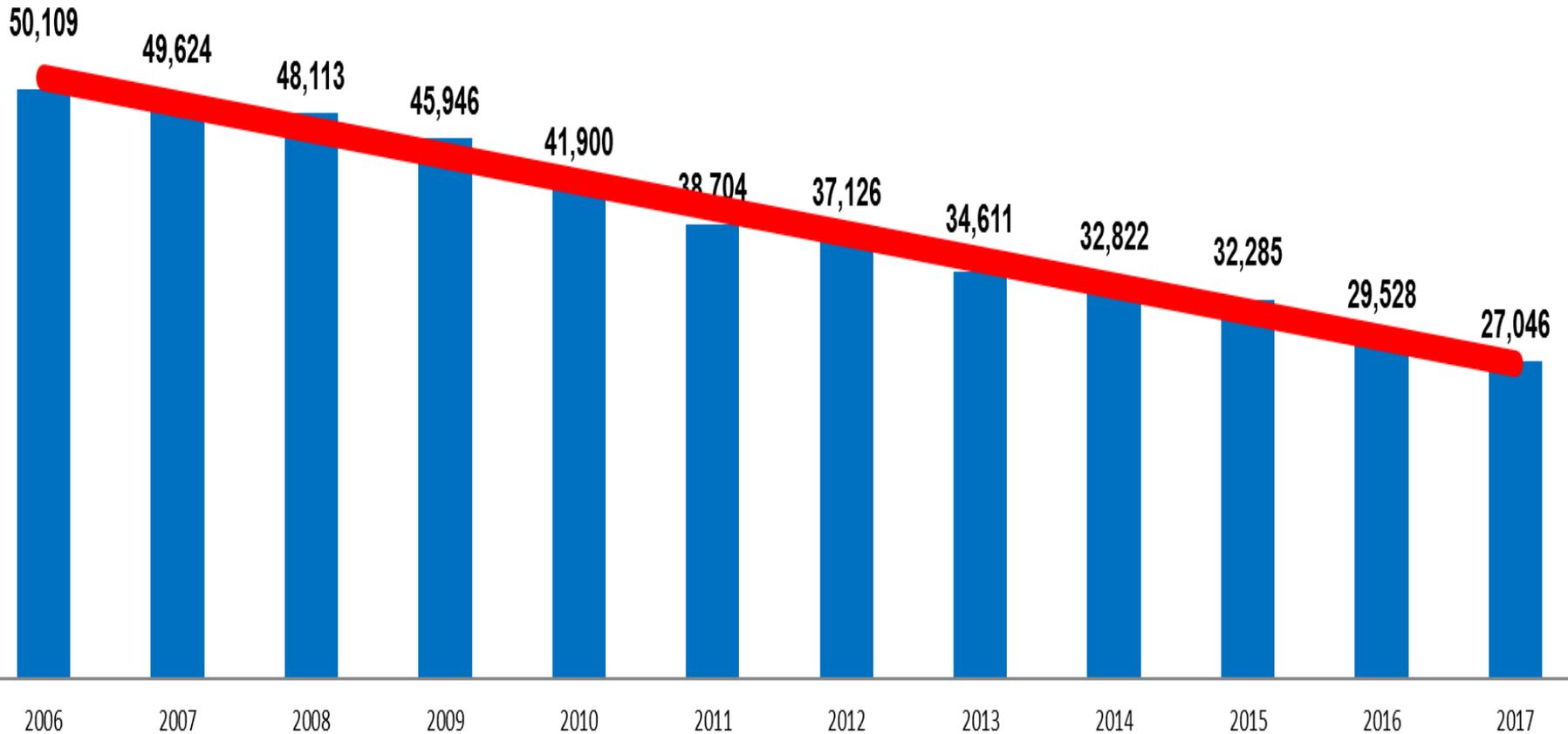
2013-2017

(Drug and Alcohol Involvement)



HOW ARE WE DOING?

Illinois DUI Arrests



CONTACT INFORMATION

Jennifer Cifaldi
University of Illinois-Springfield
Traffic Safety Resource Prosecutor
217/257-5050
jcifaldi@gmail.com

Shannon Alderman
Impaired Driving Program Coordinator
Illinois Department of Transportation
Bureau of Safety Programs & Engineering
217/557-6670
Shannon.Alderman@illinois.gov

Thomas Turek
Illinois Law Enforcement Training and Standards Board
Illinois Drug Evaluation and Classification Program Coordinator
D.R.E. - A.R.I.D.E. - S.F.S.T.
Phone (630) 921-1872
Tom.Turek@illinois.gov

OCCUPANT PROTECTION PROGRAM

Kathy Murphy

Traffic Safety Liaison Program Manager

217/494-1383

kwhiteseilopc@hotmail.com

OCCUPANT PROTECTION PROGRAM

State Occupant Protection Coordinator- Vacant

Southeast TSL/TSL Manager- Kathy Murphy
217/494-1383 or kwhiteseilopc@Hotmail.com

Chicago TSL- Wanda Vazquez
312/539.3443 or wanda.vazquez@nm.org

Cook/Collar Counties TSL- Clare Pfothenauer
630/236-4262 or clare.pfothenauer@rushcopley.com

Northwest TSL- Melanie Wingo
815/494-2281 or melaniewilacp@gmail.com

East Central TSL- Kerri Fish
309/828-1892 or kerisa@crrn.com

West Central TSL- Shad Edwards
217/433-0911 or shadeilacp@gmail.com

Southwest TSL- Rachel Walker
618/453-1359 or buckleup@siu.edu

TSL=
Traffic
Safety
Liaison



Special Needs Resource Center Liaison
Kathy Youngman
Children's Hospital of Peoria
877/277-6543 or
Kathy.r.youngman@osfhealthcare.org

OCCUPANT PROTECTION PROGRAM

- Occupant Protection (OP) is a component of the state's Highway Safety Plan (HSP)
- OP uses data-driven & evidence-based practices to develop & implement programs aimed at reducing the number of vehicle occupants injured or killed in car crashes
- This is accomplished with the help of enforcement and non-enforcement grantees:
 - STEP
 - Injury Prevention (IP)
 - Regional Traffic Safety Resource Center (RTSRC)
 - Child Passenger Safety (CPS)

RELEVANT FORMS

- BSPE 007: Non-Enforcement Performance Report
- BSPE 1000: Child Restraint Citation Compliance Inspection Form
- BSPE 1001P: Public Information and Education Materials Order Form
- BSPE 1002: Safety Campaign Distribution of Materials & Earned Media
- BSPE 1003: CPS Program Monthly Child Safety Seat Distribution
- BSPE 1007: CPS Course Registration Form
- BSPE 1010: Illinois' Saved by the Belt/Helmet/Car Seat Award
- BSPE 1011 Seat Check Saturday Sign-up
- BSPE 1012: CPST/I of the Year

