



State of New Hampshire

DEPARTMENT OF SAFETY
OFFICE OF THE COMMISSIONER
33 HAZEN DR. CONCORD, NH 03305
603/271-2791

JOHN J. BARTHELMES
COMMISSIONER

November 19, 2018

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
State House
Concord, New Hampshire 03301

Requested Action

Authorize the Department of Safety, Division of Motor Vehicles, to accept and expend funds from the Office of Highway Safety, entitled DMV Vehicle Crash Data Update in the amount of \$42,737.00 for the purpose of reducing the crash report backlog through the addition of overtime and part-time funding. Effective upon Governor and Council approval through June 30, 2019. Funding source: 100% Agency Income.

Funds are to be budgeted in SFY 2019 in the following account:

02-23-23-231010-74670000		Dept. of Safety	Division of Administration	DMV Crash Data
<u>Class</u>	<u>Description</u>	<u>SFY 2019 Current Adjusted Authorized Appropriation</u>	<u>Requested Action</u>	<u>Revised SFY 2019 Adjusted Authorized Appropriation</u>
009-407036	Agency Income	(\$18,605.00)	(\$42,737.00)	(\$61,342.00)
018-500106	Overtime	\$13,860.00	\$6,600.00	\$20,460.00
040-500800	Indirect Costs	\$2,041.00	\$4,688.00	\$6,729.00
050-500109	Personal Service Temp Appoi	\$0.00	\$28,000.00	\$28,000.00
060-500601	Benefits	\$2,704.00	\$3,449.00	\$6,153.00
TOTAL		\$18,605.00	\$42,737.00	\$61,342.00

Explanation

This funding will be used by the Division of Motor Vehicles to utilize overtime and part-time personnel to reduce the current backlog in motor vehicle crash reporting. The Financial Responsibility Crash Unit, located in the NH Division of Motor Vehicles, is responsible for the data entry of information relative to all motor vehicle crashes that occur within the State of New Hampshire. On a weekly basis, the Crash Unit receives an average of 600 reportable and non-reportable crash reports from all law enforcement agencies in the state. Each report must be reviewed to determine if the crash is reportable or non-reportable, based on the dollar amount of property damages and/or personal injury. The volume of data that must be entered has exceeded the Crash Unit's staffing capacity, and there is a need to dedicate temporary, part-time employees and/or current employees on an overtime basis to entering the information into the centralized data system. Until this backlog is eliminated, the state's ability to produce accurate crash data reports and analyses will be compromised. This grant will fund three part-time positions and overtime for existing full-time employees to enter motor vehicle crash reports received from local police departments and operator reports received from drivers.

The funds will be budgeted as follows:

The funds in Class 018, Overtime, will be used for overtime for existing employees.

The funds in Class 040, Indirect Costs, will be used for indirect costs on all eligible expenses.

The funds in Class 050, Personal Services-Temp/Appoin, will fund existing part-time staff to assist with reducing the backlog.

The funds in Class 060, Benefits, will be used to pay the benefits associated with overtime and part-time personnel.

At the time the State of New Hampshire FY 2018-19 budget was being developed, it was not anticipated that the State would receive the different types of funding allocation for this grant.

In the event that Agency Income funds are no longer available, additional General funds and/or Highway funds will not be requested to support this program.

Respectfully submitted,


John J. Barthelmes
Commissioner of Safety

Division of Motor Vehicles
DMV Crash Data

Fiscal Situation: Account 02-23-23-233010-74670000

Funds Awarded:

Office of Highway Safety Grant - "DMV Vehicle Crash Data" (through September 30, 2018) \$66,547.90

Office of Highway Safety Grant - "DMV Vehicle Crash Data" (through September 30, 2019) \$47,960.91

Total Grant Funds Awarded \$114,508.81

Less Prior Grant Expenses - "DMV Vehicle Crash Data" (through September 30, 2018) (\$35,982.87)

Unspent Balance "DMV Vehicle Crash Data" (through September 30, 2018) (\$11,961.67)

Total Prior Fiscal Year Actual Expenses and Unspent Balances (\$47,944.54)

Net Grant Funds Remaining \$66,564.27

Less: Current Adjusted Authorized Including Prior Year's Encumbrances (\$18,605.00)

Closing Adjustments \$1.73

Available Funds \$47,961.00

This Request \$42,737.00

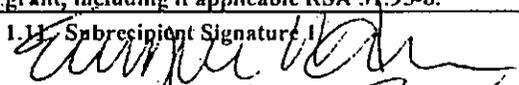
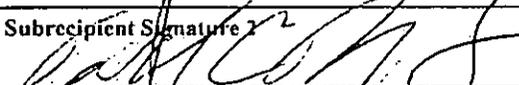
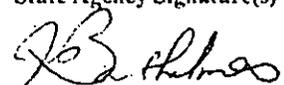
OFFICE OF HIGHWAY SAFETY GRANT AGREEMENT

The State of New Hampshire and the Subrecipient hereby
Mutually agree as follows:
GENERAL PROVISIONS

