

Opportunity Details

Opportunity Information

Title

2020 CDBG Pre-Application Owner Occupied Rehabilitation

Description

To be eligible to submit a full CDBG Owner Occupied Rehabilitation Category applicants must submit a Pre-Application. The Pre-Application provides the Department with information about applications prior to submitting the full application.

Fund Activity Categories

Community Development

Category Explanation

If any activity is not noted within the list below, please consult a Housing Representative in order to determine if any other proposed activities are eligible for the program.

The following activities are eligible within the OOR Category:

Rehabilitation (including rehabilitation which promotes energy efficiency) of residential owner-occupied homes;

Special projects directed to the removal of material and architectural barriers, which restrict the mobility and accessibility of elderly and handicapped persons; and

Payment of reasonable administrative costs related to implementing the program.

Departments

CDBG, 03 Community Development

Subjects

Owner Occupied Rehab (OOR), 2020, Pre-Application

Manager

Evan Clark

Additional Users

Assistance Listings Number

Public Link

<https://ne.amplifund.com/Public/Opportunities/Details/3bd7e5a3-83a5-48dd-9891-c8b9ce8b2d92>

Is Published

Yes

Funding Information

Opportunity Funding

\$0.00

Submission Information

Submission Window

06/15/2020 1:00 PM - 07/30/2020 1:00 PM

Eligibility Information

Additional Information

Additional Information URL

<https://opportunity.nebraska.gov/program/community-development-block-grant/#guidelines>

Additional Information URL Description

Nebraska Community Development Block Grant (CDBG) Application Guidelines

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: General Information

Applicant Identification

Applicant Name

Mailing Address

Address Line 1

Address Line 2

City

State

Select an item... ▼

Postal Code

County

Select an item... ▼

Local Contact

First Name

Last Name

Email Address

Phone Number (Do Not Include Dashes)

Extension

Fax

Tax ID (Do Not Include Dashes)

DUNS # (Do Not Include Dashes)

SAM Expiration Date

Person Preparing Application

Is the person preparing the application the same as the Local Contact above?

- ☐ Yes
☐ No

First Name

Last Name

Organization

Address Line 1

Address Line 2

City

State

Select an item... ▼

Postal Code

Email Address

Phone Number (Do Not Include Dashes)

Extension

Tax ID (Do Not Include Dashes)

Application Preparer

- ☐ Local Staff
☐ Consultant
☐ Non-Profit
☐ Economic Development District
-

General

Number of Household Beneficiaries at or below 80% of the Area Median Family Income

0

Housing Activities

- ☐ Owner-Occupied Rehabilitation

Type of Applicant

- ☐ Unit of Local Government

Grant Request Amount

\$0.00

Service Area

City

County

Select an item...▼

Legislative District

Select an item...▼

Congressional District

Select an item...▼

Part 02: Electronic Signature

Certifying Official

First Name

Last Name

Title

Address Line 1

Address Line 2

City

State

Select an item... ▼

Postal Code

Terms of Acceptance

To the best of my knowledge and belief, data and information in this application is true and correct, including any commitment of local or other resources. The governing body of the applicant has duly authorized this application. This applicant will comply with all Federal and State requirements governing the use of CDBG funds.

Please type First and Last Name

Electronic Signature

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

Date Signed

Exhibit 101: Open Grants Information

Exhibit 101: Open Grants Information

[illegible]

☐ The table is filled out to the best of my knowledge and ability.

☐ The table has been left blank because I do not have applicable information to fill it out.

Part 03: For Further Questions

DED Contact Information

For assistance regarding the CDBG OOR Application process contact your designated Regional Housing Representative identified below.

Central

Laura Hart

308-202-0177

laura.hart@nebraska.gov

Northeast

Barb Pierce

402-719-0030

barb.pierce@nebraska.gov

Southeast

Nick Dropinski

402-471-2095

nick.dropinski@nebraska.gov

Western

Kristi McClung

308-889-3420

kristi.mcclung@nebraska.gov

Additional information: <https://opportunity.nebraska.gov/program/community-development-block-grant/>

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/>.

