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**CITY OF BRISTOL  
BOARD OF FINANCE AGENDA REQUEST FORM**

To: Board of Finance Commissioners

From: Bristol Police Department  
(Requesting Department)

Date: April 3, 2019  
(Submission Date)

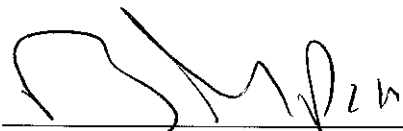
For the April 23, 2019 Board of Finance Meeting Agenda  
(Date of Meeting)

This request is for:  
(Please check the type of request and list in whole dollar amounts)

- Additional Appropriation      \$29,800
- Transfer from Contingency      \$ \_\_\_\_\_
- Transfer(s)      \$29,800
- Grant      \$ \_\_\_\_\_
- Carry-over(s)      \$ \_\_\_\_\_
- Other

**Approval:**

This request was approved by the Board of Police Commissioners  
(governing Board of your department)  
at its meeting held on April 16, 2019.  
(date)

  
\_\_\_\_\_  
(Department Head's signature)

**All requests to appear on the Board of Finance meeting agenda for consideration must be submitted to Jodi McGrane in the Comptroller's Office by 10:00 a.m. Monday of the preceding week of the meeting. Board of Finance Meetings are held on the fourth Tuesday of each month at 5:30 p.m. in the Council Chambers.**

Board of Finance Agenda Request Form

Reason for request:

To appropriate the FY19 Distracted Driving High Visibility Enforcement Grant effective April 2-30, 2019 and August 1-15, 2019.

Additional Appropriation(s) and/or Appropriation(s) complete the following:

Account	Account Name	Amount
1062112-431108-19G16	Special Grants & Donations Fund – Police Distracted Driving Grant Federal Revenue	\$29,800
1062112-591500-19G16	Transfer Out – IS Fund	\$8,515
1062112-515100-19G16	Special Grants & Donations Fund – Overtime Distracted Driving Grant	\$21,285

Transfer(s) complete the following:

<b>From:</b> _____	<b>To:</b> _____	<b>Amount:</b> _____
<b>From:</b> _____	<b>To:</b> _____	<b>Amount:</b> _____
<b>From:</b> _____	<b>To:</b> _____	<b>Amount:</b> _____

Grants:

Total Amount: Grant \$ 29,800

City Share \$ \_\_\_\_\_ 0 %

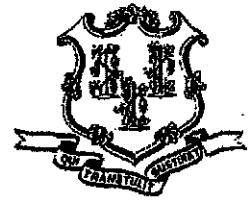
Federal/State Share \$ 29,800 100 %

Carry-overs list the following:

Account	Account Name	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____



Connecticut Department of Transportation  
 Highway Safety Office  
 2800 Berlin Turnpike PO Box 317546  
 Newington, CT 06131-7546



**GRANT APPROVAL CONFIRMATION**

Delivered by email to: [briangould@bristolct.gov](mailto:briangould@bristolct.gov)

March 27, 2019

<b>Project Name:</b>	<b>FY 2019 DDHVE</b>
<b>Governmental Unit:</b>	<b>City of Bristol</b>
<b>Federal Funds:</b>	<b>\$29,800.00</b>
<b>State Project Number:</b>	<b>0199-0745-2-AN</b>
<b>CFDA:</b>	<b>20.616</b>
<b>Fringe Benefit Rate:</b>	<b>34.57%</b>
<b>Approved Project Period:</b>	<b>4/2-4/30, 2019 &amp; 8/1-8/15, 2019</b>

The Department of Transportation would like to notify you of the approval of the City of Bristol's Highway Safety project application entitled FY 2019 DDHVE effective: April 2, 2019-April 30, 2019 & August 1, 2019-August 15, 2019.

Federal funds in the amount of \$29,800.00 are obligated to this project in accordance with the approved 2019 Fiscal Year Connecticut Highway Safety Plan.

All costs incurred under this project must be in full compliance with both federal and State regulations, policies, and procedures that govern the use of highway safety funds. Costs are subject to review by both Department Accounts Examiners and Federal Auditors.

Please note that deviations from the specifics of the approved budget must be reviewed and approved by the Highway Safety Office prior to their implementation in order for related costs to be eligible for reimbursement.

The DDHVE reimbursement package will be sent to your agency point of contact. All final claims against this project, together with all supporting financial documentation, must be submitted to the Highway Safety Office no later than thirty (30) days after the project period ending date.

If you have any additional questions or concerns regarding this program, please contact me at 860-594-2412.

Joseph T. Cristalli  
 Transportation Principal Safety Program Coordinator

cc'd by email to:  
[michaelduval@bristolct.gov](mailto:michaelduval@bristolct.gov)  
[dianewaldron@bristolct.gov](mailto:dianewaldron@bristolct.gov)

**PRINT CONFIRMATION AND GRANT FOR YOUR OWN RECORDS**