OCCUPANT PROTECTION – CAR SEATS

- Child Passenger Safety (CPS) at the statewide level includes:
 - approx. 1900 Child Passenger Safety Technicians/Instructors
 - approx. 40 Certification Courses annually
 - approx. 15 Renewal Courses annually
 - approx. 30 Technician Skill Builder Classes biennially
 - One statewide conference biennially – 2021
 - One CPS Instructor meeting annually – Spring 2020



OCCUPANT PROTECTION – CAR SEATS

- Child Passenger Safety (CPS) at the local level includes:
 - Child Passenger Safety Week/Seat Check Saturday campaign (101 in 2019)
 - 2020 Campaign Dates: September 13-20, 2020
 - Regular community-wide car seat check events
 - Over 250 registered car seat inspection stations
 - Locator - [NHTSA.gov/therightseat](https://www.nhtsa.gov/therightseat)
 - Booster fittings at child care centers, schools, education-based events
 - Health & safety fairs
 - Dissemination of Public Information & Education (PIE) materials

OCCUPANT PROTECTION – CAR SEATS

- Electronic Seat Check Form
 - Register at <https://carseatcheckform.org/>
 - Can be used on tablet, phone, or laptop
 - Information can be used for agency and state data collection
 - As a grantee you are required to.....

OCCUPANT PROTECTION – CAR SEATS

- Child Passenger Safety (CPS) FY20 plans include:
 - Attract and train more CPS Technician Proxies and Instructors
 - Grow recognition of extended car seat use and new law requiring rear-facing until age two.
 - Pilot the Electronic Check Form throughout the state.



OCCUPANT PROTECTION – SEAT BELTS

- Seat Belt / “Click It or Ticket” FFY20 promotion plans include:
 - Increased focus on back seat passengers and rural fatalities
 - Increased education on unrestrained fatalities
 - Enforcement Dates - “Drive Sober or Get Pulled Over”/“Click It or Ticket”
 - Holiday Season: Dec. 13, 2019–Jan. 1 , 2020
 - Memorial Day, CIOT National Mobilization: May 8-26 , 2020
 - Fourth of July: June 15–July 6, 2020
 - Labor Day National Impaired Driving Campaign: Aug. 20–Sept. 8, 2020

OCCUPANT PROTECTION – SEAT BELTS

- “Click It or Ticket” FFY20 promotion plans include:
 - Grantees promoting with PIE materials, campaign templates, education and enforcement
 - Use of interstate digital message boards
 - LifeorDeathIllinois.com and placed media
 - Focus on earned media at local level

SEAT BELT USAGE 2019

- June 2019 Observational Survey (Provisional)
 - Front seat occupant only (driver and passenger)
 - Statewide use 93.3% down 0.3% from last year

FFY20 OP PROGRAM CONTINUATION

- Focus on programs aimed at assisting novice, teen and elderly drivers
- Increase contact and improve on information disseminated through social media channels and IDOT websites
- Continue to update and develop new materials to reflect current trends and most recent traffic safety laws/initiatives
- Use crash data (unrestrained, impaired, etc.) to target specific counties/media markets/demographics with strong enforcement message
- Transition BuckleUpIllinois.org into www.idot.illinois.gov

CONTACT INFORMATION

Interim State Child Passenger Safety Contact

Megan Earheart

SIU Medicine/Think First Program

217.872.0871 (Decatur office) | 217.545.9112 (Springfield Office)

meairheart34@siumed.edu

Kathy Murphy

Traffic Safety Liaison Program Manager

217/494-1383

kwhiteseilopc@hotmail.com

QUESTIONS

BOBS 2832 PERIODIC REPORTING

Rochelle Gillespie

Safety Grant Administrator

IDOT Bureau of Safety Programs and Engineering

217/524-0999

Rochelle.Gillespie@Illinois.gov

Where can you find BoBS 2832 in your Grant Agreement?

Section IV. Of Exhibit B and Exhibit G under Specific Conditions:

The Grantee shall submit the BoBS 2832 Grantee Required Reporting form on a regular basis. The specifics for reporting the BoBS 2832- whether quarterly or monthly- are listed in Exhibit G of this Agreement. The required reporting of the BoBS 2832 was brought about as a requirement for all IDOT grantees regardless of the financial thresholds set forth by Public Act 096-0795 or the Federal Funding Accountability and Transparency (FFATA). The required reporting for the Grantee shall vary from grant to grant. However, the specifics for reporting for this specific Agreement are listed as such:

Quarterly reports are due no later than 5:00 P.M. on: January 30, 2020; April 30, 2020; July 30, 2020; and the final report on October 30, 2020.

Monthly reports are due no later than 5:00 P.M. the following month. All reports shall be submitted electronically to the Grantor Contact listed in Exhibit D. Any pending issues (e.g., overlap of campaign versus quarterly reporting dates) must be communicated to the Grantor Contact listed in Exhibit D of this Agreement a minimum of twenty-four (24) hours prior to the submission date.

Exhibit G states: The Grantee shall submit the BoBS 2832 Grantee Required Reporting form on a regular basis as stated in Exhibits B and G of this Agreement.

Based on the risks below, the Grantee shall submit the BoBS 2832 Grantee Required Reporting form **MONTHLY/QUARTERLY**.

These specific conditions, as listed in the accepted Notice of State Award (NOSA), are based upon the grantee's responses to the Fiscal and Administrative Risk Assessment (ICQ), the Programmatic Risk Assessment (PRA) and any pertinent Merit Based Review process (if applicable).

Periodic Reporting



Print Form

E-mail

Reset Form

Please refer to attached instructions prior to completing each section.

1. Grantee Name (per UGA/UIGA) Name listed on page 1 of Grant Agreement (UGA/UIGA)		2. Grant Number AP-20-0XXX	3. Grantee DUNS UGA/UIGA Article1sec1.1	4. CSFA Number 494-10-0343
5. Grantee FEIN UGA /UIGA Article1sec1.1		6. Program Name (per UGA/UIGA) SUSTAINED TRAFFIC ENFORCEMENT PROGRAM (STEP)		7. CFDA Number(s) 20.600
8. State Agency (Grantor) ILLINOIS DEPARTMENT OF TRANSPORTATION		8A. GATA Registration/ID Number UGA/UIGA Exhibit A	8B. SAIN Number UGA/UIGA Exhibit A	8C. State Obligation Number AP-20-0XXX
9. Agreement Period Start Date: 10/01/19 End Date: 09/30/20		10. Report Period Start Date: 10/01/19 End Date: 12/31/19		11. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		12. Report Frequency <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other (specify)		13. Prepared Date

Periodic Performance Reporting (PPR) Section
Responses to Sections 14-22 may be provided in a separate format.
All grantees must complete Section 23.

Alternative file or database used

BSPE 205 Enforcement	BSPE 07 Non-Enforcement
BSPE 500 Enforcement	BSPE 600 Non-Enforcement

14. Deliverable (if applicable) Separate line for each Based on UGA/UIGA	15. Due Date Based on UGA/UIGA	16. Date Completed	17. Deliverable Explanation
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List Campaigns that are completed in the time of the report.

