

Opportunity Details

Opportunity Information

Title

2025 CDBG Tourism Development

Description

The purpose of the Tourism Development (TD) Opportunity is to provide investments in effective and affordable tourist attraction facilities to quality communities that are investing in long-term development. This provides a sound basis for assisting tourist attraction projects that have attracted significant financial support and are likely to have long-term positive impacts on their local and regional economies. Tourist attractions projects that serve both a regional and a local economy of community need are a key element in satisfying the state objective.

During the Program Year, all activities proposed in applications for CDBG funding in the TD Opportunity must meet the national objective of benefitting low- and moderate-income persons (through the subcategories LMI Jobs (LMJ), LMI Persons (either on an Area Basis (LMA) or by Limited Clientele (LMC)) or aid in the prevention or elimination of slums or blight in either an area (SBA) or spot basis (SBS).

Awarding Agency Name

Nebraska Department of Economic Development

Agency Contact Name

Nicole Bartels

Agency Contact Phone

402-314-5852

Agency Contact Email

nicole.bartels@nebraska.gov

Program

Tourism Development (TD)

Fund Activity Categories

Community Development

Departments

CDBG, 03 Community Development

Subjects

Tourism Development (TD), 2025

Manager

Nicole Bartels

Announcement Type

Initial Announcement

Public Link

<https://ne.amplifund.com/Public/Opportunities/Details/4bc266cc-dc0a-45de-b36a-bb99a7e464a7>

Is Published

Yes

Award Information

Award Range

\$250,000.00 - \$480,000.00

Matching Requirement

Yes

Other Funding Requirement

Submission Information

Submission Window

07/01/2025 12:01 AM - 06/30/2026 11:59 PM

Allow Multiple Applications

Yes

Question Submission Information

Question Submission Email Address

nicole.bartels@nebraska.gov

Question Submission Additional Information

Nicole Bartels | Economic Development Manager
Nebraska Department of Economic Development
245 Fallbrook Blvd., Suite 002
Lincoln, NE 68521
(402) 314-5852

Technical Assistance Session

Technical Assistance Session

Yes

Additional Information

Additional Information URL

<https://opportunity.nebraska.gov/amplifund/>

Additional Information URL Description

Nebraska Community Development Block Grant (CDBG) Application Guidelines

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/>.

CDBG Application Guidelines and Application Exhibits, including forms and templates, are available on DED's CDBG website at <https://opportunity.nebraska.gov/programs/community/cdbg/>.

Project Information

Application Information

Application Name

Award Requested

Cash Match Requirement
\$0.00

Cash Match Contributions
\$0.00

Total Award Budget
\$0.00

Primary Contact Information

Name

Email Address

Address

Phone Number

Project Description

Part 01: Applicant, Contact, and Preparer Information

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. Enter the information of the applying local unit of government below.*

Name of Applicant Local Unit of Government (Use exact name and don't include City/County of)

Applicant - Local unit of Government Type

- ☐ Village
- ☐ 1st Class City
- ☐ 2nd Class City
- ☐ County

Applicant - Address Line 1

Applicant - Address Line 2

Applicant - City

Applicant - State

Select an item... ▼

Applicant - Postal Code

Applicant - Fiscal Year-End Date

Employer Identification Number (EIN) (000000000)

Has Applicant ever been debarred, suspended, or otherwise excluded from federal assistance programs or activities?

- ☐ Yes
- ☐ No

Has Applicant been the subject of legal proceedings involving fraud, waste or misappropriation of funds within the last 10 years?

- ☐ Yes
- ☐ No

If yes, disclose information about any and all proceedings involving the entity, its principles, or employees that are ongoing or reached final disposition within the most recent 10 years that:

1. Is or was in connection with the award or performance of a grant, cooperative agreement, or procurement contract from the State of Nebraska or the Federal Government; or

2. Is one of the following:

- a. A criminal proceeding that resulted in a conviction under verdict or plea;**
- b. A civil proceeding that resulted in a finding of fault and liability and payment of a monetary fine, penalty,**

reimbursement, restitution, or damages;

c. An administrative proceeding that resulted in a finding of fault and liability and your payment of a fine, penalty, reimbursement, restitution, or damages;

d. A bankruptcy proceeding; or

e. Any other criminal, civil, or administrative proceeding if:

(i) It could have led to an outcome described in paragraph 2(a)-(c) of this subsection;

(ii) It had a different disposition arrived at by consent or compromise with or without an acknowledgment of fault on your part; and

(iii) This requirement to disclose information about the proceeding does not conflict with applicable laws and regulations.

Answer Here:

Do you have a SAM Number?

☐ Yes

☐ No

Is your UEI pending?

☐ Yes

☐ No

Unique Entity Identifier (UEI) (000000000000)

SAM Expiration Date

Chief Elected Official, Mayor, Board Chair, Authorized Official

***This individual can approve decisions about the application or award, if applicable.**

Authorizer - First Name

Authorizer - Last Name

Authorizer - Title

Authorizer - Email Address

Local Contact

***Identify the Local Contact for the local unit of government. Depending on the structure of the local unit of government, the local contact is usually the clerk or the city administrator.**

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

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

Select an item... ▼

Application Preparer - Postal Code

Additional Contact 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.*

Secondary Contact Optional

The Secondary Contact may work for the Applicant organization or a different organization.

Are there additional individuals who should be contacted regarding this application?

- ☐ Yes
☐ No

Secondary Contact - First Name

Secondary Contact - Last Name

Secondary Contact - Title

Secondary Contact - Email Address

Secondary Contact - Phone Number (0000000000)

Secondary Contact - Extension

Does this Secondary Contact work at the Applicant's organization?

- ☐ Yes
☐ No

Secondary Contact - Organization Name

Secondary Contact - Address Line 1

Secondary Contact - Address Line 2

Secondary Contact - City

Secondary Contact - State

Select an item... ▼

Secondary Contact - Postal Code

Part 02: Special Policies for Applicants

Special Policies for Applicants

Type of Applicant

- ☐ Individual
☐ Joint

Joint Local Government Name 1

Joint Local Government Name 2

Joint Local Government Name 3

Joint Local Government Name 4

Joint Local Government Name 5

UPLOAD: Executed Written Agreement with Joint Local Government

Does this project involve a Non-Profit Development Organization (NDO)?

- ☐ Yes
☐ No

NDO: Organization Name

NDO: Contact Person Name

NDO: Address Line 1

NDO: Address Line 2

NDO: City

NDO: State

Select an item... ▼

NDO: Postal Code

UPLOAD: NDO Proof of Secretary of State Documentation

Does this project involve a For-Profit Entity?

- ☐ Yes
☐ No

For-Profit Entity: Organization Name

For-Profit Entity: Contact Person Name

For-Profit Entity: Address Line 1

For-Profit Entity: Address Line 2

For-Profit Entity: City

For-Profit Entity: State

Select an item... ▼

For-Profit Entity: Postal Code

For-Profit Entity: UPLOAD: Proof of Secretary of State Registration

Does this project involve a Non-Profit business?

☐ Yes

☐ No

Non-Profit business: Organization Name

Non-Profit business: Contact Person Name

Non-Profit business: Address Line 1

Non-Profit business: Address Line 2

Non-Profit business: City

Non-Profit business: State

Select an item... ▼

Non-Profit business: Postal Code

Non-Profit business: UPLOAD: Proof of Secretary of State Registration

Chief Elected Official Signature

The template can be found on the Department's Website. Complete on unit of local government letterhead, and upload.

