

## Nebraska Department of Transportation Highway Safety Office Grant Contract Proposal Cover

<b>Applicant/Organization:</b>	
<b>Project Director:</b>	
<b>Address:</b>	
<b>City, State, Zip:</b>	
<b>Telephone:</b> <i>(include Area Code):</i>	
<b>Fax:</b> <i>(include Area Code):</i>	
<b>E-mail:</b>	
<b>Federal Identification No. (FID):</b>	
<b>Unique Entity ID (UEI) SAM#:</b>	
<b>Commercial and Government Entity (CAGE) Code:</b>	
<b>CFDA #:</b> <i>(NDOT-HSO Use Only)</i>	
<b>FAIN #:</b> <i>(NDOT-HSO Use Only)</i>	
<b>Project Title:</b>	
<b>Grant Contract Period:</b>	

By signing the Grant Contract Proposal Cover the Applicant/Organization has agreed to comply with all applicable federal and state laws, rules and regulations and certifications and assurances contained in Attachment A of the Grant Contract Proposal Guide and Policies and Procedures.

<i>Signature of Authorized Official</i>	<i>Type Name and Title</i>	<i>Date</i>
<i>Signature of Financial Official</i>	<i>Type Name and Title</i>	<i>Date</i>