Add

18. Performance Measures Separate line for each Based on UGA/UIGA Exhibit E	19. Performance Standard / Frequency Based on UGA/UIGA Exhibit F	20. Results / Accomplishments in Reporting Period	21. Required (R) or Inform Only (IO)
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See BSPE 205

Add



Periodic Reporting



Print Form E-mail Reset Form

Please refer to attached instructions prior to completing each section.

1. Grantee Name (per UGA/UIGA) HAZARD COUNTY		2. Grant Number AP-20-0001		3. Grantee DUNS 079144218		4. CSFA Number 494-10-0343	
5. Grantee FEIN 376001731		6. Program Name (per UGA/UIGA) SUSTAINED TRAFFIC ENFORCEMENT PROGRAM (STEP)				7. CFDA Number(s) 20.600	
8. State Agency (Grantor) ILLINOIS DEPARTMENT OF TRANSPORTATION			8A. GATA Registration/ID Number 685888		8B. SAIN Number 343-10001		8C. State Obligation Number AP-20-0001
9. Agreement Period Start Date: 10/01/19 End Date: 09/30/20		10. Report Period Start Date: 10/01/19 End Date: 12/31/19		11. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		12. Report Frequency <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other (specify)	
							13. Prepared Date 01/30/20

Periodic Performance Reporting (PPR) Section
 Responses to Sections 14-22 may be provided in a separate format.
 All grantees must complete Section 23.

Alternative file or database used

BSPE 205
BSPE 500

14. Deliverable (if applicable) Separate line for each Based on UGA/UIGA	15. Due Date Based on UGA/UIGA	16. Date Completed	17. Deliverable Explanation
HALLOWEEN CAMPAIGN	11/18/19	11/18/19	Grantee completed deliverables by due date.
THANKSGIVING	12/16/19	12/16/19	Grantee completed deliverables by due date.

Add

18. Performance Measures Separate line for each Based on UGA/UIGA Exhibit E	19. Performance Standard / Frequency Based on UGA/UIGA Exhibit F	20. Results / Accomplishments in Reporting Period	21. Required (R) or Inform Only (IO)
See BSPE 205			

Add

22. Performance Explanation - Award to Date

- All performance accomplishments are on schedule with performance standards
- Not all performance accomplishments are on schedule with performance standards. Explanation required below:

(Separate lines as appropriate.)

23. Performance Accomplishments Correlated to Reported Expenses

- Performance is consistent with grant-to-date expected services and expenditures/earnings
- Performance is not consistent with grant-to-date expected services and expenditures/earnings. Explanation(s) required below:

(Separate lines as appropriate.)

GRANTEE CERTIFICATION (2 CFR 200.415)

By signing [authorizing] this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the [related] expenditures, disbursements, cash receipts and reported performance are for the purposes and objectives set forth in the terms and conditions of the 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. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

24. Name and Title of Authorized Individual from Grantee Organization

25. Date Submitted

26. Phone Number

27. Email Address

typeinyouremail@illinois.com

STATE AGENCY USE ONLY

28. Name and Title of IDOT PPR Approver

29. Date Received

30. Date Approved

22. Performance Explanation - Award to Date

- All performance accomplishments are on schedule with performance standards
- Not all performance accomplishments are on schedule with performance standards. Explanation required below:

(Separate lines as appropriate.)

Hazard County PD Completed Halloween and Thanksgiving Campaigns. The objectives were met, however not all performance standards were met as we had lower than 2 citations per hour.

23. Performance Accomplishments Correlated to Reported Expenses

- Performance is consistent with grant-to-date expected services and expenditures/earnings
- Performance is not consistent with grant-to-date expected services and expenditures/earnings. Explanation(s) required below:

(Separate lines as appropriate.)

Not all funds budgeted for Halloween and Thanksgiving campaigns were spent due to manpower shortages and not all details were filled. The surplus funds will be used in future enforcement campaigns upon approval from my Grant Administrator.

GRANTEE CERTIFICATION (2 CFR 200.415)

By signing [authorizing] this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the [related] expenditures, disbursements, cash receipts and reported performance are for the purposes and objectives set forth in the terms and conditions of the 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. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

24. Name and Title of Authorized Individual from Grantee Organization

25. Date Submitted

01/02/20

26. Phone Number

(217) 867-5309

27. Email Address

RoscoP.Coltrane@HazardCO.org

STATE AGENCY USE ONLY

28. Name and Title of IDOT PPR Approver

29. Date Received

30. Date Approved

Periodic Financial Report (PFR) Section



Print Form

E-mail

Reset Form

Appropriation Number(s) (IDOT Use Only)

Date Prepared

(a) No changes from prior reporting period and/or No new expenses

(b) Indirect Cost Rate

(c) Approved Indirect Cost Rate Base

(d) Program Restrictions

Yes No

(e) List of Restrictions

(f) Mandatory Match %

Yes No

(g) Specify Match

(h) Program Income (Award to Date)

\$2,550.00

(i) Program Income (in current reporting period)

\$5,000.00

(j) Interest Earned (Award to Date) (k) Interest Earned (In current reporting period)

(l) Category / Program Expenses	(m) Current Approved Budget			(n) Grant Expenditures			(o) Current Period Match			(p) Total Match (Award to Date)	
	Approved Budget	Remaining Balance Available	Expend %	Current Period Grant Expense	Prior Approved Grant Expenses	Grant Expense Adjustment	Post-Adjustment Grant Expenses (Award to Date)	Cash	Inkind		Total
1. Personal Services (Salaries and Wages)	\$25,000.00	\$17,450.00	30%	\$5,000.00	\$2,550.00		\$7,550.00				
2. Fringe Benefits			0%								
3. Travel			0%								
4. Equipment			0%								
5. Supplies			0%								
6. Contractual Services			0%								
7. Occupancy (Rent and Utilities)			0%								
8. Training and Education			0%								
9. Direct Admin Costs			0%								
- 10. Other			0%								
(q) TOTAL DIRECT EXPENSES	\$25,000.00	\$17,450.00	30%	\$5,000.00	\$2,550.00		\$7,550.00				
(r) Indirect Costs	\$2,500.00	\$1,745.00	30%	\$500.00	\$255.00		\$755.00				
(s) TOTAL EXPENDITURE	\$27,500.00	\$19,195.00	30%	\$5,500.00	\$2,805.00		\$8,305.00				

Add

Periodic Financial Report (PFR) Section


Appropriation Number(s) (IDOT Use Only)

Date Prepared

01/30/20

(a) No changes from prior reporting period and/or No new expenses

(b) Indirect Cost Rate

10%

(c) Approved Indirect Cost Rate Base

10% de minimis

(d) Program Restrictions

 Yes No

(e) List of Restrictions

n/a

(f) Mandatory Match %

 Yes No

(g) Specify Match

n/a

(h) Program Income (Award to Date)

\$2,750.00

(i) Program Income (in current reporting period)

\$2,750.00

(j) Interest Earned (Award to Date) (k) Interest Earned (In current reporting period)

