

Opportunity Details

Opportunity Information

Title
Nebraska Transformational Projects Act

Description
The Nebraska Transformational Projects Act will provide matching funds to Nebraska postsecondary education institutions with a college of medicine located within the State of Nebraska with projects at a qualified location for academic medical, research, education, and training purposes. No more than \$50 million dollars of matching funds will be paid per year under this act.

Awarding Agency Name
Nebraska Department of Economic Development

Agency Contact Name
Shaun Grantski

Agency Contact Phone
531-350-3250

Agency Contact Email

Program
Transformational Projects Act

Fund Activity Categories
Regional Development

Category Explanation
Incentives Division

Departments
05 Incentives

Subjects

Manager
Shaun Grantski

Additional Users
AJ Weigman

Opportunity Posted Dates
7/21/2025 - 1/31/2026

Announcement Type
Initial Announcement

Funding Opportunity Number

Agency Opportunity Number

Assistance Listings Number

Public Link
<https://ne.amplifund.com/Public/Opportunities/Details/2188dfc-e9e0-46b1-bf50-63d8485761a4>

Is Published
Yes

Award Information

Award Range
\$50,000,000.00 Ceiling

Award Type
Competitive

Matching Requirement
No

Submission Information

Submission Window
07/21/2025 8:00 AM - 01/31/2026 11:55 PM

Submission Timeline Type
One Time

Allow Multiple Applications
No

Eligibility Information

Additional Eligibility Information
A postsecondary institution having a college of medicine located in the State of Nebraska.

Additional Information

Additional Information URL
<https://opportunity.nebraska.gov/amplifund/>

Additional Information URL Description

Statewide Relay System

Individuals who are hearing and/or speech impaired and have a TTY, may contact the Department through the Statewide Relay System by calling (800) 833-7352 (TTY) or (800) 833-0920 (voice).

The relay operator should be asked to call DED at (800) 426-6505 or (402) 471-3111.

Resources

General and Program specific AmpliFund user guides and videos can be found at <https://opportunity.nebraska.gov/amplifund/>.

Project Information

Application Information

Application Name

Award Requested

Total Award Budget
\$0.00

Primary Contact Information

Name

Email Address

Address

Phone Number

Project Description

Part 01: Applicant, Contact, and Preparer Information

Additional Primary Contact Information

Primary Contact - Organization

Primary Contact - Title

Primary Contact - Phone Number

Applicant Information

**The Primary Contact Information is on the previous page, Project Information section. The Primary Contact is the main point of contact for this application.*

Name of Applicant Organization

Applicant - Phone Number (0000000000)

Applicant - Extension

Applicant - Address Line 1

Applicant - Address Line 2

Applicant - City

Applicant - State

Select an item...

Applicant - Postal Code

Is the Applicant's mailing address different than the physical address provided above?

- ☐ Yes
☐ No

Applicant Full Mailing Address

Applicant - Fiscal Year-End Date

Is the Applicant a postsecondary institution?

- ☐ Yes
☐ No

Eligibility

You are not eligible for this program.

Is the Applicant a college of medicine?

- ☐ Yes
☐ No

Eligibility

You are not eligible for this program.

Is Applicant located in the State of Nebraska?

- ☐ Yes
☐ No

Upload a current entity structure chart.

Eligibility

You are not eligible for this program.

Authorized Official

*** This individual is referred to as the Authorizer. They can approve decisions about the application or award, if applicable.**

Authorizer - First Name

Authorizer - Last Name

Authorizer - Title

Authorizer - Email Address

Authorizer - Phone Number (0000000000)

Authorizer - Extension

General

Legal Name

Doing Business As Name (DBA)

Federal Employer Identification Number (FEIN):

Local Contact

***Contact must work for Applicant organization. The Local Contact will be responsible for adding additional users if the Applicant organization does not have an AmpliFund Recipient account yet.**

Local Contact - First Name

Local Contact - Last Name

Local Contact - Title

Local Contact - Email Address

Local Contact - Phone Number (0000000000)

Local Contact - Extension

Preparer Information

**The Primary Contact Information is on the previous page, Project Information section. The Primary Contact is the main point of contact for this application.*

Is the Preparer organization different from the Applicant organization?

