



How to  
Complete and  
digitally submit  
your BSPE 600  
Claim

# Locate the BSPE 600 form on the website

- ▶ Go to the website at <https://idot.illinois.gov/transportation-system/safety/grants/index>
- ▶ Click on the Forms Tab
- ▶ <https://idot.illinois.gov/transportation-system/safety/grants/forms>
- ▶ Locate BSPE 600 and click to open the form
  - ▶ You MUST use Internet Explorer to access the forms!



# Complete ALL boxes at the top of the form



**Illinois Department of Transportation**



### Highway Safety Claim (non-STEP)

[E-mail](#) [Reset Form](#) [Lock/Unlock](#)

**Attachment A**

<b>Grantee Name</b>	<b>Project Number</b>	<b>Date Prepared</b>	<b>Claim Number</b>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<b>Payment Address</b>	<b>Grant Type</b>			
<input type="text"/>	<input type="text"/>			
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Period Covered From</b>	<b>To</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Prepared By</b>	<b>Email Address</b>	<b>Telephone Number</b>	<b>Ext.</b>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

# Agency Information

- ▶ Grantee Name - Enter the agency name. Note: agency name may need to be abbreviated.
- ▶ Project Number – Enter project number, ex. OP-20-1234.
- ▶ Date Prepared - Use drop down calendar to select date claim was prepared.
- ▶ Claim Number – Enter the claim number in order of completion.
- ▶ Full Address – Enter address, City, State, and Zip Code listed on page 1 of the signed UIGA.
- ▶ Grant Type – Use the drop-down to select
- ▶ From – Use the drop-down calendar to select the start date of the claim.
- ▶ To – Use the drop-down calendar to select the end date of the claim.
- ▶ Prepared By – Enter the name of the person who prepared the claim.
- ▶ Email Address – Enter the email of the person who prepared the claim.
- ▶ Phone Number – Enter phone number of person who prepared the claim.

# Project Costs by Budget Category

## ▶ Expended this Period

- ▶ These amounts will need to be manually entered from the totals on Attachment B.
- ▶ There will be an Attachment B for each budget category seeking funds.

Project Costs by Budget Category	
	Expended this Period
Personnel	
Fringe Benefits	
Travel	
Equipment	
Supplies	
Contractual Services	
Consultant	
Occupancy	
Telecommunications	
Training / Education	
Direct Admin. Costs	
Miscellaneous Costs	
Indirect Costs	
<b>Amount of Claim</b>	

# Certification and Digital Signature

- ▶ **SKIP THIS SECTION UNTIL YOU ARE READY TO FINALIZE AND SEND THE CLAIM.**

Certification: By checking this box and signing this report (or payment request), 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).

Project Director/Authorizing Representative Signature & Date



- ▶ Once you are ready to sign, the Certification box must be clicked
- ▶ Digital Signature must be used in the Project Director/Authorizing Rep box
  - ▶ Please see the “Digital Signature Creation.pdf” on how to create this.

# Attachment B

- ▶ ALL line-item expenditures total must be completed on Attachment B.
  - ▶ Regardless of the information captured in the rest of the form.
- ▶ You may need to skip Attachment B to complete calculations in the following attachments for corresponding line-items, but you will still need to go back and fill in the amounts in Attachment B

*(see next slide for example)*

# Attachment B - Example

- ▶ For example, you are submitting a claim for expenses occurred under the Personnel, Travel, and Contractual Services line-items.
- ▶ Complete an Attachment B for Personnel.
  - ▶ Select the Budget Category Drop-Down Menu and select the corresponding line-item.
    - ▶ All other boxes across the top of Attachment B will auto-populate from the information on Attachment A so you only need to complete the Budget Category selection.
    - ▶ These amount placed on the Personnel Attachment B with the dollar amounts calculated from Attachment C.
  - ▶ The total dollar amount for Attachment B (personnel) will have to be keyed into Personnel Expenses on Page 1 of the claim.

