(Applying Grantee)

SUBCONTRACTOR FOR 2024 TZD SAFE ROADS GRANT

(Applying Grantee) is herby entering into an agreement with (Sub contractor first and last name) to provide project coordination for the (Applying Grantee) Toward Zero Deaths (TZD) Safe Roads Grant. This contract is for the period beginning October 1, 2023 and ending September 30, 2024.

Contractor information: (First and Last name)

 (Street Address)

 (City, State Zip code)

 (Phone number / Email)

The contact for (Applying Grantee) is (Applying Grantee authorized representative first and last name); (Street Address, City, State and Zip code); (phone number); (Email). (The Applying Grantee) is responsible for reviewing, accepting, and approving activities of and reimbursements to (Sub contractor first and last name).

Contract duties include:

Perform and accomplish such purposes and activities as specified herein and in the Grantee’s approved 2024 TZD Safe Roads Application (“Application”) Work Plan and Budget which are incorporated by reference into the grant agreement and are on file with the State at the Office of Traffic Safety, 445 Minnesota Street, Suite 1620 St. Paul, Minnesota 55101-5150. The Grantee and subcontractor shall also comply with all requirements referenced in the 2023 TZD Safe Roads Program Guidelines, Terms and Conditions, Federal Audit Requirements which are incorporated by reference into the grant agreement and are on file with the State at the Office of Traffic Safety, 445 Minnesota Street, Suite 1620, St. Paul, Minnesota 55101-5150.

Up to (Award Amount) is available for this contract to reimburse (Contractor first and last name) for the actual costs of the services listed above. Reimbursement is limited to the following:

|  |  |  |
| --- | --- | --- |
| Item Description | Frequency of Occurrence | Amount Available |
|  |  |  |
|  |  |  |
| TOTAL | $00.00 |

If for any reason (Sub contractor First and Last Name) cannot fulfill the duties as outlined above, that portion of the sub contract will not be reimbursed.

**Office of Traffic Safety Grantee:**

(Applying Grantee Name)

(Applying Grantee Authorized Representative First and Last Name, Title)

(Phone Number)

(Email)

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Signature Date

**Subcontractor:**

(First and Last Name)

(Phone Number)

(Email)

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Signature Date