

Please Type _____ DATE: _____
 APPLICANT: _____
 ADDRESS: _____
 CITY, STATE, ZIP: _____ E-MAIL: _____
 TELEPHONE #: _____ FAX #: _____ FEDERAL I.D. #: _____
 Data Univ. Numbering System (DUNS) #: _____ Commercial and Government Entity (CAGE) Code: _____
 Unique Entity Identifier (UEI) #: (Required after April 1, 2022) _____

PROJECT DESCRIPTION: The purpose of this Mini-Grant Contract is to provide funding assistance to law enforcement agencies to acquire preliminary breath testing equipment. The NDOT-HSO will provide up to a maximum of six (6) PBT's per agency. The cost of each unit is \$295.00 funded 100% by the NDOT-HSO.

The applicant must submit the following supporting documentation with this application:

- 1) a copy of your department's current employee safety belt policy; and,
- 2) a copy of your department's current drug-free workplace policy.

Upon receipt of the equipment the agency agrees to:

- 1) Provide annual reports of the activity generated (i.e. number of traffic stops) to the NDOT-HSO for three (3) years.
- 2) The agency also agrees to participate in a minimum of two Nebraska HSO special enforcement mobilizations (listed on the website: <https://dot.nebraska.gov/safety/hso/law-enforcement-resources/mobilizations/>) each year during the following three year period.
- 3) Use the equipment during the current grant period to positively affect project target – To decrease the increasing trend for alcohol-impaired driving fatalities by 1 percent from 65 (5 year rolling average in 2016-2020) to 65 by December 31, 2022.

BUDGET:

- 1) Number of Preliminary Breath Testing Units _____
- 2) Cost to NDOT Highway Safety Office \$ _____

Acceptance of Conditions: The Mini-Grant Contract Award recipient agrees to comply with all applicable federal and state laws, rules and regulations, and certification and assurances located in Attachment A of the Grant Contract Proposal Guide and Policies and Procedures. The Guide can be found on the NDOT-HSO website at <http://dot.nebraska.gov/safety/hso/grants/>. Failure to comply with these conditions may result in termination of this Grant Contract Award. All Awards are subject to availability of Federal Funding.

_____	_____	_____
Authorized Signature of Agency	Date	Print or Type Name and Title
_____	_____	William J. Kovarik, Administrator
NDOT Highway Safety Office	Date	Print or Type Name and Title

Return completed form to:	NDOT Highway Safety Office	Email: ndot.hso@nebraska.gov
	P.O. Box 94612	Phone (402) 471-2515
	Lincoln, Nebraska 68509-4612	FAX (402) 471-3865

TO BE COMPLETED BY NDOT-HSO

Project No.: _____ **SB:** ☐ **DF:** ☐ **RA:** ☐ **Contract Approval Date:** _____

The Catalog of Federal Domestic Assistance (CFDA) number assigned to this Mini-Grant Contract is **20.616**.

Federal Aid Identification Number (FAIN): **67A3752130000405DNEM**

Revised 10/2021