Attachment B Claim for Reimbursement Cover Sheet				
Project Number	Claim Number	Budget Category	Period Covered From	To
hs-21-0210	5	Personnel (Salaries & Wages)	09/27/21	09/28/21
Date Issued	Payee	Amount Paid	Check Number	
09/30/21	Jane Doe	\$2,000.00	001	

Attachment C Payroll Calculation Sheet			
Grantee Name	Project Number		
Example Agency	hs-21-0210		
Employee Name	Period Covered From	To	
Jane Doe	09/27/21	09/28/21	
Grant Type	Bike/Pedestrian		
Approved Pay Rate (per Agreement)			
Hourly	Monthly Salary	Overtime	Pay Period Salary
\$20.00	\$2,000.00	\$0.00	\$2,000.00
Personal Services	Hours Worked	Rate of Pay	Total
Salaried Employee	Not Applicable	Not Applicable	\$2,000.00
Hourly Employee		x	=
Overtime			
Total Gross Salary			\$2,000.00

# Attachment B – Example (continued)

- ▶ Once all of Personnel is completed, you will need to complete an Attachment B for Travel or any other budget category needed to be added to page one.

		<b>Total</b>	
<b>Complete a separate Cover Sheet for each budget line item category claimed.</b>			
<a href="#">Click for additional Attachment B</a>			

- ▶ Click on the “Click for additional Attachment B” button at the bottom of the page to create a new Attachment B
  - ▶ Now you will select travel from the drop down and begin to fill out the information.

# Attachment B – Example (continued)

- ▶ At this point, you have a second Attachment B, that will be used to input all of your travel expenses.
  - ▶ Input all allowable travel costs.
  - ▶ Make sure to attach all receipts and documentation for these expenses. Lack of information and documentation may cause your claims to be delayed or expenses denied.
    - ▶ All documents must be digital PDF's attached to the claim.
  - ▶ Attachment F in the BSPE 600 will be used to calculate and document mileage.
- ▶ Once all items are entered onto Attachment B, the total dollar amount will auto-populate at the bottom of the page and be transferred to the front page of the claim.

Attachment F Odometer Log					
Grantee Name Example Agency			Project Number hs-21-0210		
Period Covered From 09/27/21		To 09/28/21			
Date	Begin Mileage	End Mileage	Miles Traveled	Travel Reimbursement	Total Reimbursement
09/27/21	100	150	50	.560	\$28.00
09/28/21	150	165	15	.560	\$8.40
Add				Total	\$36.40

This certifies that the mileage and reimbursement claimed are a result of project-related activities.

Attachment B Claim for Reimbursement Cover Sheet					
Project Number hs-21-0210		Claim Number 5	Budget Category Travel	Period Covered From 09/27/21	To 09/28/21
Date Issued	Payee	Amount Paid	Check Number		
09/29/21	Jane Doe - Mileage	\$36.40	002		
09/29/21	Jane Doe - Delta Air Flight	\$300.00	003		
09/29/21	Jane Doe - Train Ticket	\$39.00	004		
09/29/21	Jane Doe - Parking	\$12.00	005		
09/29/21	Jane Doe - Per Diem	\$21.00	005		

# Attachment B – Example (continued)

- ▶ Now for the third line-item expense, you will need create a third Attachment B to capture those expenditures.
- ▶ Repeat the steps you took to complete an Attachment B for Personnel and Travel but for the new budget category.
  - ▶ Select the appropriate Budget Category at the top of the page
  - ▶ Write out the expenses and fill in all necessary information.
  - ▶ Include documentation, receipts, or any other pertinent information necessary for our office to approve and pay the expense.
  - ▶ The more documentation, the quicker we will be able to process the claim.

# Attachment C – F Explained

- ▶ Each attachment provides further explanation of the cost placed on Attachment B
- ▶ Each Attachment has a specific function
- ▶ Not all Attachments may be needed for each claim.
- ▶ Only fill out the necessary Attachments
- ▶ Make sure to include any and all documentation to support the expenses on all attachment
  - ▶ If you have questions on what documentation is necessary please contact your safety grant administrator for clarification.

