## Nebraska Department of Transportation Highway Safety Office *Grant Funded Education Presentations Activity Summary*

This activity summary must be completed and returned with your reimbursement request.

Agency:
Contact Person:
E-Mail:
Phone: FAX:
Date of Presentation (s):
Name of Event:
Location of Presentation:
Name of Presenter(s):
<b>Demonstrations:</b> ☐ Rollover ☐ Seat Belt Convincer ☐ Driving Simulator
# of staff(ers) participating
# of overtime hours worked by participating staff(ers)
# of adults present
# of teens present
# of children present
# of brochures provided, Title of Brochure(s):
*Attach Pre and Post Press Releases
Other notable activity:
Report Submitted By:
Signature Type or Print Name Date
Revised 8/2017 Activity Summary