(l) Category / Program Expenses	(m) Current Approved Budget			(n) Grant Expenditures			(o) Current Period Match			(p) Total Match (Award to Date)	
	Approved Budget	Remaining Balance Available	Expend %	Current Period Grant Expense	Prior Approved Grant Expenses	Grant Expense Adjustment	Post-Adjustment Grant Expenses (Award to Date)	Cash	Inkind		Total
1. Personal Services (Salaries and Wages)	\$25,000.00	\$22,500.00	10%	\$2,500.00		\$0.00	\$2,500.00	\$0.00	\$0.00	\$0.00	\$0.00
2. Fringe Benefits			0%								
3. Travel			0%								
4. Equipment			0%								
5. Supplies			0%								
6. Contractual Services			0%								
7. Occupancy (Rent and Utilities)			0%								
8. Training and Education			0%								
9. Direct Admin Costs			0%								
- 10. Other			0%								
(q) TOTAL DIRECT EXPENSES	\$25,000.00	\$22,500.00	10%	\$2,500.00		\$0.00	\$2,500.00	\$0.00	\$0.00	\$0.00	\$0.00
Printed 09/06/19											BOBS 2832 (Rev. 01/08/19)
(r) Indirect Costs	\$2,500.00	\$2,250.00	10%	\$250.00			\$250.00				
(s) TOTAL EXPENDITURES	\$27,500.00	\$24,750.00	10%	\$2,750.00		\$0.00	\$2,750.00	\$0.00	\$0.00	\$0.00	\$0.00

Add

GRANTEE CERTIFICATION 2CFR 200.415)

By signing [authorizing] this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the [related] expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the 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. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

Name and Title of Authorized Grantee Representative	Date Submitted
Email Address	Phone Number

STATE AGENCY USE ONLY

Name and Title of IDOT PFR Approver	Date Received	Date Approved
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GRANTEE CERTIFICATION 2CFR 200.415)

By signing [authorizing] this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the [related] expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the 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. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

Name and Title of Authorized Grantee Representative

Date Submitted

Email Address

Phone Number

STATE AGENCY USE ONLY

Name and Title of IDOT PFR Approver

Date Received

Date Approved

**Illinois Department of
Transportation State of Illinois**

Periodic Reporting

The purpose of periodic reporting is to collect performance and financial information from recipients of state grant awards which assists in the oversight and monitoring of those awards. Unless statutorily exempt as documented in the Catalog of State Financial Assistance (CSFA), the Uniform Grant Agreement (UGA) or the Uniform Intergovernmental Grant Agreement (UIGA) all grant awards are subject to periodic reporting.

The Grant Accountability and Transparency Act (GATA) uniform forms for the Periodic Performance Report (PPR) and the Period Financial Report (PFR) have been consolidated into one Illinois Department of Transportation (IDOT) form, BoBS 2832 R1. The BoBS 2832 R1 follows the uniform nature and requirements of the individual GATA forms. These terms are based on the entities' risk profile as defined in the Notice of State Award (NOSA).

BEFORE COMPLETING THE BoBS2832 R1 PLEASE READ ALL INSTRUCTIONS. Additional support can also be provided by contacting the IDOT point of contact specified in the "State Agency Contacts" section of the agreement.

General Report Submission

1. The grantee must submit the BoBS 2832 R1 in addition to other required reports as specified in the UGA/UIGA.
2. The BoBS 2832 R1 must be submitted to the attention of IDOT's point of contact specified in the "State Agency Contacts" section of your UGA/UIGA in accordance with the requirements established in the award document.

General Reporting Requirements

1. Unless statutorily exempt as documented in the CSFA and the UGA/UIGA, all grant awards are required to submit the BoBS 2832 R1 in accordance with the terms established in the UGA/UIGA. The UGA/UIGA may specify an alternative file or external database that may be used in conjunction with the BoBS 2832 R1.
2. The frequency of the BoBS 2832 R1 is specified in the Notice of Funding Opportunity (NOFO) and the UGA/UIGA. The BoBS 2832 R1 must be submitted within the specified time frames.. A submittal will be considered "late" if it is more than 15 calendar days past the due date or the date specified by the State agency's JCAR Rules (including approved extensions.) Generally, unless mandated otherwise, the due date for IDOT reporting is 30 days from the end of the defined reporting period (i.e. end of the quarter, month or year).
3. Under the terms of the Grant Funds Recovery Act (30 ILCS 705/4.1), "Grantor agencies may withhold or suspend the distribution of grant funds for failure to file requirement reports." If the report is more than 30 calendar days delinquent, without any approved written explanation by the grantee, the entity will be placed on the Illinois Stop Payment List. (Refer to the Grantee Compliance Enforcement System for detail about the Illinois [Stop Payment List](https://www.illinois.gov/sites/GATA/Pages/ResourceLibrary.aspx); <https://www.illinois.gov/sites/GATA/Pages/ResourceLibrary.aspx>.)
4. A final BoBS 2832 R1 shall be required at the completion of the grant award. For the final BoBS 2832 R1, the reporting period and date shall be the end date of the project/grant period.

Performance Reporting Report (PPR) Instructions

If the UGA/UIGA specifies an alternative file or external database for grant performance reporting, the grantee should mark the shaded box in the PPR accordingly. In the *File Name* or *Database* Source field, enter the name of the alternative file or database utilized. The grantee is not required to complete Sections 14 - 22 if the information is provided in an alternative format specified in the UGA/UIGA.

If additional space is needed to support the PPR, supplemental pages should be attached. As indicated on the PPR, responses to Sections 14 - 22 may be provided in a separate format. If additional pages are provided, the pages should be numbered and must reference:

- a. Grant number
- b. Grantee organization
- c. DUNS number
- d. FEIN
- e. Period covered by the PPR