# Attachment C Payroll Calculation Sheet

- ▶ This sheet is used to calculate Personnel and Fringe expenses.
- ▶ An Attachment C is needed for each individual receiving reimbursement for Personnel and/or Fringe.
- ▶ Begin by completing the top portion
  - ▶ Fill out the Employee Name and Grant Type
    - ▶ All other boxes will auto-populate

Attachment C Payroll Calculation Sheet		
Grantee Name	Project Number	
<input type="text"/>	<input type="text"/>	
Employee Name	Period Covered From	To
<input type="text"/>	<input type="text"/>	<input type="text"/>
Grant Type	<input type="text"/>	

# Attachment C

## Payroll Calculation Sheet (continued)

- ▶ For the *Approved Rate for Pay (per Agreement)* section, you will need to fill out the Personnel and/or Fringe for the employee listed in the Employee Name box at the top of the page.
  - ▶ Be sure to input all numbers correctly and double check
- ▶ Once completed these total will be placed on the appropriate Attachment B. Personnel for wages and Fringe for Fringe Benefits and Social Security.
- ▶ If your agency has multiple employees, a separate Attachment C is need for each employee.
  - ▶ Click the button at the bottom of Attachment C to add additional Attachment C's.
- ▶ Please note: Non-Full Time Staff are paid at an hourly rate and not a percentage of their salary. This should be reflected within the Attachment C.

Approved Pay Rate (per Agreement)			
Hourly	Monthly Salary	Overtime	Pay Period Salary
\$20.00	\$2,000.00	\$0.00	\$2,000.00

Personal Services	Hours Worked	Rate of Pay	Total
Salaried Employee	Not Applicable	Not Applicable	\$2,000.00
Hourly Employee		x	=
Overtime			
Total Gross Salary			\$2,000.00

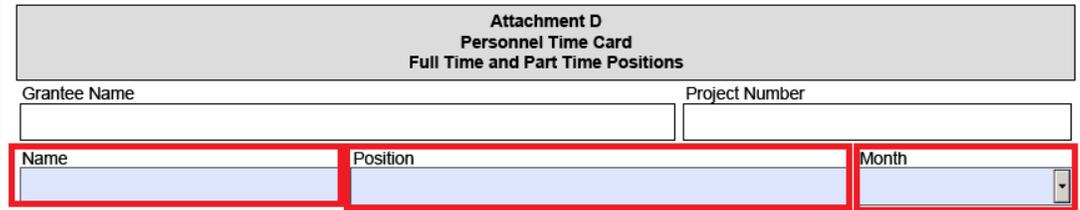
Fringe Benefits (employer's contribution)			Amount Paid
Pension	100%		\$100.00
Health Insurance (less dependents)	\$300.00 / month		\$300.00
Total Fringe Benefits			\$400.00

Social Security (employer's contribution)			Amount Paid
F.I.C.A	7.65%		\$153.00
Total Social Security Benefits			\$153.00

# Attachment D Personnel Timecard

- ▶ Fill in the boxes for Name, Position, and Month.
  - ▶ All other boxes will auto-populate
- ▶ If an employee is seeking reimbursement for Personnel and/or Fringe, one Attachment D should be completed for each individual employee
  - ▶ You should have as many Attachment D forms completed as you do Attachment C forms



The form is titled "Attachment D Personnel Time Card Full Time and Part Time Positions". It contains several input fields: "Grantee Name" and "Project Number" are at the top. Below them are three fields: "Name", "Position", and "Month". The "Name", "Position", and "Month" fields are highlighted with a red border. The "Month" field is a dropdown menu.

Attachment D Personnel Time Card Full Time and Part Time Positions		
Grantee Name	Project Number	
Name	Position	Month

# Attachment D Personnel Timecard (continued)

- ▶ Complete the hour chart for each employee.
- ▶ If you have more than one employee seeking reimbursement,
  - ▶ Skip the signature portion of Attachment D (for now) and click on the *Click for additional Attachment D* button at the bottom of the page.
- ▶ One Attachment D will need for each employee.
  - ▶ Add additional Attachment D by clicking bottom at the bottom of Attachment D.