UPLOAD: Signed CDBG Chief Elected Official Template

Part 03: Funding Summary

TD Funding Summary

The purpose of this section is for applicants to identify all the project activities associated with the application. Project activities identified in this section must align with the activities identified within the budget. All project activities (except General Administration) must meet a national objective.

Activities within the TD Opportunity may meet the national objective through:

- Benefitting low- to moderate-income persons (LMI), including:
 - On an area basis (LMA)
 - Serving a limited clientele (LMC),
 - LMI Jobs (LMJ); or
- Aiding in the prevention or elimination of slums or blight, including:
 - On an area basis (SBA)
 - On a spot basis (SBS).

For more information regarding the National Objectives refer to the CDBG Application Guidelines.

Once the National Objective is selected, the applicant is prompted to identify the Proposed Unit Type. The Proposed Unit Type options are pre-populated based on the activity and the national objective selected. The applicant identifies the type of beneficiary being served by the activity. The applicant needs to identify the number of beneficiaries being served (Total Number and LMI Number).

Beneficiaries will be provided at the end of this section

Project Activity(-ies)

Acquisition of Real Property (01)

Does your project include Acquisition of Real Property (01)?

- ☐ Yes
- ☐ No

National Objective: Acquisition of Real Property (01)

- ☐ LMA
- ☐ LMC
- ☐ SBA
- ☐ SBS

Proposed Unit Type: LMA or LMC (01)

- ☐ People
- ☐ Businesses

Proposed Unit Type: SBA or SBS (01)

- ☐ Businesses
 - ☐ People
-

Neighborhood Facilities (03E)

Does your project include Neighborhood Facilities (03E)?

- ☐ Yes
- ☐ No

What kind of Neighborhood Facility (03E)?

- ☐ Convention Center
- ☐ Cultural and Heritage Recreational Sites and Facilities
- ☐ Participatory Sport Facilities
- ☐ Scientific and Educational Interpretive Educational Sites and Facilities
- ☐ Other

Other Neighborhood Facility (03E) not listed; please specify...

National Objective: Neighborhood Facilities (03E)

- ☐ LMA
- ☐ LMC
- ☐ LMJ
- ☐ SBA
- ☐ SBS

Proposed Unit Type: LMA or LMC (03E)

- ☐ People

Proposed Unit Type: LMJ (03E)

- ☐ Jobs

Proposed Unit Type: SBA or SBS (03E)

- ☐ Businesses
 - ☐ People
-

Parks, Recreational Facilities (03F)

Does your project include Parks, Recreational Facilities (03F)?

- ☐ Yes
- ☐ No

National Objective: Parks, Recreational Facilities (03F)

- ☐ LMA
- ☐ LMC
- ☐ LMJ
- ☐ SBA
- ☐ SBS

Proposed Unit Type: LMA or LMC (03F)

- ☐ People

Proposed Unit Type: LMJ (03F)

- ☐ Jobs

Proposed Unit Type: SBA or SBS (03F)

- ☐ People
-

Other Public Improvements Not Listed in 03A - 03S (03Z)

Does your project include Other Public Improvements Not Listed in 03A - 03S (03Z)?

- ☐ Yes
☐ No

What kind of Other Public Improvements Not Listed in 03A - 03S (03Z)?

- ☐ Removal of Architectural Barriers
☐ Other

Other Public Improvements Not Listed in 03A - 03S (03Z): please specify...

National Objective: Other Public Improvements Not Listed in 03A - 03S (03Z)

- ☐ LMA
☐ LMC
☐ SBA
☐ SBS

Proposed Unit Type: LMA or LMC (03Z)

- ☐ People

Proposed Unit Type: SBA or SBS (03Z)

- ☐ Businesses
☐ People
-

Non-Residential Historical Preservation (16B)

Does your project include Non-Residential Historical Preservation (16B)?

- ☐ Yes
☐ No

National Objective: Non-Residential Historical Preservation (16B)

- ☐ LMA
☐ LMC
☐ SBA
☐ SBS

Proposed Unit Type: LMA or LMC (16B)

- ☐ People

Proposed Unit Type: SBA or SBS (16B)

- ☐ Businesses
☐ People

Economic Development: Direct Financial Assistance to For-Profit (18A)

Economic Development: Direct Financial Assistance to For-Profit (18A)

- ☐ Yes
☐ No

National Objective: Economic Development: Direct Financial Assistance to For-Profit (18A)

- ☐ LMJ

Proposed Unit Type: LMJ

- ☐ Jobs
-

Construction Management - *Supporting Activity*

Does your project include Construction Management as a supporting activity?

- ☐ Yes
☐ No
-

Beneficiaries

LMA, LMC and LMJ: Beneficiary counts and units of accomplishment will be submitted when uploading Exhibit E-E1-E2-E3 or E4.

If SBA/SBS-BUSINESSES: Proposed TOTAL Number of Beneficiaries (enter '0' if not applicable)

0

If SBA/SBS-PEOPLE: Proposed TOTAL Number of Beneficiaries (enter '0' if not applicable)

0

Part 04: Project Information

TD Project Information

The Matrix below describes each selection criteria as a numerical score within the TD Opportunity. The maximum number of points available within any application is 100 points. A minimum score of 40 points is required and some criteria require a minimum score as noted below.

1. Project Need & Extent	20	10
2. Project Impact	25	10
3. Project Readiness	25	10
4. Community Support	25	10
5. Achievements	5	-
Total Points	100	40

When more than one application is under review, those ranking highest in competitive order shall be selected for funding subject to the amount of funds available for each priority. Otherwise, an applicant under individual review scored according to the selection criteria and must meet the minimum threshold for consideration for approval.

Select the attraction type describe in the narrative that best matches the listed items.

- ☐ Historic restoration, rehabilitation, and preservation
- ☐ Scientific and educational interpretive sites and facilities
- ☐ Heritage, historical, and cultural recreational sites and facilities
- ☐ Participating sports facilities and convention centers
- ☐ Other

1. Project Need

Up to 20 points possible. A minimum of 10 points is required in this section to meet threshold. The level of project need compared to other applicants. Provide explanation of the following. This section will be answered in the GMS. *Limit each response to 1,300 characters.*

Explanations of the overall purpose of the project application and factual information that illustrates the tourism development needs.

Past efforts to resolve the address the needs for tourism development.

UPLOAD: Photos that best illustrate and contextualize the project (Max 5 photos per file)

Points in this section include:	
0 – 9	No clearly defined conditions or no clear description of the need for the project.
10 – 14	Minor conditions or minor needs only defined.
15 – 20	Project need clearly defined.

2. Project Impact

Up to 25 points possible. A minimum of 10 points is required in this section to meet threshold. Within this section, the applicant explains the expected outcome of the project and the positive impact on local and regional economies. Provide explanation of the following. This section will be answered in the GMS. *Limit each response to 1,100 characters.*

Describe the importance of project activities to the community and provide clarity on how the project will benefit those identified by a CDBG National Objective.

Describe how the eligible activities/tourist attractions will draw *2,500 visits* or more annually from origins of at least 100 miles away.