Periodic Reporting Section Instructions

Section	Data Element	Section Instructions for Periodic Reporting
1	Grantee Name (per UGA/ UIGA)	Enter the name of the grantee exactly as stated in the UGA/UIGA.
2	Grant Number	Enter the number assigned by IDOT; Grant Number specified in the UGA/UIGA.
3	Grantee DUNS	Enter the grantee's Dun & Bradstreet number.
4	CSFA Number	Enter the number assigned to the program through the Catalog of State Financial Assistance.
5	Grantee FEIN	Enter the grantee's Federal Employer Identification Number provided by the Internal Revenue Service.
6	Program Name (per UGA/ UIGA)	Enter the program name exactly as stated in the UGA/UIGA.
7	CFDA Number(s)	Enter the Catalog of Federal Domestic Assistance (CFDA) number(s) as stated in the UGA/ UIGA. If the program is funded by more than one CFDA, list each CFDA number.
8	State Agency (Grantor)	Enter the name of the state agency awarding the grant as identified in the UGA/UIGA.
8.A	GATA Registration/ID Number	Enter the GATA Registration/ID Number as identified in the GATA portal.
8.B	SAIN Number	Enter the State Award Identification Number (SAIN) in the Notice of State Awards (NOSA) Section in the GATA Portal.
8.C	State Obligation Number	Enter the State Obligation Number. Program area will have to provide to Grantee.
9	Agreement Period	Enter the agreement period established in the UGA/UIGA. This may span multiple years, based on the terms of the UGA/UIGA.
10	Report Period	Enter the start date and end date of the reporting period. The reporting periods are specified in the UGA/UIGA.
11	Final Report	Mark appropriate box. Check "yes" only if this is the final or last Periodic Report for the Agreement Period specified in Section 9.
12	Report Frequency	Select the appropriate term corresponding to the requirements specified in the UGA/UIGA. "Other" may be used when a different reporting schedule is required due to Specific Conditions. State the frequency as stated in the UGA/UIGA Specific Conditions.
13	Prepared Date	Enter the date the Periodic Report was prepared by the grantee
<p>Periodic Performance Report (PPR) Section Instructions</p> <p>Responses to Sections 14 - 22 may be provided in a separate format. All grantees must complete Section 23.</p>		
14	Deliverable (if applicable)	<p>List all high-level deliverables required under the current approved UGA/UIGA. Enter one Deliverable per row.</p> <p>Examples of Deliverables could include:</p> <ul style="list-style-type: none"> • Provide IT training • Purchase equipment • Hire contractors • Conduct workshops • Submit document <p>As delineated in the UGA/UIGA, "Deliverables" are not "Performance Measures." Performance Measures are addressed in Section 18-22. Grantees are not required to report on deliverables that were due and completed in prior reporting periods.</p>
15	Due Date	Per the current approved UGA/UIGA, enter the Due Date for the corresponding Deliverable. This date may fall outside the time frame of the current PPR.
16	Date Completed	Enter the date the Deliverable task was completed. If the task has not yet been completed, leave this cell blank.

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BOBS 2832 (Rev. 01/08/19)

Section	Data Element	Section Instructions for Periodic Reporting
17	Deliverable Explanation	<p>Briefly explain progress towards meeting the Deliverable to inform IDOT of challenges and successes. If additional space is needed, attach a supporting narrative.</p> <p>A description of the challenges and plans to overcome them must be provided if:</p> <ul style="list-style-type: none"> • Deliverable was completed after the Due Date, • Deliverable is not completed and the Due Date has passed, or • Grantee anticipates the Deliverable will not be completed by a future Due Date. <p>If the grantee is on pace to complete a Deliverable that comes due after the reporting period the grantee should, at a minimum, enter "On schedule" in Section 17.</p>
18	Performance Measures	<p>Enter all Performance Measures required in Exhibit E under the current approved UGA/UIGA. Enter one Performance Measure per row.</p>
19	Performance Standard / Frequency	<p>Based on the current approved UGA/UIGA, enter the Performance Standard (or target) for the corresponding Performance Measure and the reporting frequency (annual/quarterly/monthly/ etc.) based on Exhibit F of the UGA/UIGA.</p> <p>Examples of Performance Standards/Frequency could include:</p> <ul style="list-style-type: none"> • 1,000 Persons Trained/quarter • \$250,000 Capital Leveraged/year • 500 Patients Rehabilitated/month <p>If the Performance Standard fluctuates over time per the UGA/UIGA, the Standard listed should apply to the specific report period.</p>
20	Results/Accomplishments in Reporting Period	<p>Based on the current approved UGA/UIGA, enter the actual results for the corresponding Performance Measures for the specific report period.</p>
21	Required (R) or Inform Only (IO)	<p>Based on the current approved UGA/UIGA, indicate whether the performance standard in Section 19 is a grant "requirement."</p> <ul style="list-style-type: none"> • Enter "R" if meeting or exceeding the Performance Standard is necessary to satisfy grant terms. Failure to meet the Standard may indicate that the grantee is not in compliance. • Enter "IO" if the data is collected for programmatic or assessment purposes. Failure to meet an "IO" Performance Standard may not imply that the grantee is out of compliance.
22	Performance Explanation - Award to Date	<p>Mark the appropriate check box based on whether or not ALL performance accomplishments are on schedule with performance standards.</p> <p>Section 22 is not limited to the reporting period. Responses are <u>award to date</u>.</p> <p>If any performance measure results/accomplishments (Section 20) are below the required standards (Section 19), an explanation must be provided to inform IDOT about the deviation. Consider internal and external factors that impact performance. Attach a supporting narrative if additional space is needed. Grantees are encouraged to highlight factors that enable grant performance to exceed performance standards.</p>
All grantees must complete Section 23		
23	Performance Accomplishments Correlated to Reported Expenses	<p>Federal Uniform Guidelines requires periodic reporting to correlate performance and expenses within a report period. Correlation reporting focuses on the degree to which expended resources are effectively achieving anticipated outcomes.</p> <p>Determine if grant performance (service/outcomes) is on schedule with the anticipated timing of incurred grant expenditures/earnings per the terms of the UGA/UIGA. Mark the appropriate box. Per the UGA/UIGA, the award may have services/outcomes that occur at a different time than the expense. The award may be on schedule because it is expected that expenses and services/outcomes occur at different intervals.</p> <p>Grantees must provide an explanation if grant performance to-date does not correlate to the timing of incurred expenses/earnings per UGA/UIGA terms. Attach a supporting narrative if additional space is needed.</p> <p>Grantees are encouraged to inform IDOT if internal or external factors are causing a better than anticipated correlation.</p>

Printed 09/06/19

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Grantee Certification/State Agency Acceptance <i>Grantee Certification</i> <i>Federal Uniform Guidance (2 CFR 200.415) requires an authorized grantee representative certify the accuracy of the information provided in the PPR.</i>		
24	Name and Title of Authorized Individual from Grantee Organization	Enter the name and title of the grantee representative certifying the PPR. This individual must be authorized to represent the grantee in this capacity.
25	Date Submitted	Enter the date the grantee representative certified the PPR.
26	Phone Number	Enter the phone number of the grantee representative certifying the PPR.
27	Email Address	Enter the email address of the grantee representative certifying the PPR.
28	Name and Title of IDOT PPR Approver	Enter the name and title of the IDOT representative authorized to approve the PPR.
29	Date Received	Enter the date the IDOT representative received the PPR.
30	Date Approved	Enter the date the IDOT representative approved the PPR.

Printed 09/06/19

BOBS 2832 (Rev. 01/08/19)

**Illinois Department of Transportation
State of Illinois**

Periodic Financial Reporting (PFR) Instructions

1. The Category/Program Expenses or line items of the PFR template should correspond to the current approved grant budget. All program-specific line items included in the approved budget should be included in the PFR.
2. Use "N/A" for Not Applicable if a data field in Sections (a) through (s) is not relevant to the grant agreement (e.g., Program Income). Terms of the UGA/UIGA dictate if a field is relevant.
3. A separate Consolidated Year-end Financial Report traced to the organization's financial statement is also required. The Consolidated Year-end Financial Report is inclusive of all State of Illinois funding received by the grantee organization. A separate reporting template and instructions are provided for consolidated year-end reporting.