Attachment D Personnel Time Card Full Time and Part Time Positions																	
Grantee Name											Project Number						
Example Agency											hs-21-0210						
Name					Position					Month							
Jane Doe					Program Coordinator					September							
Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Total	
Highway Safety Project Hours																	
Other Assignments																	
Benefit to Local																	
Leave Time																	
Date	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total
Highway Safety Project Hours												2	3				5
Other Assignments																	
Benefit to Local																	
Leave Time																	
Complete Attachment E (Daily Activity Record) for dates listed above.																	

Click for additional Attachment D

# Attachment E

## Daily Record Activity

- ▶ Fill out the Name, Month, and Year at the top of the Page.
  - ▶ All other boxes at the top of the page will auto-populate

Attachment E Daily Activity Record		
Grantee Name	Project Number	
<input type="text"/>	<input type="text"/>	
Name	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Attachment E

## Daily Record Activity (continued)

- ▶ For each day an employee worked on the grant, our office needs to know what that employee did and/or completed each day.
  - ▶ Date - Select the date
  - ▶ Activities - Fill out the tasks the employee completed for that day and all other days for which you are seeking reimbursement.
    - ▶ This should be an overview.
      - ▶ Example: attended a specific conference, completed 10 car seat checks, and complete associated paperwork.
  - ▶ If the employee worked on multiple days, click the *Add Row* button to create another date and activity row.
  - ▶ This attachment should correspond with the Attachment D.
  - ▶ An Attachment E is required of all persons being paid on the grant.

# Attachment E

## Daily Record Activity (continued)

- ▶ If your agency is submitting activities in more than one month, a separate Attachment E is needed to be submitted for each month, for each employee.
  - ▶ Example if you were to submit a claim quarterly: If two employees work all three months of the quarter, fill out three Attachment E forms for each employee (one form per month/three months per quarter).
- ▶ If you need additional Attachment E forms, click on the *Click for additional Attachment E* button under Activities.

	Date	Activities
-		
Add Row		
Click for additional Attachment E		

# Attachment F Odometer Log

- ▶ This form is used to calculate mileage that will be paid by the grant.
  - ▶ Boxes will auto-populate
  - ▶ Fill in the “Name of Traveler” box with how was the driver that accrued the mileage.
  - ▶ If multiple people have mileage to report, multiple Attachment F’s are required.

Attachment F Odometer Log	
Grantee Name	Project Number
<input type="text"/>	<input type="text"/>
Period Covered From	To
<input type="text"/>	<input type="text"/>

# Attachment F Odometer Log (continued)

- ▶ Fill in the information in the chart.
- ▶ You will need to add a row for each individual trip taken.
  - ▶ Example: Springfield to Decatur is one trip and Decatur to Springfield is a second.
- ▶ Click on the *Add* button to add additional lines for another trip
- ▶ For additional Attachment F's click .
- ▶ For additional Attachment F's, click the *Click for additional Attachment F* button.

Date	Begin Mileage	End Mileage	Miles Traveled	Travel Reimbursement	Total Reimbursement
			0		\$0.00
<b>Add</b>				Total	\$0.00

This certifies that the mileage and reimbursement claimed are a result of project-related activities.

# Signature Process

At this point, the data entry for the claim is complete. Go back and recheck all entries to ensure they are correct, and the totals add up. Now you are ready to begin the signature process. You can choose from two options.

## Option One (Wet Signatures and Dates)

- ▶ Click the certification box on page one of the claim.
- ▶ “Print” the BSPE 600 as a PDF for traditional wet signatures.
  - ▶ In Adobe, click file, Print, print to Adobe PDF. It will save a printed version of the claim on your computer
  - ▶ Print this copy out and have individuals manually **sign and date** the claim document.
- ▶ Wet sign and date all Attachment D’s and Attachment A. **SIGNATURE AND DATE is NEEDED.**
- ▶ After signatures scan and save the entire document as a PDF.
- ▶ Skip to the “Document Attachment” section of this document to proceed with submission.