Points in this section include:	
0 – 9	Inadequately defined
10 – 19	Reasonably defined project impact is average.
20 – 25	Above average description

3. Project Readiness

Up to 25 points possible. A minimum of 10 points is required in this section to meet threshold. The level of capacity and commitment by the community scored as compared to other applicants. Provide explanation of the following. This section will be answered in the GMS. *Limit each response to 1,100 characters.*

Describe the degree to which the applicant is ready to proceed with the project. The response should describe the applicant's capacity and commitment to successfully implement change and to complete the project.

Describe the project-specific roles and responsibilities and the knowledge/experience of individual key staff members in planning, managing, and implementing projects in accordance with the work-plan/narrative schedule.

Points in this section include:	
0 – 9	Lack of local staff or ability to oversee the efforts from planning to the implementation of the physical project, no availability of the site(s) investigated, preliminary work is not substantially completed, and project is not construction ready.
10 – 19	Local capacity demonstrated through past projects, past community improvement efforts, citizen participation, there is strong evidence of a commitment to proceed with project, the feasibility and cost estimates are reliable, the project is construction ready, and financial resources pending.
20 – 25	Significant local capacity demonstrated through past improvement efforts, financial resources are secured, match/non-CDBG funding is committed and documented.

4. Community Support

Up to 25 points possible. A minimum of 10 points is required in this section to meet threshold. This section gives the applicant an opportunity to describe the citizen participation process that helped to determine the needs in the community, how citizens were afforded the opportunity to participate in the assessment of the identified local need for the project. Provide explanation of the following. This section will be answered in the GMS. *Limit each response to 3,300 characters.*

Describe the public participation associated with identifying and developing this project. Also indicate the level of public participation to complete this project.

The following criteria are taken into consideration when determining the community score for the Community Support section:

Were the community's citizens requested and encouraged to participate in the assessment of community issues, problems and needs, the identification of the problems and needs identified in the Need and Extent section above? If so, describe the process; i.e. Community needs assessment/survey, public meetings to discuss needs and/or outcomes.

UPLOAD: Comprehensive Needs Assessment/Survey or other data that show citizen participation.

Has the community developed a priority list using needs assessment, survey, public meetings, Action Plan, strategy plan, etc. within the past *three* years?

- ☐ Yes
☐ No

If Yes, describe the priority list.

Does the community have a record of conducting other community and economic development efforts with significant citizen involvement within the last *three* years that address items ranked on the community's priority list?

- ☐ Yes
☐ No

Has the community adopted or updated a comprehensive plan, housing study, and/or a capital improvement plan within the past *five* years?

- ☐ Yes
☐ No

UPLOAD: Documentation – Adopted or Updated Community Plan within 5 Years

Can the community show evidence of economic initiatives (ex. LB840), completing a business retention and expansion survey, or other viable fundraising efforts?

- ☐ Yes
☐ No

UPLOAD: Documentation – Economic Initiatives

Complete Exhibit L if there are additional Supporting Letters from Community Resource Organizations or Community Resource Businesses that did not fit previous documentation in Community Support.

Points in this section include:	
0 – 9	Inadequately defined, below average. No evidence or very little evidence from the community that will commit resources and support efforts.
10 – 19	Reasonably defined, average. Some evidence of from the community to commit resources and support efforts. This may include letters of support, letters of intent from businesses and/or partners to commit resources, financial commitments from businesses and partners, or other such evidence of support for the project from the general and/or business community.
20 - 25	Well-defined, above average. Significant evidence from the general and business community that it will commit resources and support efforts.

5. Achievement

Up to 5 points possible. There is no minimum threshold. Due to the nature of these programs, Applicant may only earn points as an EDCC or LCC, not both. Applicant may demonstrate either of the following items at the time of application submittal, including:

- a) Applicant is designated as an Economic Development Certified Community, 5 points.
 - For a complete list of communities and additional information, visit the DED website at: <https://opportunity.nebraska.gov/programs/community/edcc/>
- b) Applicant is designated as a DED Leadership Community, 5 points.
 - For a complete list of communities and additional information, visit the DED website at: <https://opportunity.nebraska.gov/programs/community/lcc/>

UPLOAD: Certifications or other documentation provided by DED that recognizes status (Limit to 5 pages)

6. Supplemental Materials (Optional)

Depending on the nature and scope of project activities proposed, the following information may be submitted to support the application:

- a) UPLOAD: Facility Floor Plan (for all facility projects)

Exhibits A, B, C1, C2, and D

To access the templates and guidance for all Application Exhibits, refer to the Department's CDBG Application Guidelines page.

<https://opportunity.nebraska.gov/programs/community/cdbg/>

Exhibit A: Public Hearing Documentation

This is a required exhibit for all applications.

Date of Notice of Public Hearing

UPLOAD: Public notice providing the date/time of the public hearing.

UPLOAD: Verification that the notification was published (Proof of Publication) or that the notification was posted within the community (Certificate of Posting).

Date Public Hearing Occurred

UPLOAD: Official Meeting Minutes (As recorded by the appropriate local official.)

Were public comments received?

- ☐ Yes
- ☐ No

If no comments were received, this should be recorded in the Meeting Minutes upload.

UPLOAD: Summary of Public Comments Received

Exhibit B: Authorizing Resolution

This is a required exhibit for all applications.

Date when Authorizing Resolution was Signed

UPLOAD: Signed CDBG Authorizing Resolution

Exhibit C1: Statement of Assurances and Certifications

This is a required exhibit for all applications.

Date when Statement of Assurances and Certifications was Signed

UPLOAD: Signed Exhibit C1_Statement of Assurances and Certifications

Exhibit C2: Citizen Participation Plan

This is a required exhibit for all applications.

Date when Citizen Participation Plan was Signed

UPLOAD: Signed Exhibit C2_Citizen Participation Plan

Exhibit D: Residential Anti-Displacement and Relocation Assistance Plan

This is a required exhibit for all applications.

Date when Residential Anti-Displacement and Relocation Assistance Plan was Signed

UPLOAD: Signed Exhibit Residential Anti-Displacement and Relocation Assistance Plan

Exhibit E: LMA - Area Basis (LMA), Census Data

To document that the CDBG activity meets the national objective of LMA, complete one of the following processes or forms: Exhibit E, Exhibit E1, or Exhibit E2.

Exhibit E: LMA - Area Basis: How to Pull Current Census Data

Please note that Exhibit E is not a template; it is a reference guide for accessing and downloading Low- and Moderate-Income Summary Data (LMISD). Use the data set to respond to application questions and upload it as part of your application. Be sure to include the specific data source used for qualification (e.g., ACS Census Data, block groups, etc.). The data sets are based on 2016-2020 ACS.

Does the CDBG Activity meet the national objective of LMA through ACS Data?

- ☐ Yes
- ☐ No

Which best describes the project's service area?

- ☐ Place: County
- ☐ Place: Village
- ☐ Place: City
- ☐ Portion(s) of a Place

Is the service area primarily residential and meet identified needs of LMI persons?

- ☐ Yes
- ☐ No

For proposed beneficiaries, enter the number of persons. Column names are in parentheses.

Total Population "Universe" in Area (LOWMODUNIV)

0

Total Number of LMI Persons in Area (LOWMOD)

0

LMI Percentage (LOWMOD_PCT)

0

UPLOAD: Census documentation verifying numbers provided above, confirming that at least 51% of residents will be served by the CDBG activity within the service area are LMI

Exhibit E1: LMI - Area Basis (LMA), Census Income Survey

Exhibit E1: LMI - Area Basis (LMA), Census Income Survey

Complete Exhibit E1 if the service area qualifies based on the completion of a census income survey.

