

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:** This reimbursement Mini-Grant Contract provides funding assistance to Nebraska Child Safety Seat Inspection Stations to acquire child safety seats for distribution to low-income residents. NDOT-HSO will provide funding assistance for child safety seats as demonstrated by the needs in the community not to exceed \$2,500.00 per fiscal year.

**Applicant must attach the required supporting documentation as prescribed below:**

- 1) number of requested child safety seats.
- 2) description of equipment to be purchased (U.S. product make, model, manufacturer).
- 3) itemized cost summary of equipment to be purchased (3 competitive bids).
- 4) counties/cities served and days and hours of operation per month.
- 5) current inventory of child safety restraints for distribution to low-income clients.
- 6) copy of applicant’s policies outlining inspection fee amount (if any), low-income guidelines.
- 7) criteria for providing new child safety seats to low-income clients.
- 8) copy of inspection station’s activity logs for previous 12-month period.
- 9) copy of organization’s current seat belt policy and drug-free workplace policy, and
- 10) if applicable, submit proof showing current 501 (c) (3) status, as granted by the IRS.

**BUDGET:**

1) Number of Child Safety Seats	# _____	
2) Total Cost	\$ _____	
3) Cost to NDOT Highway Safety Office	\$ _____	

**Activity Dates:** From: \_\_\_\_\_ To: \_\_\_\_\_

Applicant agrees to complete and return to the manufacturer all Product Registration Cards upon distribution of the child safety seats. Within sixty (60) days from the conclusion of the activity the reimbursement request must be submitted. **After sixty (60) days, reimbursements may not be honored.**

Applicant must 1) receive approval of the Mini-Grant Contract from the NDOT-HSO prior to purchase; 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.

Itemize expenditure(s) on the Claim for Reimbursement located on the NDOT-HSO website under Grant Forms.

- 1) Attach a copy of the invoice(s) from the vendor with the itemized costs of the child safety seats.
- 2) Attach a copy of the check(s) paid by the applicant to the vendor for the child safety seats.

**Acceptance of Conditions:** Mini-Grant Contract Award recipient agrees to comply with all applicable federal and state laws, rules and regulations, and certifications and assurances located in Attachment A of the Grant Contract Proposal Guide and Policies and Procedures. 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 Applicant	Date	Print or Type Name and Title
		<b>William J. Kovarik, Administrator</b>
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](mailto:ndot.hso@nebraska.gov)  
Phone: (402) 471-2017  
FAX: (402) 471-3865

<b>TO BE COMPLETED BY NDOT-HSO</b>	
Project No.: _____	SB: _____ DF: _____ RA: _____ 501 (c)(3) _____ Contract Approval Date: _____
The Catalog of Federal Domestic Assistance (CFDA) number assigned to this Mini-Grant Contract is <b>20.616</b>	
Federal Aid Identification Number (FAIN): <b>69A3752230000405BNEL, 69A3752330000405BNEL, 69A3752430000405BNEL</b>	
Revised 9/2023	