## Option Two (Digital Signatures) **PREFERRED METHOD OF SUBMISSION**

- ▶ Click the certification box on page one of the claim.
- ▶ Use digital signatures to sign all areas of the claim.
- ▶ The following pages will show you how to complete this. **Do not complete until reading the instructions.**

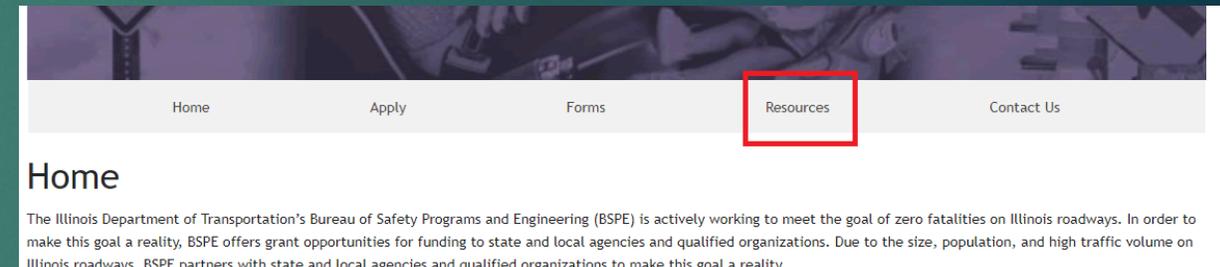
# Digital Signature Process

## *Option Two*

- ▶ Save a copy of this claim form WITHOUT any digital signatures.
  - ▶ Once you add digital signatures, save it under a different file name so you can go back and change information within each Attachment of the unsigned version.
  - ▶ Once a digital signature is on the form, it cannot be removed.

# How do to create a digital signature

- ▶ BSPE created a thorough PDF to walk you through each step.
- ▶ You can locate the *Digital Signature Creation Guidance* at <https://idot.illinois.gov/transportation-system/safety/grants/resources>
  - ▶ Click on the Resources tab
    - ▶ Budget and Finance Section
      - ▶ Digital Signature Creation Guidance
- ▶ If you are having trouble creating a digital signature, **please contact your IT department** before requesting help from IDOT. We are unable to answer questions about your IT and software systems.



# How do to create a digital signature (continued)

- ▶ Who needs a digital signature?
  - ▶ Each employee
  - ▶ Their supervisor (if travel is involved)
  - ▶ Project Director and/or Authorizing Representative.
- ▶ Keep your digital signature password somewhere safe or you will need to create a new one as the password will be required each time you need to sign the form.

# Digital Signature Process (continued)

- ▶ Now that your digital signatures have been created you can begin signing the claim documents.
- ▶ There are several areas that will need to be signed
- ▶ Start from the end of the form and work forward
  - ▶ Attachment D - Personnel Timecard

# Digital Signature Process (continued)

## ▶ Attachment D

- ▶ The employee completing the activities on the grant will need to digitally sign the top signature box of their corresponding Attachment D.
- ▶ The Supervisor will need to digitally sign the bottom signature box of each Attachment D for each employee completing grant activities that they supervise,
  - ▶ The supervisor will sign regardless of whether the supervisor is part of the grant.

I certify the hours listed above to be accurate and appropriate for work performed on the Highway Safety Project Grant.

**Employee Signature & Date**

\_\_\_\_\_

I certify the above listed hours were worked in compliance with the Highway Safety Project Grant.

**Supervisor Signature & Date**

\_\_\_\_\_

# Digital Signature Process (continued)

## ▶ Attachment A

- ▶ This page can only be signed by the Project Director or the Authorizing Representative on the grant agreement.
- ▶ First, certify the information is correct and check the box next to the paragraph above the signature boxes.

Certification: By checking this box and signing this report (or payment request), 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 case 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).

