

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

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 \$330.00 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 maintaining a constant trend of 65 (5 year rolling average in 2018-2022) through December 31, 2024 and December 31, 2026.

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
NDOT Highway Safety Office	Date	William J. Kovarik, Administrator

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: <input type="checkbox"/> DF: <input type="checkbox"/> RA: <input type="checkbox"/> Contract Approval Date: _____

The Catalog of Federal Domestic Assistance (CFDA) number assigned to this Mini-Grant Contract is **20.616**.
Federal Aid Identification Number (FAINs): **69A3752330000405DNEL / 69A3752430000405NEM**
Revised 11/2023