Periodic Financial Reporting (PFR) Instructions

Section	Data Element	Section Instructions for PFR
(a)	No changes from prior reporting period and/ or No new expenses	Mark the box if there are no changes from the prior reporting period and/or no new expenses.
(b)	Indirect Cost Rate	Enter the Indirect Cost Rate percentage (%) as accepted by IDOT for indirect cost reimbursement on this particular award. (Example: 10%) - If no indirect cost reimbursement is requested please enter 0%.
(c)	Approved Indirect Cost Rate Base	Enter the Indirect Cost Base description as accepted by IDOT for indirect cost reimbursement on this particular award. (Example: Modified Total Direct Costs - MTDC) - If no indirect cost reimbursement is requested please enter N/A.
(d)	Program Restrictions	Based on the UGA/UIGA, select "Yes" or "No" to indicate if there are funding-related program restrictions that will be monitored.
(e)	List of Restrictions	Specify the program restriction(s) if Section (d) was marked "Yes."
(f)	Mandatory Match %	If the UGA/UIGA includes a mandatory match, select "Yes" and identify percentage in the field provided. If the UGA/UIGA does not include a mandatory match, select "No."
(g)	Specify Match	Specify the match percentage if Section (f) was marked "Yes."
(h)	Program Income (Award to Date)	Enter the cumulative amount of grant program income earned to date including current reporting period. Apply agency policy if required to include program income under budget to actual reporting.
(i)	Program Income (In current reporting period)	Enter the amount of grant program income earned during the current reporting period.
(j)	Interest Earned (Award to Date)	Enter the cumulative amount of grant interest earned to date including current reporting period.
(k)	Interest Earned (In current reporting period)	Enter the amount of grant interest earned during the current reporting period.
(l)	Category Program Expenses	Enter all current and approved line items as exactly stated within the current approved grant budget. All program expenses must align with specified line items.
(m)	<i>Current Approved Budget (Enter this item first for every Category/Program Expense)</i>	
	Approved Budget	Enter the most current approval budget amount for each program expense line item.
	Remaining Balance Available	AUTO CALCULATED: Approved Budget for the line item minus Post Adjustment Grant Expenses. (Award to Date)
	Expend %	AUTO CALCULATED: Post Adjustment Grant Expenses (Award to Date) divided by Approved Budget for the line item.
(n)	<i>Grant Expenditures</i>	
	Current Period Grant Expense	Enter the amount of expenditures for each line item being reported as expenditures for this award during the period identified on Section (a) Agreement Period or (b) Periodic Reporting Section.
	Prior Approved Grant Expenses	Enter the amount of expenses by line item reported and approved for this line item prior to this reporting period.
	Grant Expense Adjustment	Enter any adjustments/corrections needed to restate expenditures reported in a prior period.
	Post Adjustment Grant Expenses (Award to Date)	AUTO CALCULATED: Sum of Current Period Grant Expenses, Prior Approved Grant Expenses and Adjustments.
(o)	Current Period Match	Enter the amount of cash and in-kind contributions to the grant program for the current reporting period's match requirements. See 2 CFR 200.306
	Cash	Enter amount of cash contributed to the grant program for the current reporting period.
	In-Kind	Enter value of non-cash contributions to the grant program for the current reporting period.
	Total	AUTO CALCULATED: Total of Cash and In-kind contributions to the grant program in the current reporting period.
(p)	Total Match (Award to Date)	Enter prior reporting period Total Match based on the Previous PFR (Prior Award to Date) plus Total of Current Period Match for the grant program.
(q)	Total Direct Expenses	AUTO CALCULATED: Sum of the line entries in each column for section (m), (n), (o) and (p).
(r)	Indirect Costs	Enter computed indirect costs based on Sections (b) and (c).
(s)	Total Expenditures	AUTO CALCULATED: Total Direct Expenses plus Indirect Costs.

Printed 09/06/19

BOBS 2832 (Rev 01/08/19)

QUESTIONS

CLAIMS AND FINANCIAL INFORMATION

Cyndi Titus
Claims Analyst
Bureau of Safety Programs & Engineering
217/785-3084
Cynthia.Titus@illinois.gov

CLAIMS PROCESS FOR FFY20

- Grantor performs work, drafts claim, signs, and mails to Safety Grant Administrator via the IDOT mailing address.
- Claim is logged in and the Safety Grant Administrator begins review.
- Claim is given to Cyndi for review and payment.
- Signatures are obtained and claim goes to Finance Unit Manager
- Four to six weeks to receive payment.

INSTRUCTIONS

- The BSPE 205 MUST be submitted to the DOT.BSPEDATA mailbox prior to the Claims for Reimbursement being processed.
- BSPE 205 and BSPE 500 MUST match – dates for period covered and number of hours worked. If they do NOT match, the claim will be returned from Cyndi to the GA. The GA will contact YOU to correct whatever errors exist. Until they are corrected, the claim cannot be sent for reimbursement.
- The dollar amounts on the individual officer's Attachment C sheet MUST be rounded correctly – and MUST match with the Attachment B and, ultimately, the Attachment A.

BSPE 205 Form

**Illinois Department of Transportation
Bureau of Safety Programs and Engineering**

AGENDA

- **What is the 205?**
- **Why is it important?**
- **Where do I find it?**
- **What does it look like?**
- **When do I send it in?**
- **Where do I send it to?**
- **What does it have to do with my claim?**

WHAT IS THE 205?

- **Data Collection Form**
- **Tracker and Evaluation Tool of Grant Enforcement Activity**
- **Record of Enforcement Hours Worked**
- **Record of Citations Written**
- **Record of Media Efforts**
- **Record of “Other” Important Enforcement Information**

WHY IS THE 205 IMPORTANT?

- Ensures Objectives and Goals are being met
- Used as a Quality Check for BSPE 500 Claim form
- Used to calculate statistics such as
 - Cost per Citation
 - Cost per Hour
 - Seat Belt Citations written for every Hour of Patrol
 - Alcohol Citations written for every Hour of Patrol
 - Percentage of Child Safety Seat Citations written of Total Citations
 - Statewide Total of News Stories
 - Minutes per Citation Written

WHERE DO I FIND THE 205?

trafficsafetygrantsillinois.org

Home > Grants 2020

Let's Make **Zero** Fatalities A Reality!

ILLINOIS TRAFFIC SAFETY GRANTS

SAFETY FIRST

Grants Home

About Safety Grants

Grant Forms

Resources

Contact Us

Roadway Safety Home

Buckle Up Illinois Home

NEW! Get notified of upcoming grant funding opportunities.
Click Subscribe and send the email as it appears, do not add to the email.

SUBSCRIBE

HIGHWAY SAFETY GRANTS

The Illinois Department of Transportation's Bureau of Safety Programs and Engineering (BSPE) is actively working to meet the goal of zero fatalities on Illinois roadways. In order to make this goal a reality, BSPE offers grant opportunities for funding to state and local agencies and qualified organizations. Due to the size, population, and high traffic volume on Illinois roadways, BSPE partners with state and local agencies and qualified organizations to make this goal a reality.