Does the CDBG Activity meet the national objective of LMA through the completion of a census income survey?

- ☐ Yes
☐ No
-

Part I. Information Contained In Your Survey

1. Total number of families (including single person families) in the activity service area.

0

2. Total number of families in the service area that were contacted (include those not reachable, refused to answer, incomplete interview/questionnaire)

0

3. Total number of families with completed interviews.

0

To calculate MOE, use the available calculator at <https://www.surveymonkey.com/mp/margin-of-error-calculator/>.

4. Margin of error (must be lesser of 10% or the HUD-provided MOE).

0.00%

UPLOAD: Copy of the MOE calculator output (e.g., screen print).

5. Total number of persons in the families interviewed.

0

6. Total number of persons in the families interviewed who are LMI persons.

0

7. Total number of persons in the service area (use number of persons from census survey).

0

8. Divide line 6 by line 7 and enter that decimal number to determine the LMI percentage. For example, if the percentage is 57.2%, enter .572 in the field below.

0.00%

Tabulated Income Survey Results

Family Size: 1 Person

Income Limit
\$0.00

Number of Families Above Income Limit
0

Number of Families Below Income Limit
0

Family Size: 2 Person

Income Limit
\$0.00

Number of Families Above Income Limit
0

Number of Families Below Income Limit
0

Family Size: 3 Person

Income Limit
\$0.00

Number of Families Above Income Limit
0

Number of Families Below Income Limit
0

Family Size: 4 Person

Income Limit
\$0.00

Number of Families Above Income Limit
0

Number of Families Below Income Limit
0

Family Size: 5 Person

Income Limit
\$0.00

Number of Families Above Income Limit

0

Number of Families Below Income Limit

0

Family Size: 6 Person

Income Limit

\$0.00

Number of Families Above Income Limit

0

Number of Families Below Income Limit

0

Family Size: 7 Person

Income Limit

\$0.00

Number of Families Above Income Limit

0

Number of Families Below Income Limit

0

Family Size: 8 Person

Income Limit

\$0.00

Number of Families Above Income Limit

0

Number of Families Below Income Limit

0

Part II. Survey Analysis and Documentation

Date Survey Conducted: From

Date Survey Conducted: To

Effective Date of Income Limits Used

Area Surveyed

- ☐ Target Area
- ☐ Entire Community
- ☐ Community and Surrounding Area

Does the area surveyed include the entire service area of the CDBG activity proposed?

- ☐ Yes
- ☐ No

Character limit: 300

List source(s) of information used to develop the complete list of families in the service area.

UPLOAD: Copy of the list used to compile families/households in the service area.

Character limit: 3,300 (about 1 page)

Describe the survey delivery method and follow-up plan. Include any potential sources of bias from the non-respondents and what efforts were made to secure their response.

Character limit: 1,100 (about 1/3 page)

List all organizations and individuals conducting and analyzing the survey.

Provide a reason for the current survey. Have there been significant demographic or economic changes to the area since the last survey or decennial census?

Most Current U.S. Census Data LMI Percentage. For example, if the percentage is 48.25%, enter .4825 in the field below.

0.00%

Is the difference between the U.S. Census data LMI and the income survey results LMI 10% or greater?

- ☐ Yes
- ☐ No

Character limit: 1,100 (about 1/3 page)

If the difference between the U.S. Census data LMI and the income survey results LMI are 10% or greater, provide an explanation for the difference.

Using the Exhibit E1-E2 template found on the Department's CDBG Application Guidelines page, complete the Certification of Completion of an Income Survey and upload it below.

UPLOAD: Signed Certification of Completion of an Income Survey

Is the LMI between 51% and 54%?

- ☐ Yes
- ☐ No

Exhibit E2: LMI - Area Basis (LMA), Random Sample Income Survey

Exhibit E2: LMI - Area Basis (LMA), Random Sample Income Survey

Complete Exhibit E2 if the service area qualifies based on the completion of a random sample income survey.

Does the CDBG Activity meet the national objective of LMA through the completion of a random sample income survey?

- ☐ Yes
☐ No
-

Part I. Information Contained In Your Survey

1. Total number of families (including single person families) in the activity service area.

0

2. Margin of Error (lesser of 10% or the HUD-provided data MOE). For example, if the percentage is 12.52%, enter .1252 in the field below.

0.00%

Provide sample size below as determined by <https://www.surveymonkey.com/mp/sample-size-calculator/>.

3. Sample Size

0

UPLOAD: Copy of completed sample size calculator (e.g., screen print).

4. Total number of families in the service area that were contacted (include those not reachable, refused to answer, incomplete interview/questionnaire).

0

5. Total number of families with completed interviews.

0

6. Total number of persons in the families interviewed.

0

7. Total number of persons in the families interviewed who are LMI persons.

0

8. Divide Line 7 by Line 6 and enter that decimal number to determine the LMI percentage. For example, if the percentage is 57.86%, enter .5786 in the field below.

0.00%

9. Total number of persons in the service area (MUST USE CENSUS DATA).

0

10. Total number of LMI persons benefiting (Multiply line 8 by line 9).

0

Tabulated Income Survey Results

Family Size: 1 Person

Income Limit
\$0.00

Number of Families Above Income Limit
0

Number of Families Below Income Limit
0

Family Size: 2 Person

Income Limit
\$0.00

Number of Families Above Income Limit
0

Number of Families Below Income Limit
0

Family Size: 3 Person

Income Limit
\$0.00

Number of Families Above Income Limit
0

Number of Families Below Income Limit
0

Family Size: 4 Person

Income Limit
\$0.00

Number of Families Above Income Limit
0

Number of Families Below Income Limit
0

Family Size: 5 Person

Income Limit
\$0.00

Number of Families Above Income Limit
0

Number of Families Below Income Limit
0

Family Size: 6 Person

Income Limit
\$0.00

Number of Families Above Income Limit
0

Number of Families Below Income Limit
0

Family Size: 7 Person

Income Limit
\$0.00

Number of Families Above Income Limit
0

Number of Families Below Income Limit
0

Family Size: 8 Person

Income Limit
\$0.00

Number of Families Above Income Limit
0

Number of Families Below Income Limit
0

Part II. Survey Analysis and Documentation

Date Survey Conducted: From

Date Survey Conducted: To

Effective Date of Income Limits Used

Confidence Level: 90%

Confidence Interval

Margin of Error (%)

0.00%

Area Surveyed

- ☐ Target Area
- ☐ Entire Community
- ☐ Community and Surrounding Area

Does the area surveyed include the entire service area of the CDBG activity proposed?

- ☐ Yes
- ☐ No

Character limit: 300

List source(s) of information used to develop the complete list of families in survey area.

UPLOAD: Copy of the list used to compile families/households in the service area.

Explain how a systematic representative sample was selected.

In addition to sampling an adequate portion of the population, the surveyor must ensure that the responses correspond to a geographic cross section of the service area benefiting. Essentially, the northern, eastern, southern, western and central areas of the service area should be represented with completed surveys. If the uploaded map of the service area indicates any gaps by street or block, also include explanation below.

Character limit: 3,300 (about 1 page)

Detail how the sample accurately reflects the total population and geographic cross-section of the survey area and, if there was a bias or gap in responses, how was it dealt with.

Character limit: 1,100 (about 1/3 page)

List all organizations and individuals conducting and analyzing the survey.

