

**MUST BE APPROVED BY NDOT-HSO PRIOR TO PURCHASE**

Please Type DATE: \_\_\_\_\_  
**APPLICANT:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**CITY, STATE, ZIP:** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_  
**TELEPHONE #:** \_\_\_\_\_ **FAX #:** \_\_\_\_\_ **FEDERAL I.D. #:** \_\_\_\_\_  
**Commercial and Government Entity (CAGE) Code:** \_\_\_\_\_  
**Unique Entity Identifier (UEI) #:** \_\_\_\_\_

**PROJECT DESCRIPTION:** The purpose of this mini-grant contract is to provide funding assistance to law enforcement agencies for selective overtime enforcement in the emphasis area of: (Check One) Occupant Protection  Alcohol  Speed  Distracted Driving  or General Traffic  . The funding assistance will provide reimbursement for overtime salaries. Regular traffic enforcement activities must remain at the current level and all activities funded by this mini-grant must be above and beyond the current level of enforcement activity.

Please complete items 1 – 5 below using the definitions on the reverse side and submit a copy of your department’s current seat belt policy and drug-free workplace policy.

1. **Baseline Information:**
  
2. **Selective Overtime Enforcement Objective:**
  
3. **Selective Overtime Enforcement Activity:**
  
4. **Selective Overtime Enforcement 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 may 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 NDOTHSO; 2) incur the expenses (pay the bills); 3) request reimbursement on a Mini-Grant Contract Claim for Reimbursement (CR) located on the NDOT-HSO website at <http://dot.nebraska.gov/safety/hso/grants/grant-forms/>; and 4) complete the CR and attach the required supporting documentation as prescribed below.

- a) Copies of the pre- and post-publicity announcing the overtime enforcement activity.
- b) Grant Funded Enforcement Activity Summary (provided with award letter).
- c) Provide the name, number of hours worked, regular and overtime hourly rates, and SFST certificate (alcohol only) for each officer.
- d) Provide the amount paid to each officer and payroll documents to substantiate each expenditure.

**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 Applicant	Date	Print or Type Name, Title
NDOT - Highway Safety Office	Date	William J. Kovarik, Administrator Print or Type Name, Title

Return completed form to: **NDOT - Highway Safety Office** Email: [ndot.hso@nebraska.gov](mailto: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**

**FUNDING ASSISTANCE:** The NDOT-HSO will provide reimbursement for the following expenditures:  
Overtime Salaries \$ \_\_\_\_\_ Total Reimbursement 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): \_\_\_\_\_

## DEFINITIONS

**BASELINE INFORMATION** 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.

## SELECTIVE OVERTIME ENFORCEMENT OBJECTIVE

Every selective overtime enforcement 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.

## SELECTIVE OVERTIME ENFORCEMENT ACTIVITY

The activity must coincide with the problems outlined in the baseline data and respond to the stated objective. The specific locations, time of day, day of week, number of officers and traffic problem (i.e., alcohol, speed, etc.) must be included.

## SELECTIVE OVERTIME ENFORCEMENT BUDGET

The budget must include the total number of officers, total number of hours, officer's hourly rate of pay, and the total amount of funding assistance being requested.

**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?