There are currently no grant funding opportunities available

Note: IDOT PDF forms can be opened directly when using Internet Explorer. If using a different web browser (Google Chrome, Mozilla FireFox), right-click the form link and select "Save link as..." to download a working copy. PDF forms are currently not compatible with mobile or Apple (iOS) devices.

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WHERE DO I FIND THE 205?

trafficsafetygrantsillinois.org

Home > Grant Forms

Let's Make **Zero** Fatalities A Reality!

ILLINOIS TRAFFIC SAFETY GRANTS



GRANT FORMS

Note: IDOT PDF forms can be opened directly when using Internet Explorer. If using a different web browser (Google Chrome, Mozilla FireFox), right-click the form link and select "Save link as..." to download a working copy. PDF forms are currently not compatible with mobile or Apple (iOS) devices.

BoBS 2832	Grantee Required Reporting
BSPE 02	Grant Budget Request & Approval
BSPE 07	Non-Enforcement Grantee Performance Report
BSPE 205	Mobilizations Data Collection
BSPE 311	Distracted Driving Attachment
BSPE 411	STEP Attachment
BSPE 421	Grant Attachment
BSPE 431	Traffic Safety Grant Attachment
BSPE 500	STEP Claim for Reimbursement

Grants Home

About Safety Grants

Grant Forms

Resources

Contact Us

Ready, Set, Go!

Buckle Up Illinois Home

What does the 205 Look Like?

- Non Alcohol is blank in the middle
- Agency and Campaign Information
- Hours and Vehicles Stopped
- Citation and Arrest Information
- Media
- Additional Comments
- Name of Project Director





Illinois Department of Transportation

Mobilizations Data Collection

E-mail Reset Form

PLEASE RETURN THIS FORM VIA E-MAIL (DOT_BSPEDATA@illinois.gov)
 WITHIN TWO WEEKS OF COMPLETING YOUR ENFORCEMENT ACTIVITIES.
NOT REQUIRED WITH CLAIM - Form Instructions available on back page.

Reporting Agency Project Number Name of Person Submitting this Report

Campaign Enforcement Type From To

DAY 6am - 6pm

Patrol Hours Total Daytime Hours

Vehicles Stopped (N/A for RSC)

NIGHT 6pm - 6am

Patrol Hours Total Nighttime Hours

Vehicles Stopped (N/A for RSC)

Total Hours

CITATIONS: DO NOT INCLUDE WRITTEN WARNINGS

Seat Belt Citations (Front Seat)		Seat Belt Citations (Back Seat)		Car Seat Citations		DUI Alcohol		DUI Drug		DUI (AL and Drug Comb.)	
Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night
Speeding		Distracted Driving		Traffic Arrest (Susp/Rev/No DL)		Criminal Arrest (Misd/Fel/Fug)		Other Citations			
Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night

Press Releases	Social media or Website Postings	Handouts, Posters, or Flyers	Public Access or TV News, Print, and Radio Stories	Announcements, Signs, Marquees, Banners, etc.	Press Conferences	Email Blast
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Additional Comments/Notes

Certification: I certify to the best of my knowledge and belief that the report (or payment request) 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 or State 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. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

Type Name of Project Director or Authorizing Representative

Completed 08/07/19

Page 1 of 1

BSPE 205 (Rev. 8/07 Draft)

What does the 205 Look Like?

When Alcohol is selected, additional fields appear



Mobilizations Data Collection

E-mail Reset Form



PLEASE RETURN THIS FORM VIA E-MAIL (DOT.BSPEDATA@illinois.gov) WITHIN **TWO WEEKS** OF COMPLETING YOUR ENFORCEMENT ACTIVITIES. **NOT REQUIRED WITH CLAIM** - Form Instructions available on back page.

Reporting Agency: _____ Project Number: _____ Name of Person Submitting this Report: _____

Campaign: _____ Enforcement Type: **Alcohol** from _____ To _____

DAY 6am - 6pm

Patrol Hours	DRE Callout Hours	Roadside Safety Check Hours	Total Daytime Hours
Vehicles Stopped (N/A for RSC)	Roadside Safety Checks		

NIGHT 6pm - 6am

Patrol Hours	DRE Callout Hours	Roadside Safety Check Hours	Total Nighttime Hours
Vehicles Stopped (N/A for RSC)	Roadside Safety Checks		

Total Hours: _____

CITATIONS: DO NOT INCLUDE WRITTEN WARNINGS

Seat Belt Citations (Front Seat)		Seat Belt Citations (Back Seat)		Car Seat Citations		DUI Alcohol		DUI Drug		DUI (Al and Drug Comb.)	
Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night
Speeding		Distracted Driving		Traffic Arrest (Susp/Rev/No DL)		Criminal Arrest (Misd/Fel/Fug)		Other Citations			
Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night

Press Releases	Social media or Website Postings	Handouts, Posters, or Flyers	Public Access or TV News, Print, and Radio Stories	Announcements, Signs, Marquees, Banners, etc.	Press Conferences	Email Blast
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Additional Comments/Notes: _____

Certification: I certify to the best of my knowledge and belief that the report (or payment request) 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 or State 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. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

Type Name of Project Director or Authorizing Representative: _____

Completed 08/07/19

Page 1 of 1

BSPE 205 (Rev. 8/07 Draft)

What does the 205 Look Like?

Instructions are on the back

BSPE 205 Instructions	
E-mail	Select this option to email a digital copy of the form to DOT.BSPEDATA@Illinois.gov .
Reset Form	Select this button to clear all information entered onto the form.
Reporting Agency	Enter your agency name.
Project Number	Enter your current project number. <i>Note: This may change yearly.</i>
Name of Person Submitting the Report	Enter your name.
Campaign	Select the campaign from the drop-down list. If the enforcement is not within a campaign, select Additional Enforcement, Distracted Driving, or Speed Enforcement.
Enforcement Type	Select Alcohol, Occupant Protection, Distracted Driving, or Speed Enforcement. If Alcohol is selected, additional boxes will appear for alcohol only related activities. <i>Note: For each separate Campaign or Enforcement Type, submit a new 205.</i>
Dates Enforcement Conducted	Select the date range for your enforcement.
Day 6am-6pm	Enter the number of Patrol Hours worked and number of Vehicles stopped. Include DUI processing hours in Patrol Hours. If Alcohol was selected for Enforcement Type, enter DRE or ARIDE Callout Hours, if any. Do not duplicate DRE or ARIDE hours by also placing them under Patrol Hours. Total Daytime hours will automatically calculate.
Night 6pm-6am	Enter the number of Patrol Hours worked and number of Vehicles stopped. Include DUI processing hours in Patrol Hours. If Alcohol was selected for Enforcement Type, enter DRE or ARIDE Callout Hours and Roadside Safety Check (RSC) Hours, if any. Do not duplicate DRE, ARIDE, or RSC hours by also placing them under Patrol Hours. Also enter the number of Roadside Safety Checks. Total Nighttime hours will automatically calculate.
Total Hours	Day and Night hours will automatically calculate. Please check for accuracy.
Citations	Enter the number of day and night citations in the respective boxes. A citation can not be included in more than one box.
Media	Enter the count of media efforts for the enforcement. For example, if 2 Social Media posts reached 500 people, the entry would be 2. Likewise, if 1 press release reached 1,000 people, the entry would be 1.
Additional Comments	Enter any notes or comments. Any significant arrests should be detailed here.
Type Name of Project Director or Authorizing Representative	Enter the authorized person's name.