Character limit: 3,300 (about 1 page)

Summarize the survey process detailing the method of delivery (mail, door to door, telephone or other) and collection including time(s) of day/week, number of and follow-up efforts, and provisions for replacement of un-reachable and non-respondents. Explain how possible bias was avoided.

Most current U.S. Census data LMI (%)

0.00%

Is the difference between the U.S. Census data LMI and the income survey results LMI 10% or greater?

- ☐ Yes
☐ No

Character limit: 1,100 (about 1/3 page)

If the difference between the U.S. Census data LMI and the income survey results LMI are 10% or greater, provide an explanation for the difference.

Using the template found on the Department's CDBG Application Guidelines page complete the Certification of Completion of an Income Survey and upload it below.

UPLOAD: Signed Exhibit E2_Certification of Completion of an Income Survey

UPLOAD: Copy of the list used to determine which families were parts of the random sample, the oversample, and indicate which of those families responded, which families had to be replaced, which families from the oversample were used as a replacement and which families they replaced.

UPLOAD: Copies of 5 COMPLETED Survey Responses

UPLOAD: Copy of random number table used.

UPLOAD: Copy of ALL publications/advertisements/letters directed towards citizens to publicize the income survey.

UPLOAD: Map of the service area indicating which households responded to the survey.

Is the LMI between 51% and 54%?

- ☐ Yes
☐ No

If the LMI is between 51% and 54%, attach additional analysis of the distribution curve of family sizes "above", family sizes "below", and family size percentages. See CDBG Administration Manual Appendices for additional information.

UPLOAD: Additional Analysis of the Distribution Curve of Family Sizes "Above", "Below", and Percentages

Exhibit E3: LMI - Limited Clientele (LMC)

LMC

Exhibit E3: LMI - Limited Clientele (LMC)

To qualify under Limited Clientele criteria, the activity must benefit clientele who are generally presumed by HUD to be principally low- and moderate-income (LMI) persons ([24 CFR 570.483\(b\)\(2\)\(ii\)](#)).

Does the CDBG activity qualify under the National Objective of LMC?*

- ☐ Yes
- ☐ No

LMC-People: Proposed Total Number of Beneficiaries

0

LMC-People: Proposed Number of LMI Beneficiaries

0

Which recommended method will you choose to qualify this project activity?

- ☐ Method 1: Census Data
 - ☐ Method 2: Family Size and Income
 - ☐ Method 3: Limit the Activity Exclusively to LMI Persons
-

Method 1: Census Data

Which one of the following groups — that are generally presumed by HUD to be principally LMI persons — will benefit from this project? Choose one; if an additional presumed group is involved, you will be able to identify the second group in a later question.

- ☐ Abused Children
- ☐ Battered Spouses
- ☐ Elderly Persons (Aged 62 and Older)
- ☐ Homeless Persons
- ☐ Illiterate Adults
- ☐ Persons Living with AIDS
- ☐ Migrant Farm Workers
- ☐ Severely Disabled Adults

Describe how the local unit of government will ensure the activity will benefit the clientele generally presumed to consist principally of LMI persons.

UPLOAD: Census data documentation that contains the calculation information.

Method 2: Family Size and Income.

Describe how the activity will benefit this group.

UPLOAD: Preliminary sample blank Income Certification Form that will be used to determine Family Size and Income

Method 3: Limit the Activity Exclusively to LMI Persons.

Describe how the local unit of government will obtain this information to ensure 51 percent are LMI.

UPLOAD: Supporting Documentation for Exclusivity

Is there another group generally presumed by HUD to be principally LMI persons for this project?

- ☐ Yes
- ☐ No

Additional Group of Proposed Beneficiaries

Please select another one of the following groups that are generally presumed by HUD to be principally LMI persons for this project.

- ☐ Additional Group: Abused Children
- ☐ Additional Group: Elderly Persons (aged 62 and older)
- ☐ Additional Group: Battered Spouses
- ☐ Additional Group: Homeless persons
- ☐ Additional Group: Illiterate Adults
- ☐ Additional Group: Persons Living with AIDS
- ☐ Additional Group: Migrant Farm Workers
- ☐ Additional Group: Severely Disabled Adults

UPLOAD: Supporting Documentation (as per above)

Exhibit E4: LMI - Job Creation/Retention (LMJ) Information

Exhibit E4: LMI - Job Creation/Retention (LMJ) Information

To document that the CDBG activity meets the national objective of LMJ, complete the Exhibit E4. The form is to be signed by the business representative.

Does the CDBG Activity meet the national objective of LMJ?

- ☐ Yes
☐ No

UPLOAD: Exhibit E4 form with the business representative signature.

Identify the total current full-time equivalent positions (baseline) at the business.

0

What date was the above baseline determined?

Are jobs being created?

- ☐ Yes
☐ No

How many total new full-time equivalent positions are being created from the project?

0

Is seasonal hiring occurring?

- ☐ Yes
☐ No

(For seasonal hiring only). Total new full-time equivalent positions being created from the project that will be filled for 3 months or longer.

0

LMJ: Proposed Total Number of Jobs Created

0

LMJ: Proposed LMI Jobs Created

0

Are jobs being retained?

- ☐ Yes
☐ No

UPLOAD: Supplemental Information Documenting a Public Announcement

LMJ: Proposed Total Number of Jobs Retained

0

LMJ: Proposed LMI Jobs Retained

0

Instructions

The total number of retained FTEs that will result from the project for which notification of layoff or termination has occurred, or is apt to occur (provide explanation) if the project is not carried out. Classify retained FTEs as follows in the next two questions:

Total jobs known to be currently held by lower-income people. For each employee, submit the Employee Certification Form or acceptable record.

0

Total number of jobs that can reasonably be expected to become available through turnover for lower-income persons within a two year period from an award of CDBG funds. The number of jobs should be based upon the historical turnover rate for each of the past two years converted to FTE positions.

0

Instructions

Describe training and recruitment opportunities that would make the retained jobs available to low-and moderate-income persons.

- **All CDBG-funded projects may use Nebraska Department of Labor for their recruiting of new employees to assist in the documentation of first consideration being given to low-and moderate-income persons.**
- **The distance from residence and availability of transportation to the employment site should also be considered in determining whether a particular low-and moderate-income person can seriously be considered an applicant for the job.**

Character limit: 3,300 (about 1 page)

Training and Recruitment Opportunity Description

Exhibit F1: Slum and Blight Area Basis (SBA) Documentation

Exhibit F1: Slum and Blight Area Basis (SBA) Documentation

To document that the CDBG activity meets the national objective of prevention or elimination of slum or blight, complete one of the following forms: Exhibit F1 or Exhibit F2.

Complete Exhibit F1 to document meeting the national objective of prevention or elimination of slum and blight on an area basis (SBA).

Does the CDBG Activity meet the national objective of SBA?

- ☐ Yes
☐ No
-

I. By official action, Area is designated by the local government as substandard or blighted in accordance with the applicable state statute.

Status of Designation

- ☐ Yes, the Area designation is complete or the Area RE-designation is complete.
☐ No, the Area designation is underway and has never been designated.

This application does not meet the SBA national objective, and therefore it is not eligible within the CDBG program.

Has the area been designated or redesignated within the last 10 years?

- ☐ Yes
☐ No

Date of most recent designation or redesignation of the area.

