

Nebraska Department of Roads Highway Safety Office

Grant Contract Proposal Cover



Applicant/Organization:	
Project Director:	
Address:	
City, State, Zip:	
Telephone (include Area Code):	
Fax: (include Area Code):	
Email:	
Federal Identification No. (FID):	
CFDA#: (NDOR-HSO Use Only)	

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.

Signature of Authorized Official

Type Name and Title

Date

Signature of Financial Official

Type Name and Title

Date