Project Director/Authorizing Representative Signature & Date

# Digital Signature Process (continued)

- ▶ Attachment A (continued)
- ▶ Second, the Project Director or the Authorizing Representative will digitally sign in the top signature box.
- ▶ All signatures are now complete
- ▶ The next step is to attach documentation and submit the claim for payment

Certification: By checking this box and signing this report (or payment request), 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 case receipts are for the

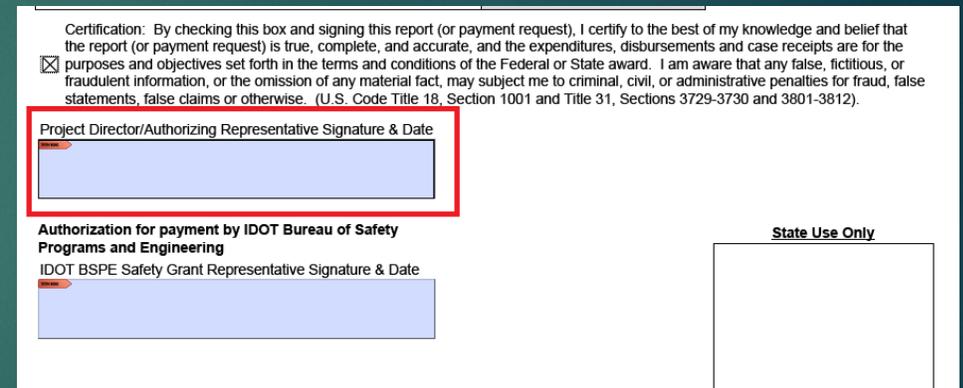
purposes and objectives set forth in the terms and conditions of the Federal or State award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

Project Director/Authorizing Representative Signature & Date

Authorization for payment by IDOT Bureau of Safety Programs and Engineering

IDOT BSPE Safety Grant Representative Signature & Date

State Use Only

The image shows a digital signature form. At the top, there is a certification statement with a checked checkbox. Below this, there are two signature fields. The first field is labeled 'Project Director/Authorizing Representative Signature & Date' and is highlighted with a red rectangular box. The second field is labeled 'IDOT BSPE Safety Grant Representative Signature & Date'. To the right of the second field, there is a box labeled 'State Use Only'. The form is set against a white background with black text.

# Documentation Attachment

- ▶ Most claims will require additional documentation.
  - ▶ **All documentation must be in PDF form.**
  - ▶ **Size email including all attachments must be under 20 mb. If it is over, it will not be received by IDOT.**
- ▶ Documentation can be added in one of two ways.
  - ▶ **It is dependent on your Signature Process**

## Sig. Process Option One (wet signature scanned doc)

- ▶ Documentation will be added to the scanned pdf or attached individually to the claim submission email.
- ▶ See next page for instructions.

## Sig. Process Option Two (Digital Signature Signed)

- ▶ Documentation will be added individually to the claim submission email.
- ▶ See next page for instructions.

# Documentation Attachment (continued)

## Sig. Process Option One

- ▶ Open scanned copy of the claim
- ▶ In adobe – Click organize pages – only available Adobe Pro.
  - ▶ If you don't have Adobe Pro, all pdf document will be added individually to the email when submitting the claim.
- ▶ Drag and Drop PDF documents to the end of the claim.
- ▶ Click save PDF.
- ▶ Claim will now be one PDF document with all documentation.

## Sig. Process Option Two

- ▶ Using the digital signature will allow for an auto-drafted email.
- ▶ Documentation will be manually added to auto-drafted email.
- ▶ This processed will be explained in the following slides.

# Claim Submission - how do I submit?

This process will be based on your chosen Signature Process

## Signature Process Option One (Scanned wet signature doc)

- ▶ Draft an email to [DOT.BSPE.Claims@illinois.gov](mailto:DOT.BSPE.Claims@illinois.gov)
  - ▶ Subject of the email shall be:
    - ▶ Project Number, agency name, claim number, and dollar amount
    - ▶ Example: HS-21-0000 Pepsi Co 01 \$100.00
  - ▶ Re-Name PDF claim
    - ▶ Same as email subject line
    - ▶ Project Number, agency name, claim number, and dollar amount
    - ▶ Example: HS-21-0000 Pepsi Co 01 \$100.00
  - ▶ Attach claim and all supporting documents if you were unable to do so already.
  - ▶ Click Send, you have submitted your claim to BSPE. Please read last slide for confirmation information.

## Signature Process Option Two Digital Signature

- ▶ See following pages to explain the process.