Description of the Area Designated in Accordance with NE Community Development Law

UPLOAD: Official Record Documenting the Designation or Redesignation of the Area and the Date

UPLOAD: Copy of Official Action Taken By Local Government, Such as Adoption Resolution

This application does not meet the SBA national objective, and therefore it is not eligible within the CDBG program.

II. Applicant maintains documentation on the boundaries of the area and the conditions, which qualified the area at the time of its designation.

Percentage Deteriorated Buildings/Qualified Properties at the Time of Designation (For example, if the percentage is 57.2%, enter .572 in the field below. Threshold minimum is 25%.)

0.00%

Boundary Description of the Designated Area

UPLOAD: Local government map, such as a municipal plat or block map with street names, outlining the boundaries of the designated blight/substandard area.

Conditions for Designation

Identify those specific conditions used to qualify the area at the date of designation and in accordance with the Community Development Law.

Submit a list of properties located in the designated blighted/substandard area, which meet one or more of the conditions below and identify the conditions met for each property. Applicant must state the definitions used to determine what is deteriorated or deteriorating. Refer to Exhibit F1 for guidance in preparing this list.

UPLOAD: List of Properties Located in the Designated Blighted/Substandard Area

Submit a listing of all public improvements located in the designated blighted/substandard area. Provide the state of deterioration for each listed public improvement and the standard/determination for identifying the public improvement as deteriorating.

UPLOAD: Listing of All Public Improvements Located in the Designated Blighted/Substandard Area

III. The assisted activity explicitly addresses one or more of the conditions which contributed to the deterioration of the area.

Describe how the activity for CDBG assistance meets the prevention/elimination of the identified deteriorating conditions of the blighted/substandard area

IV. Proposed activities must be limited to those that address one or more of the identified conditions that contributed to the deterioration of the area.

State how the activity addresses condition(s) that contribute to the deterioration of the blight/substandard area.

Describe how the activity improves identified deteriorated conditions (NOTE: The CDBG assisted improvements undertaken must match the conditions that contribute to the stated deterioration or decline of the substandard/blighted area.)

Exhibit F2: Slum and Blight Spot Basis (SBS) Documentation

Exhibit F2: Slum and Blight Spot Basis (SBS) Documentation

To document that the CDBG activity meets the national objective of prevention or elimination of slum blight, complete one of the following forms: Exhibit F1 or Exhibit F2.

Complete Exhibit F2 to document meeting the national objective of prevention or elimination of slum and blight on a spot basis (SBS).

Does the CDBG Activity meet the national objective of SBS?

- ☐ Yes
☐ No
-

Identify CDBG Project Property Address

Address Line 1

Address Line 2

City

State

Select an item... ▼

Postal Code

I. The assisted activity explicitly eliminates identified conditions of blight or physical decay not located in a designated slum or blighted area.

UPLOAD: Submit a local government map, such as a municipal plat or block map with street names, which delineates the location of the building or other improvement activity.

II. The project is limited to one of the following activities: acquisition, clearance, relocation, historic preservation, or rehabilitation of buildings.

Character limit: 3,300 (about 1 page)

List the activity the project is undertaking, describe the substandard conditions, and provide a description of the improvements.

UPLOAD: Submit documentation that demonstrates the substandard conditions described in the narrative.

III. The project activity can only eliminate specific conditions detrimental to public health and safety.

Character limit: 3,300 (about 1 page)

Describe each proposed activity improvement and identify and document how it eliminates public health and safety conditions.

Exhibit K1: Waiver of Procurement Process and Narrative

Exhibit K1: Waiver of Procurement Process and Narrative

Is the Local Unit of Government requesting a waiver from the Department due to officials acting in the official capacity of the applicant?

- ☐ Yes
☐ No
-

Exhibit K1a: Waiver of Procurement Process and Narrative (Appointee)

WAIVER OF PROCUREMENT PROCESS DUE TO OFFICIALS OF THE LOCAL UNIT OF GOVERNMENT ACTING IN THEIR OFFICIAL CAPACITY

Is the Local Unit of Government requesting a waiver from the Department due to officials acting in the official capacity to provide engineering services?

- ☐ Yes
☐ No

UPLOAD: Signed Exhibit K1a_Waiver of Procurement Process

Character limit: 1,100 (about 1/3 page)

Please describe how the project activity directly relates to the official capacity of the appointee.

UPLOAD: Copy of meeting minutes documenting the appointment of this position for ****CURRENT**** year.

UPLOAD: Copy of meeting minutes documenting the appointment of this position for the ****PREVIOUS**** year.

UPLOAD: Copy of meeting minutes documenting the appointment of this position for ****TWO**** years ago.

UPLOAD: Signed Exhibit K1a_Waiver of Procurement Process

Is the Local Unit of Government requesting a waiver from the Department due to an interlocal agreement in place with the development district?

- ☐ Yes
☐ No

Exhibit K1b: Waiver of Procurement Process and Narrative (Development District)

WAIVER OF PROCUREMENT PROCESS DUE TO OFFICIALS OF THE SUBRECIPIENT ACTING IN THEIR OFFICIAL CAPACITY THROUGH INTERLOCAL AGREEMENT WITH THE DEVELOPMENT DISTRICT

Select One of the Following Items for Verification

- ☐ Letter from Development District
- ☐ Copy of Paid Membership Dues

UPLOAD: Letter from Development District or Copy of Paid Membership Dues

Due to the interlocal agreement in place, will the development district be providing General (grant) Administration services?

- ☐ Yes
- ☐ No

Due to the interlocal agreement in place, will the development district be providing Construction Management services?

- ☐ Yes
- ☐ No

UPLOAD: Signed Exhibit K1b_Waiver of Procurement Process

Exhibit K2: Procurement Process Completed Prior to Application

Exhibit K2: Procurement Process Completed Prior to Application

Exhibit K2 shall be completed if the procurement process is completed prior to submission of application. Review 2 CFR Part 200 Subpart D to ensure that the procurement process is in compliance with federal regulations.

Was the procurement process completed prior to submission of application?

- ☐ Yes
☐ No

UPLOAD: Signed Exhibit K2_Procurement Process Completed Prior to Application

Character limit: 3,300 (about 1 page)

Please provide a narrative to the process(es) undertaken.

Please indicate the type of services procured and upload appropriate documentation based on method(s) of procurement (i.e., direct negotiation, competitive negotiation, non-competitive negotiation, small purchase, micro purchase).

General Administration

- ☐ Yes
☐ No

UPLOAD: Procurement Documentation for General Administration

Construction Management

- ☐ Yes
☐ No

UPLOAD: Procurement Documentation for Construction Management

Equipment

- ☐ Yes
☐ No

UPLOAD: Procurement Documentation for Equipment

Engineering Services

- ☐ Yes
☐ No

UPLOAD: Procurement Documentation for Engineering Services

Architectural Services

- ☐ Yes

☐ No

UPLOAD: Procurement Documentation for Architectural Services

Exhibit L: Letters of Support

Exhibit L: Letters of Support

Instructions: This exhibit is required for all opportunity types except Economic Development (ED) and Planning (PP); it is optional for select Tourism Development (TD) projects. The local unit of government should submit letters of support from members of the public, organizations, and/or businesses. *You may upload up to 5 attachments each comprising one or multiple letters.*

Does the application include letters of support?