Grant Agreement Title: DMV Vehicle Crash Data Update

Grant Agreement #: 19-248

1. Identification and Definitions.

1.1. State Agency Name New Hampshire Department of Safety Office of Highway Safety		1.2. State Agency Address 33 Hazen Drive, Room 208 Concord, NH 03305	
1.3. Subrecipient Name NH Department of Safety Division of Motor Vehicles		1.4. Subrecipient Address 23 Hazen Drive Concord, NH 03305-0011	
Director's Email Address: Elizabeth.bielecki@dos.nh.gov		Grant Contact Email: Elizabeth.bielecki@dos.nh.gov	
1.4.1 Subrecipient Type (State Govt, City/Town Govt, County Govt, College/University, Other (Specify) State		1.4.2 DUNS 060340564	
1.5. Subrecipient Phone # 603-227-4050	1.6. Effective Date 10/01/18	1.7. Completion Date 9/30/19	1.8. Grant Limitation 603-569-94 *
1.9. Grant Officer for State Agency John A. Clegg		1.10. State Agency Telephone Number 603-271-2893	
"By signing this form we certify that we have complied with any public meeting requirement for acceptance of this grant, including if applicable RSA 31:95-b."			
1.11. Subrecipient Signature 1 		1.12. Name & Title of Subrecipient Signor 1 Elizabeth Bielecki, Director Division of Motor Vehicles	
Subrecipient Signature 2 		Name & Title of Subrecipient Signor 2 Richard C. Bailey, DOS Assistant Commissioner	
Subrecipient Signature 3		Name & Title of Subrecipient Signor 3	
1.13. Acknowledgment: State of New Hampshire, County of _____, on / / , before the undersigned officer, personally appeared the person(s) identified in block 1.12., known to me (or satisfactorily proven) to be the person(s) whose name is signed in block 1.11., and acknowledged that he/she executed this document in the capacity indicated in block 1.12.			
1.13.1. Signature of Notary Public or Justice of the Peace (Seal)		1.13.2 Name & Title of Notary Public or Justice of the Peace	
1.14. State Agency Signature(s) 		1.15. Name & Title of State Agency Signor(s) John J. Barthelmes, Commissioner NH Department of Safety Date: 11/18/18	
1.16. Approval by Attorney General (Form, Substance and Execution) (if G & C approval required) By: _____ Assistant Attorney General, On: / /			
1.17. Approval by Governor and Council (if applicable) By: _____ On: / /			

2. **SCOPE OF WORK:** In exchange for grant funds provided by the State of New Hampshire, acting through the Agency identified in block 1.1 (hereinafter referred to as "the State"), pursuant to RSA 21-P:55-63, the Subrecipient identified in block 1.3 (hereinafter referred to as "the Subrecipient"), shall perform that work identified and more particularly described in the scope of work attached hereto as EXHIBIT A (the scope of work being hereinafter referred to as "the Project").

Subrecipient Initials _____ Date _____

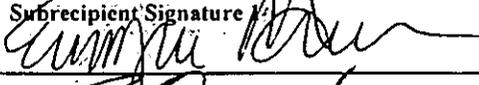
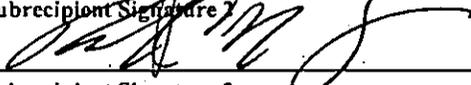
OFFICE OF HIGHWAY SAFETY GRANT AGREEMENT

The State of New Hampshire and the Subrecipient hereby
Mutually agree as follows:
GENERAL PROVISIONS

Project Title: DMV Vehicle Crash Data Update

Project #: 310-18S-014

1. Identification and Definitions.

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1.3. Subrecipient Name NH Department of Safety Division of Motor Vehicles		1.4. Subrecipient Address 23 Hazen Drive Concord, NH 03305-0011	
Chief's Email Address: Elizabeth.bielecki@dos.nh.gov		Grant Contact Email: Robert.quinn@dos.nh.gov	
1.4.1 Subrecipient Type (State Govt, City/Town Govt, County Govt, College/University, Other (Specify) State		1.4.2 DUNS 060340564	
1.5. Subrecipient Phone # 603-227-4050	1.6. Effective Date 10/01/17	1.7. Completion Date 9/30/18	1.8. Grant Limitation 666,547,901.5
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Subrecipient Signature 2 		Name & Title of Subrecipient Signor 2 Richard C. Bailey, DOS Assistant Commissioner	
Subrecipient Signature 3		Name & Title of Subrecipient Signor 3	
1.13. Acknowledgment: State of New Hampshire, County of _____, on / / , before the undersigned officer, personally appeared the person(s) identified in block 1.12., known to me (or satisfactorily proven) to be the person(s) whose name is signed in block 1.11., and acknowledged that he/she executed this document in the capacity indicated in block 1.12.			
1.13.1. Signature of Notary Public or Justice of the Peace (Seal)		1.13.2 Name & Title of Notary Public or Justice of the Peace	
1.14. State Agency Signature(s) 		1.15. Name & Title of State Agency Signor(s) John J. Barthelmes, Commissioner NH Department of Safety Date: 11/29/17	
1.16. Approval by Attorney General (Form, Substance and Execution) (if G & C approval required) By: _____ Assistant Attorney General, On: / /			
1.17. Approval by Governor and Council (if applicable) By: _____ On: / /			

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Subrecipient Initials 