# Claim Submission - how do I submit?

## Digital Signature Process

- ▶ **First, save a copy of the form with signatures.** Use a different file name than that the name you used when saving the form before collecting signatures.
- ▶ Then, scroll to the top of the form and click the *E-mail* button
- ▶ **NOTE: Once you click the E-mail button, the form locks. Absolutely nothing can be changed on this form.** This is why it is a good idea to save the form before and after obtaining signatures as different versions with different file names so you can easily go back and make edits as needed instead of filling out the form from scratch.

 Illinois Department of Transportation

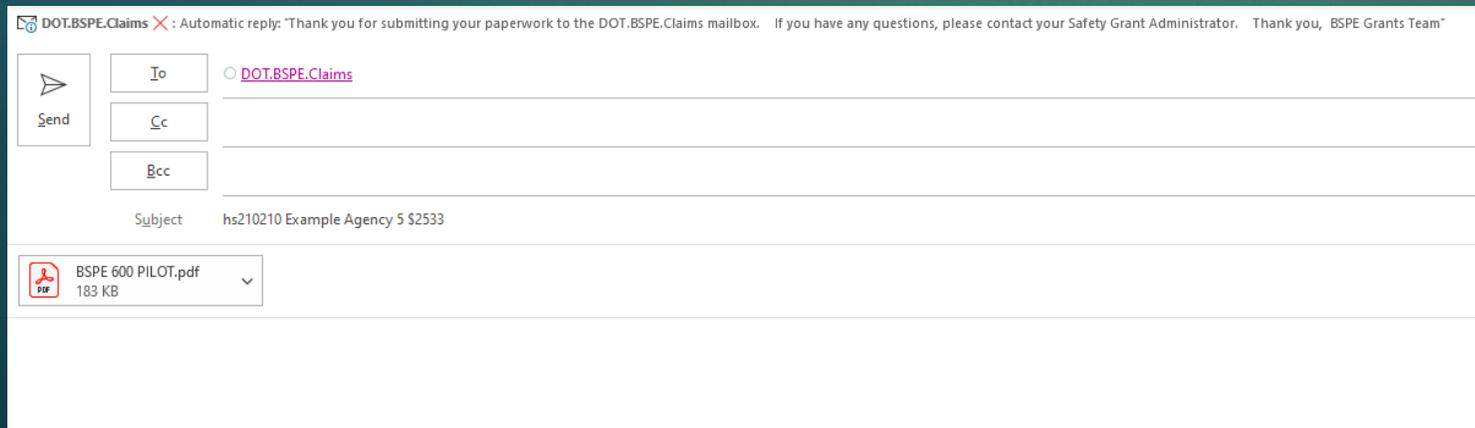
**Highway Safety Claim (non-STEP)**

Attachment A

Grantee Name	Project Number	Date Prepared	Claim Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Payment Address	Grant Type		
<input type="text"/>	<input type="text"/>		
City	State	Zip Code	Period Covered From To

# Emailing the form and attaching documentation

- ▶ After the form locks, an email box will auto-generate.
- ▶ The email will be sent to [DOT.BSPE.Claims@illinois.gov](mailto:DOT.BSPE.Claims@illinois.gov).
- ▶ The subject line will auto-populate information filled out in the claim.
- ▶ The form itself will automatically attach to the email.
- ▶ At this time if there are any issue you can state them in the body of the claim.



DOT.BSPE.Claims X: Automatic reply: "Thank you for submitting your paperwork to the DOT.BSPE.Claims mailbox. If you have any questions, please contact your Safety Grant Administrator. Thank you, BSPE Grants Team"

Send

To [DOT.BSPE.Claims](mailto:DOT.BSPE.Claims)

Cc

Bcc

Subject hs210210 Example Agency 5 \$2533

 BSPE 600 PILOT.pdf  
183 KB



# Congratulations! You have successfully submitted your BSPE claim form with digital signature!

You will receive an automatically-generated response from [DOT.BSPE.Claims@illinois.gov](mailto:DOT.BSPE.Claims@illinois.gov) in your email inbox. If you do not receive this response, contact your Grant Administrator.

BSPE will now begin processing your claim and may reach out if there are any issues.

If your agency hasn't received payment within 60 days, contact your Grant Administrator.