- ☐ Yes
☐ No

UPLOAD: Letters of Support 1

UPLOAD: Letters of Support 2

UPLOAD: Letters of Support 3

UPLOAD: Letters of Support 4

UPLOAD: Letters of Support 5

Exhibit M: Map of Proposed Project Area

Exhibit M: Map of Proposed Project Area

This is a required exhibit for all applications.

Does the project qualify under the national objectives of LMA or SBA?

- ☐ Yes
- ☐ No

UPLOAD: Aerial map of the service area with clearly identified project location and boundaries.

Descriptions with project location highlighted

UPLOAD: FEMA Supplemental Map with project location highlighted

UPLOAD: Nebraska Department of Natural Resources Supplemental Map

Identify the resource used for the maps (include the available year).

UPLOAD: Additional Maps and Information

Additional Maps and Information Description

Exhibit N: System for Award Management Documentation

Non-Profit Entity Information

Exhibit N: System for Award Management Documentation

This is a required exhibit for all applications. Each applicant must obtain a Unique Entity Identifier (UEI) generated by sam.gov. For more information on obtaining a UEI refer to <https://www.sam.gov/>.

Applicant: Local Unit of Government

UPLOAD: SAM - Registration Documentation - for Local Unit of Government

UPLOAD: SAM - Exclusion Status - for Local Unit of Government

Joint Applicant (with another Unit of Local Government)

Is this a joint application with another Unit of Local Government??

- ☐ Yes
☐ No

UPLOAD: SAM - Registration Documentation for Joint Applicant

UPLOAD: SAM - Exclusion Status for Joint Applicant

For-Profit Business

Does this project include a for-profit business?

- ☐ Yes
☐ No

UPLOAD: SAM - Registration Documentation for the for-profit business.

UPLOAD: SAM - Exclusion Status for the for-profit business

Non-Profit Entity

Does this project include a non-profit entity?

- ☐ Yes
- ☐ No

UPLOAD: SAM - Registration Documentation for the non-profit entity.

UPLOAD: SAM - Exclusion Status for the non-profit entity.

Non-Profit Development Organization (NDO)

UPLOAD: SAM - Registration Documentation for the NDO

UPLOAD: SAM - Exclusion Status for the NDO

Exhibit O: Four Factor Analysis Assessing Limited English Proficiency

Exhibit O: Four Factor Analysis Assessing Limited English Proficiency (LEP)

This is a required exhibit for all applications.

Census Data

Please visit data.census.gov and follow directions provided in Exhibit O.

UPLOAD: Census Data Exported from Website

Number of LEP Individuals in the Eligible Service Population

0

Total Population

0

Percentage of LEP Individuals in the Eligible Service Population

0.00%

1st Non-English Language Spoken (most common)

Does the 2nd or 3rd Non-English Languages Spoken meet threshold (i.e. 1,000 persons, 5%, etc.)

- ☐ Yes
☐ No

Date of Four Factor Analysis Completion

UPLOAD: Completed Exhibit O_Four Factor Analysis

As a result of the Four Factor Analysis has it been determined that a Language Assistance Plan is needed?

- ☐ Yes
☐ No

Exhibit Q: Local Cost-Share Documentation

Exhibit Q: Local Cost-Share Documentation

This is a required exhibit for all applications. Provide written documentation of commitment of source matching funds as identified in the application. The documentation must include a specific amount and identify the use of the funds.

Match from Local Unit of Government

Is the local unit of government committing a specific amount from the local unit of government's budget or does the local unit of government currently retain local CDBG program income?

- ☐ Yes
☐ No

If answered yes, upload a letter (on letterhead) from the local unit of government identifying 1) the match amount being provided by the local unit of government and 2) the amount of Local CDBG program income.

If the local unit of government does have program income, the letter must identify the balance as of the date of the letter and state that the CDBG program income will be committed to the project activities identified in this project, if awarded.

Enter the amount being committed from local unit of government's budget.

\$0.00

Enter the balance of local CDBG Program Income as of the date of the letter.

\$0.00

UPLOAD: Letter from the local unit of government.

Match from Other Sources

Is Match being provided from Other Sources (Examples: Grant Funds, Financial Institution, Donation of In-Kind Materials/Labor, Foundations)?

- ☐ Yes
☐ No

Identify the type of funding being provided towards project (match). Select all that apply.

- ☐ Other Federal Funds
☐ State Funds
☐ Local Funds
☐ Private Funds
☐ In-Kind Materials/Labor
☐ Other

UPLOAD: Letters of Match commitment from Other Sources.

Non-Match Commitment (other sources)

Is additional funding (not match) being provided from Other Sources to complete the project (Examples: Grant Funds, Financial Institution, Donation of In-Kind Materials/Labor, Foundations)?

- ☐ Yes
- ☐ No

UPLOAD: Letters of Non-Match commitment from Other Sources

Gap Financing

Will this project include resources to help with gap financing?

- ☐ Yes
- ☐ No

If the project is dependent upon financing (bond, USDA, etc.) you must include proof of commitment to the loan and approval from the lender to provide the additional financing.

UPLOAD: Commitment letter, on entity letterhead, signed by a business representative, which outlines amount and timing of availability of funds

After ALL financing options above are accounted for, does your project still have a funding gap remaining?

- ☐ Yes
- ☐ No

Exhibit R: Preliminary Project Description & Level of Review

Exhibit R: Preliminary Project Description & Level of Review

Instructions: This is a required exhibit for applications except the Economic Development (ED) opportunity. Complete the Preliminary Project Description Checklist items based on the specific CDBG project application. The items within the checklist that apply to the project must be included in the Preliminary Project Description.

UPLOAD: Completed Preliminary Project Description

Based on the project description, identify the level of Environmental Review Record to be completed. Refer to Chapter 6, CDBG Administration Manual for more information.

- ☐ Exempt
- ☐ Categorically Excluded Subject To (CEST)
- ☐ Categorically Excluded Not Subject To (CENST)
- ☐ Environmental Assessment (EA)

Budget

Proposed Budget Summary

Expense Budget

	Grant Funded	Non-Grant Funded	Total Budgeted
Acquisition of Real Property (01)			
Subtotal	\$0.00	\$0.00	\$0.00
Clearance and Demolition (04)			
Subtotal	\$0.00	\$0.00	\$0.00
Construction Management			
Subtotal	\$0.00	\$0.00	\$0.00
Economic Development: Direct Financial Assistance to For-Profit Business (18A)			
Subtotal	\$0.00	\$0.00	\$0.00
General Program Administration (21A)			
Subtotal	\$0.00	\$0.00	\$0.00
Neighborhood Facilities (03E)			
Subtotal	\$0.00	\$0.00	\$0.00
Non-Residential Historical Preservation (16B)			
Subtotal	\$0.00	\$0.00	\$0.00
Other Public Improvements Not Listed in 03A-03S (03Z)			
Subtotal	\$0.00	\$0.00	\$0.00
Parks, Recreational Facilities (03F)			
Subtotal	\$0.00	\$0.00	\$0.00
Total Proposed Cost	\$0.00	\$0.00	\$0.00

Revenue Budget

	Grant Funded	Non-Grant Funded	Total Budgeted
Grant Funding			
Award Requested	\$0.00		\$0.00
Subtotal	\$0.00		\$0.00
Non-Grant Funding			
Cash Match		\$0.00	\$0.00
Subtotal		\$0.00	\$0.00

	Grant Funded	Non-Grant Funded	Total Budgeted
Total Proposed Revenue	\$0.00	\$0.00	\$0.00