SPECIFIC SECTIONS OF 205

Agency Information (*Project # Changes Yearly*)

Reporting Agency	Project Number	Name of Person Submitting this Report
<input type="text"/>	<input type="text"/>	<input type="text"/>

Campaign
<input type="text"/>

- Additional Enforcement
- Child Passenger Safety
- Distracted Driving
- Halloween
- Holiday (Christmas and New Year)
- Independence Day
- Labor Day
- Memorial Day
- St Patrick's Day
- Super Bowl
- Thanksgiving

SPECIFIC SECTIONS OF 205

Enforcement Type

Enforcement Type

- Alcohol
- Occupant Protection
- Speed Enforcement

Dates: Enter Campaign Dates (if Additional)

From	To
<input type="text"/>	<input type="text"/>

SPECIFIC SECTIONS OF 205

Day 6am-6pm *No Alcohol*

DAY 6am - 6pm

Patrol Hours

Total Daytime Hours

Vehicles Stopped (N/A for RSC)

Day 6am-6pm *Alcohol*

DAY 6am - 6pm

Patrol Hours

DRE Callout Hours

Roadside Safety Check Hours

Total Daytime Hours

Vehicles Stopped (N/A for RSC)

Roadside Safety Checks

SPECIFIC SECTIONS OF 205

Night 6pm-6am *No Alcohol*

NIGHT 6pm - 6am	
Patrol Hours <input type="text"/>	Total Nighttime Hours <input type="text"/>
Vehicles Stopped (N/A for RSC) <input type="text"/>	

NIGHT 6pm - 6am			
Patrol Hours <input type="text"/>	DRE Callout Hours <input type="text"/>	Roadside Safety Check Hours <input type="text"/>	Total Nighttime Hours <input type="text"/>
Vehicles Stopped (N/A for RSC) <input type="text"/>		Roadside Safety Checks <input type="text"/>	

SPECIFIC SECTIONS OF 205

Citations-Each Citation or Arrest for only 1 box

CITATIONS: DO NOT INCLUDE WRITTEN WARNINGS

Seat Belt Citations (Front Seat)		Seat Belt Citations (Back Seat)		Car Seat Citations		DUI Alcohol		DUI Drug		DUI (AL and Drug Comb.)	
Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night
Speeding		Distracted Driving		Traffic Arrest (Susp/Rev/No DL)		Criminal Arrest (Misd/Fel/Fug)		Other Citations			
Day	Night	Day	Night	Day	Night	Day	Night	Day	Night		

Press Releases	Social media or Website Postings	Handouts, Posters, or Flyers	Public Access or TV News, Print and Radio Stories	Announcements, Signs, Marquees, Banners, etc.	Press Conferences	Email Blast

Blast

people = 2 Social Media

Postings

SPECIFIC SECTIONS OF 205

Additional Comments

detail inclement weather, significant arrests

Additional Comments/Notes

Authorizing Person

Certification: I certify to the best of my knowledge and belief that the report (or payment request) 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 or State 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. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

Type Name of Project Director or Authorizing Representative

AUTOMATION

Day Hours add to Total Daytime Hours automatically

Night

DAY 6am - 6pm		
Patrol Hours	+ DRE or ARIDE Callout Hours	= Total Daytime Hours
<input type="text"/>	<input type="text"/>	<input type="text"/>

ically

Total Daytime Hours

NIGHT 6pm - 6am			
Patrol Hours	+ DRE or ARIDE Callout Hours	+ RSC Hours	= Total Nighttime Hours
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Check for Accuracy!!

Total Hours
<input type="text"/>

WHEN DO I SEND IT IN?

Within

2 Weeks

After Enforcement

WHERE DO I SEND IT TO?

- Press “Email” at the top of the 205

- The form will be sent to **Illinois Department of Transportation** **Mobilizations Data Collection** 
cc your Law Enforcement Liaison (LEL)
- The form **HAS** to be sent in digitally
DO NOT print and email a scanned copy
- New Campaign/Enforcement Type? New 205
- Mistake? Resend to same email and title “Revision”
cc your Law Enforcement Liaison (LEL)

WHAT DOES THE 205 HAVE TO DO WITH THE CLAIM?

**Hours on the Claim
must match Hours on the 205**

QUESTIONS?

Please contact:

Rebecca Dieken

Research Program Evaluation Manager

Bureau of Safety Programs and Engineering

Illinois Department of Transportation

Rebecca.dieken2@Illinois.gov

217-782-1805

FFY20 STEP GRANT OBJECTIVES

Chris Peters
Safety Grant Administrator
Bureau of Safety Programs &
Engineering
217/558-1717
Christopher.Peters@Illinois.gov

SUSTAINED TRAFFIC ENFORCEMENT PROGRAM

- The Sustained Traffic Enforcement Program (STEP) grant helps Illinois maximize the effect of sustained, stepped-up, year-long traffic enforcement.
- The STEP program focuses on specific times of the year and day when data shows alcohol-involved and unbuckled fatalities are highest. The increased enforcement details conducted during these times raises the perception of offenders getting caught and deters potential impaired drivers and potential unbuckled drivers and passengers.
- The STEP grants also use strong media efforts in conjunction with increased enforcement to make a positive impact on reducing serious injuries and fatalities on Illinois roadways.
- *The goals of these enforcement grants are to save lives and reduce injuries resulting from motor vehicle crashes caused by impaired driving, improper seat belt usage, distracted driving, and speeding.*

IMPAIRED DRIVING

- **A minimum of one (1) traffic citation for every 60 minutes of patrol.**
- **A minimum of one DUI arrest for every fifteen (15) hours of patrol.**
- **Maintain continual patrols per enforcement detail.**

OCCUPANT PROTECTION

- **A minimum of one (1) traffic citation for every 60 minutes of patrol.**
- **Fifty (50) percent should be for occupant protection violations. Front and back seat child and adult occupants.**
- **Maintain continual patrols per enforcement detail.**

SPEEDING

- **A minimum of two (2) traffic citation for every 60 minutes of patrol.**
- **Fifty (50) percent should be for speeding-related violations.**
- **Maintain continual patrols per enforcement detail.**

DISTRACTED DRIVING

- **A minimum of two (2) traffic citation for every 60 minutes of patrol.**
- **Fifty (50) percent should be for distracted driving violations.**
- **Maintain continual patrols per enforcement detail.**

QUESTIONS