

Federal Aid Identification Number (FAIN):

Nebraska Department of Transportation Highway Safety Office (NDOT-HSO)
IMPROVING DATA MINI-GRANT CONTRACT APPLICATION AND AWARD

	IMPROV	ING DATA MINI-GRANT CONTRACT APPLICATION AND AWARD MUST BE APPROVED BY NDOT-HSO PRIOR TO PURCHASE
Please Type	DATE:	
		E-MAIL:
TELEPHONE #:	FAX #:	FEDERAL I.D. #:
Data Univ. Unique Entity Identifie	or (UEI) #:Co	mmercial and Government Entity (CAGE) Code:
		e funding assistance to law enforcement agencies to acquire sistance for either 75% of the equipment total, or \$15,000.00,
 equipment bids from a copy of your agency 	y's current seat belt policy and drug-free w	orkplace policy (unless on file with the HSO).
2) maintain submitting (3) purchase, install, and4) the additional obligat	eCitation process within one year of the datelectronic citations for a minimum of five y use the equipment to positively affect trations as written in Addendum A (attached).	ears; fic records;
BUDGET: 1) Vendor of e 2) Cost to Law 3) Cost to NDO	quipment being purchased: Enforcement Agency: \$ DT-Highway Safety Office: \$	
the equipment. Within sixty (60) days to may not be honored. This Mini-Grant Contract is financed on 2) incur the expenses (pay the bills); 3) rock and attach the required supporting a) Itemize each exphttps://dot.nebr. b) Attach a copy of c) Attach a copy of d) Provide the serial	from the date of this award, the reimbursement a reimbursement basis. The applicant must 1) reequest reimbursement for the amount awarded documentation as described below: penditure on the Claim for Reimbursement form laska.gov/media/6204/cr_minigrant.pdf the invoice(s) from the vendor with the itemized the check(s) paid by the applicant to the vendor form the vendor the	costs of the equipment
Acceptance of Conditions: The Mini-G regulations, and certification and assur	rant Contract Award recipient agrees to comply wances located in Attachment A of the Grant Contact aska.gov/safety/hso/grants/. Failure to comply waska.gov/safety/hso/grants/.	vith addendum A of this application, all applicable federal and state laws, rules and ract Proposal Guide and Policies and Procedures. The Guide can be found on the vith these conditions may result in termination of this Grant Contract Award. Al
Authorized Signature of Applicant	Date	Print or Type Name and Title
NDOT - Highway Safety Office	 Date	William J. Kovarik, Administrator Print or Type Name and Title
Return completed form to:	NDOT - Highway Safety Office P.O. Box 94612 Lincoln, Nebraska 68509-4612	Email: ndot.hso@nebraska.gov Phone (402) 471-2515 FAX (402) 471-3865
FUNDING ASSISTANCE: The NDOT	TO BE COMPLETED -HSO will provide reimbursement for the e	BY NDOT-HSO xpenditures outlined in the Budget not to exceed \$
Project No.:		Contract Approval Date: