NEBRASKA
DEPARTMENT OF TRANSPORTATION

FY2026
Nebraska Department of Transportation Highway Safety Office (NDOT-HSO)

PUBLIC INFORMATION AND EDUCATION
MINI-GRANT CONTRACT APPLICATION AND AWARD

MUST BE SUBMITTED FOR APPROVAL A MINIMUM OF 30 DAYS PRIOR TO THE START OF THE ACTIVITY

Please Type **DATE:** _____

APPLICANT:_____

ADDRESS:_____

CITY, STATE, ZIP:_____**E-MAIL:**_____

TELEPHONE #: _____**FAX #:** _____**FEDERAL I.D. #:** _____

Unique Entity Identifier (UEI) #: _____

Commercial and Government Entity (CAGE) Code: _____

STARTING DATE: _____ **COMPLETION DATE:** _____

PROJECT DESCRIPTION: The purpose of this Mini-Grant Contract is to provide funding assistance to the applicant for a specific public information and/or education activity in the emphasis area of: **(Check One)** [Alcohol][Speed][Youth][Occupant Protection] or [Other]. All activities funded by this mini-grant must be above and beyond the current level of activity. Please complete items 1 – 5 below using the definitions that are on the reverse side and submit a copy of your department's current seat belt policy and drug-free workplace policy. If applicable, submit proof showing the current 501(c) (3) status, as granted by IRS.

1. **Problem Identification (including the starting Date of the Project):**

2. **Objective:**

3. **Activity:**

4. **Budget:**

5. **Impact Evaluation:**

Within sixty (60) days from the conclusion of the activity the reimbursement request must be submitted. **After sixty (60) days, reimbursements will not be honored.**

This Mini-Grant Contract is financed on a reimbursement basis. The applicant must 1) receive approval of the Mini-Grant Contract from the NDOT-HSO; 2) incur the expenses (pay the bills); 3) request reimbursement for the amount awarded on a "Mini-Grant Contract Claim for Reimbursement (CR); and 4) complete the CR and attach the required supporting documentation as prescribed below.

a) Itemize each expenditure on the Claim for Reimbursement located on the NDOT-HSO website at: http://dot.nebraska.gov/safety/hso/grants/grant-forms/ .
b) Attach a copy of the invoice(s) from the vendor for each expenditure.
c) Attach a copy of the check(s) paid by the applicant to the vendor for each expenditure.
d) Submit an activity report and project summary.

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
_____		Ryley Egger, Administrator
NDOT Highway Safety Office	Date	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
Telephone: (402) 471-2515
FAX: (402) 471-3865

TO BE COMPLETED BY NDOT-HSO

FUNDING ASSISTANCE: The NDOT-HSO will provide reimbursement for the expenditures outlined in the Budget not to exceed $_____

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

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

Federal Aid Identification Number (FAIN(s)): _____ *Revised 10/2025*

DEFINITIONS

PROBLEM IDENTIFICATION explains the following:

Who is being affected by a specific injury problem?
What injuries are occurring (type, severity and frequency of fatal and non-fatal injury)? Include at least 3 years of data.
When the injuries are occurring (i.e., time of day, day of week)?
Where the injuries are occurring (specific geographic location)?
Why the injuries are occurring (contributing factors -- i.e., alcohol, speed, lack of belt use, etc.)?

NOTE: The number of deaths is low in most communities. Non-fatal serious injury crash data may provide a more complete picture.

OBJECTIVE

Every public information and education campaign/activity must have an objective to reduce fatal and serious injury crashes as outlined by the baseline information. The objective states exactly how much injury reduction will be achieved in a specific period of time. The contributing factors must also be addressed (i.e., alcohol, speed, etc.). Every objective must be SMART: Specific, Measurable, Action oriented, Realistic, and have a Time frame.

ACTIVITY

The activity must coincide with the problems outlined in the baseline data and respond to the stated objective. The specific activities to be completed must be included.

BUDGET

The budget must include specific line-item expenditures for the proposed campaign/activity. The total amount of funding assistance being requested must be supported in the budget.

IMPACT EVALUATION answers the question "Did we reduce injuries?"

In the application, explain what you will evaluate. In the project summary (submitted after the completion of the activity) answer the following:

Question #1: Did the activity reduce the types of injuries that were targeted?
Question #2: Did the activity reduce those kinds of injuries by as much as predicted?