



Nebraska Department of Transportation
Highway Safety Office
Grant Contract Proposal Cover

Applicant/Organization:	
Project Director:	
Address:	
City, State, Zip:	
Telephone: <i>(include Area Code):</i>	
Fax: <i>(include Area Code):</i>	
E-mail:	
Federal Identification No. (FID):	
Data Universal Numbering System (DUNS) #:	
Commercial and Government Entity (CAGE) Code:	
CFDA #: <i>(NDOT-HSO Use Only)</i>	
FAIN #: <i>(NDOT-HSO Use Only)</i>	

Project Title:	
Grant Contract Period:	

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