- ☐ Yes
☐ No

Preparer Type

- ☐ Out-of-State Consultant
☐ In-State Consultant
☐ Nonprofit Organization
☐ Economic Development District
☐ Other

Preparer Type: please specify

Please review the ['External User Guide - How to Apply on Behalf of Another Organization'](#) article.

As an External User are you applying within the Applicant organization's account?

- ☐ Yes
☐ No

Application Preparer Information

Application Preparer - Organization Name

Application Preparer - First Name

Application Preparer - Last Name

Application Preparer - Title

Application Preparer - Email Address

Application Preparer - Phone Number (0000000000)

Application Preparer - Extension

Application Preparer - Address Line 1

Application Preparer - Address Line 2

Application Preparer - City

Application Preparer - State

Application Preparer - Postal Code

Part 02: Project Information

Is the applicant registered for E-Verify, the federal electronic verification program used to confirm whether employees are authorized to work in the United States?

- ☐ Yes
☐ No

Do you agree to timely use E-Verify for employees hired in Nebraska after the date of application?

- ☐ Yes
☐ No

Upload the "Company Information" page from the E-Verify program.

Enter the E-Verify number or numbers that will be used to verify employees of the applicant as provided by the United States Citizenship and Immigration Services.

Eligibility

You are not eligible for this program.

Eligibility

You are not eligible for this program.

Project Description: Please provide a detailed description of the project and how the investment in the project will be for academic medical, research, education, and training purposes.

Qualified Location: Please list all parcels of real property or contiguous or adjacent parcels of real property, where the project will be located, within the State of Nebraska that is or are owned by applicant and such other parcels that are necessary to support the applicant's project at such parcel or parcels.

Project Investment: *Please provide the estimated, projected amount of total new investment in the project (greater or equal to \$1,600,000,000)

Estimated projected amount of private dollars:

Estimated projected amount of public dollars:

Estimated projected amount of matching funds:

Estimated projected amount of other funds:

Estimated projected amount TOTAL:

Provide a detailed explanation of the proposed project's financial viability and how Applicant will finance the proposed project.

Upload any documentation which Applicant relied on to answer and substantiate the financial viability of the proposed project.

Upload the document which demonstrates approval of the project and of submission of the application by the governing body of the applicant (Approval of the project by the governing body may be granted subject to obtaining the funding, financing, and donations needed for the project):

Project Economic Impact

Estimated project impact Planning & Construction Period (greater or equal to \$2,700,000,000):

Estimated project impact 10 yr period from commencement of construction or from application approval date (greater or equal to \$4,600,000,000):

Upload an independent assessment of the economic impact to Nebraska from the project and its construction performed by a professional economist or economics firm which is not in the regular employ of the applicant:

Part 03: Terms of Acceptance

Terms of Acceptance

- Applicant agrees to submit a non-refundable Application Fee of twenty-five thousand dollars (\$25,000) made payable to the Nebraska Department of Economic Development. T

Nebraska Department of Economic Development
Attn: Jessica Anderson
245 Fallbrook Blvd, Suite 002
Lincoln, NE 68521

**This application will not be considered complete until the application fee is received by DED at the above address. Incomplete applications will not be considered after January 3*

- Applicant acknowledges, that if approved, grant funds received by Applicant under the Nebraska Transformational Projects Act will be maintained and accounted for in a separate account.
- To the best of my knowledge and belief, data and information in this application are true and correct. The Applicant will comply with all requirements in the Nebraska Transformational Projects Act.
- By signing and submitting this form, I affirm that the governing body of the Applicant has duly authorized this application and I have been authorized to submit the application.

First and Last Name of Authorized Representative

Terms of Acceptance

☐ I understand that checking this box constitutes a legal signature confirming that I acknowledge the above Terms of Acceptance.

Date Signed

