

Nebraska Department of Transportation Highway Safety Office (NDOT-HSO)  
**TRAFFIC TRAINING SUPPORT 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:** \_\_\_\_\_

**PROJECT DESCRIPTION:** This reimbursement Mini-Grant Contract provides funding assistance for individuals to attend training/workshops/conferences. Complete items 1 – 4 along with copies of the training/workshop/conference agenda/description and your agency’s current seat belt and drug-free workplace policy and submit to NDOT-HSO for consideration. If applicable, submit proof showing the current 501 (c) (3) status, as granted by IRS.

**1. Description of training/workshop/conference to be attended. Include dates, location and agenda.**

**2. Itemized breakdown of all expenses associated with the training/workshop/conference:**

Registration Fee/Tuition:\$ \_\_\_\_\_ Lodging:\$ \_\_\_\_\_ Airfare:\$ \_\_\_\_\_ Total Request:\$ \_\_\_\_\_

**3. Justification of why the training/workshop/conference is needed:**

**4. Name of individual(s) attending the training/workshop/conference:**

Within sixty (60) days from the conclusion of the training the reimbursement request form must be submitted. **After sixty (60) days, reimbursements may not be honored. THE NDOT-HSO WILL ONLY PROCESS REIMBURSEMENTS TO AN AGENCY, ORGANIZATION, ETC. (NOT TO INDIVIDUALS).**

The applicant must 1) receive approval of the Mini-Grant Contract from the NDOT-HSO prior to incurring any costs; 2) pay the expenses; 3) request reimbursement for the amount awarded on a “Mini-Grant Contract Claim for Reimbursement (CR) form; and 4) attach the required supporting documentation as prescribed below.

- a) Itemize each expenditure on the Claim for Reimbursement form.
- b) Attach copies of check(s) paid by the applicant for the expenses.
- c) Attach copies of receipts – one copy of each receipt that corresponds with each expense listed on the CR form.
- d) Attach a completed Grant Funded Training/Conference Evaluation Report Form.
- e) If applicable, attach copies of the course completion certificate(s) if the course was pass/fail.

**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 and forms 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
NDOT Highway Safety Office	Date	<u>Ryley Egger, Administrator</u> 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)): \_\_\_\_\_