Nebraska Department of Roads (NDOR)

Highway Safety Improvement Program (HSIP)

Safety Equipment Funding Request

Please Type

DATE: _____

APPLICANT: _____ CONTACT NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE NO.: ( ) _____ FEDERAL I.D. NO.: _____

EMAIL: _____

PROJECT DESCRIPTION: The purpose of this request is to provide funding assistance to law enforcement agencies to acquire eligible safety equipment. The NDOR will provide funding for 90% of the cost of each approved unit. The NDOR reserves the right to determine appropriate hard match contributions. The applicant/organization must provide the balance of funding.

The applicant must submit the following supporting documentation with this application:

1) the number of requested units;
2) a description of the equipment to be purchased, including make, model, and manufacturer;
3) an itemized cost summary of the equipment to be purchased; and
4) identify the roadway(s) by highway # and reference post;
5) action plan for use of equipment

Type of Equipment requested:

1) Number of units to be purchased
2) Total cost per unit $ _____
3) Cost to Law Enforcement Agency $ _____ (10%)
4) Cost to Nebraska Department of Roads $ _____ (90%)

The applicant will: 1) be responsible for the selection, bid process, acquisition, and for all costs associated with installation and maintenance of the above equipment; and 2) provide training for personnel utilizing the requested equipment.

To be eligible for reimbursement, the applicant must first pay for the equipment. The applicant must then submit the following documentation to the NDOR for reimbursement.

1) An invoice from the applicant to NDOR. The invoice must itemize each expenditure.
2) Copy of the check(s) paid by the applicant for the equipment.
3) Copy of the invoice from the manufacturer which itemizes the cost of the equipment.

Applicant must submit a reimbursement request within ninety (90) days from the date of NDOR written approval of funding request. **Applicant must receive written approval from NDOR before incurring any expenses in order to be reimbursed for the federal share of the funding request.**

_____ _____

Authorized Signature of Applicant Date Print or Type Name

_____ _____

Nebraska Department of Roads' Representative Date Print or Type Name

Return completed form to: Nebraska Department of Roads, Traffic Engineering, P.O. Box 94759, Lincoln, NE 68509-4759
Phone: (402) 479-4594 FAX: (402) 479-3606

FOR NDOR USE ONLY: Project No.: C.N. AFE: Contract Approval Date: _____

DR Form 517, Oct 08