

Ohio State Highway Patrol
Ohio Traffic Safety Office**FFY 2015 PRE-ACTIVITY FORM**

Directions: Complete this form while viewing the FFY 2015 Pre-Activity Power Point Presentation. The Project Director is required to complete both the presentation and the pre-activity form prior to starting activity on this grant. OTSO encourages the grant's Fiscal Officer to view the presentation also.

Agency _____ Date _____

County _____

☐ IDEP ☐ STEP ☐ OVI Task Force ☐ Safe Communities ☐ General**On-Line Reimbursement Claim Schedule:** ☐ [Monthly](#) ☐ [Quarterly](#)

1. ☐ Beginning and ending dates per approval letter
2. ☐ Generate full PDF of grant outlining goals, baseline, scope of work, evaluation & budget
3. ☐ Mandatory National Mobilizations:
 Click-It or Ticket
 Drive Sober or Get Pulled Over
4. ☐ Allowable and unallowable costs
5. ☐ "Request to Purchase" form use
6. ☐ Grant Revisions: Deadline – September 1, 2015
7. ☐ Terms and Conditions
8. ☐ Report Process
9. ☐ Reimbursement Claim Process
10. ☐ Revision Process
11. ☐ Controlling Access to the grant and the GRANTS System

Comments: _____

By signing below, the project director acknowledges that he/she has read and understands the Pre-Activity presentation in its entirety.

X _____
Project Director (**Print Name**)X _____
Project Director **Signature**

For OTSO Use Only_____
OTSO Fiscal Representative Signature

Date _____

Agreement # _____