Proposed Budget Detail

Proposed Budget Narrative

Acquisition of Real Property (01)

Category: Select HUD Matrix Code from drop down (ex. Commercial Rehabilitation) TIP: Refer to Application Guides, Part IV. Application Budget User Guide for HUD Matrix Codes/Project Activities and eligible . Item Type: Non-Personnel Name: Type HUD Matrix code as it appears in the top Category field (ex. Commercial Rehabilitation) Direct Cost: Grant Funded Amount (this line item) + Cash Match (this line item) Change Calculate Match to YES if applicable. Enter your Match Dollar Amount. If your project has in-kind match and is selected, this will be incorporated into the budget at a later date. The Grant Funded value is the requested amount of CDBG funds for the HUD Matrix Code above. Non-Grant Funded: No Total Budgeted: Overall Project Total (self-calculates to include all line items; IMPORTANT: verify after you save all line items that this total is correct) Narrative: Estimated costs associated with the above HUD Matrix Code (ex. masonry, engineering, plumbing, electrical, etc.) Attachment(s): (Optional) To the above HUD Matrix Code, attach a proposed budget which includes the narrative cost estimates.

Clearance and Demolition (04)

Category: Select HUD Matrix Code from drop down (ex. Commercial Rehabilitation) TIP: Refer to Application Guides, Part IV. Application Budget User Guide for HUD Matrix Codes/Project Activities and eligible . Item Type: Non-Personnel Name: Type HUD Matrix code as it appears in the top Category field (ex. Commercial Rehabilitation) Direct Cost: Grant Funded Amount (this line item) + Cash Match (this line item) Change Calculate Match to YES if applicable. Enter your Match Dollar Amount. If your project has in-kind match and is selected, this will be incorporated into the budget at a later date. The Grant Funded value is the requested amount of CDBG funds for the HUD Matrix Code above. Non-Grant Funded: No Total Budgeted: Overall Project Total (self-calculates to include all line items; IMPORTANT: verify after you save all line items that this total is correct) Narrative: Estimated costs associated with the above HUD Matrix Code (ex. masonry, engineering, plumbing, electrical, etc.) Attachment(s): (Optional) To the above HUD Matrix Code, attach a proposed budget which includes the narrative cost estimates.

Construction Management

Category: Select HUD Matrix Code from drop down (ex. Commercial Rehabilitation) TIP: Refer to Application Guides, Part IV. Application Budget User Guide for HUD Matrix Codes/Project Activities and eligible . Item Type: Non-Personnel Name: Type HUD Matrix code as it appears in the top Category field (ex. Commercial Rehabilitation) Direct Cost: Grant Funded Amount (this line item) + Cash Match (this line item) Change Calculate Match to YES if applicable. Enter your Match Dollar Amount. If your project has in-kind match and is selected, this will be incorporated into the budget at a later date. The Grant Funded value is the requested amount of CDBG funds for the HUD Matrix Code above. Non-Grant Funded: No Total Budgeted: Overall Project Total (self-calculates to include all line items; IMPORTANT: verify after you save all line items that this total is correct) Narrative: Estimated costs associated with the above HUD Matrix Code (ex. masonry, engineering, plumbing, electrical, etc.) Attachment(s): (Optional) To the above HUD Matrix Code, attach a proposed budget which includes the narrative cost estimates.

Economic Development: Direct Financial Assistance to For-Profit Business (18A)

Category: Select HUD Matrix Code from drop down (ex. Commercial Rehabilitation) TIP: Refer to Application Guides, Part IV. Application Budget User Guide for HUD Matrix Codes/Project Activities and eligible . Item Type: Non-Personnel Name: Type HUD Matrix code as it appears in the top Category field (ex. Commercial Rehabilitation) Direct Cost: Grant Funded Amount (this line item) + Cash Match (this line item) Change Calculate Match to YES if applicable. Enter your Match Dollar Amount. If your project has in-kind match and is selected, this will be incorporated into the budget at a later date. The Grant Funded value is the requested amount of CDBG funds for the HUD Matrix Code above. Non-Grant Funded: No Total Budgeted: Overall Project Total (self-calculates to include

all line items; IMPORTANT: verify after you save all line items that this total is correct) Narrative: Estimated costs associated with the above HUD Matrix Code (ex. masonry, engineering, plumbing, electrical, etc.) Attachment(s): (Optional) To the above HUD Matrix Code, attach a proposed budget which includes the narrative cost estimates.

General Program Administration (21A)

Category: Select HUD Matrix Code from drop down (ex. Commercial Rehabilitation) TIP: Refer to Application Guides, Part IV. Application Budget User Guide for HUD Matrix Codes/Project Activities and eligible . Item Type: Non-Personnel Name: Type HUD Matrix code as it appears in the top Category field (ex. Commercial Rehabilitation) Direct Cost: Grant Funded Amount (this line item) + Cash Match (this line item) Change Calculate Match to YES if applicable. Enter your Match Dollar Amount. If your project has in-kind match and is selected, this will be incorporated into the budget at a later date. The Grant Funded value is the requested amount of CDBG funds for the HUD Matrix Code above. Non-Grant Funded: No Total Budgeted: Overall Project Total (self-calculates to include all line items; IMPORTANT: verify after you save all line items that this total is correct) Narrative: Estimated costs associated with the above HUD Matrix Code (ex. masonry, engineering, plumbing, electrical, etc.) Attachment(s): (Optional) To the above HUD Matrix Code, attach a proposed budget which includes the narrative cost estimates.

Neighborhood Facilities (03E)

Category: Select HUD Matrix Code from drop down (ex. Commercial Rehabilitation) TIP: Refer to Application Guides, Part IV. Application Budget User Guide for HUD Matrix Codes/Project Activities and eligible . Item Type: Non-Personnel Name: Type HUD Matrix code as it appears in the top Category field (ex. Commercial Rehabilitation) Direct Cost: Grant Funded Amount (this line item) + Cash Match (this line item) Change Calculate Match to YES if applicable. Enter your Match Dollar Amount. If your project has in-kind match and is selected, this will be incorporated into the budget at a later date. The Grant Funded value is the requested amount of CDBG funds for the HUD Matrix Code above. Non-Grant Funded: No Total Budgeted: Overall Project Total (self-calculates to include all line items; IMPORTANT: verify after you save all line items that this total is correct) Narrative: Estimated costs associated with the above HUD Matrix Code (ex. masonry, engineering, plumbing, electrical, etc.) Attachment(s): (Optional) To the above HUD Matrix Code, attach a proposed budget which includes the narrative cost estimates.

Non-Residential Historical Preservation (16B)

Category: Select HUD Matrix Code from drop down (ex. Commercial Rehabilitation) TIP: Refer to Application Guides, Part IV. Application Budget User Guide for HUD Matrix Codes/Project Activities and eligible . Item Type: Non-Personnel Name: Type HUD Matrix code as it appears in the top Category field (ex. Commercial Rehabilitation) Direct Cost: Grant Funded Amount (this line item) + Cash Match (this line item) Change Calculate Match to YES if applicable. Enter your Match Dollar Amount. If your project has in-kind match and is selected, this will be incorporated into the budget at a later date. The Grant Funded value is the requested amount of CDBG funds for the HUD Matrix Code above. Non-Grant Funded: No Total Budgeted: Overall Project Total (self-calculates to include all line items; IMPORTANT: verify after you save all line items that this total is correct) Narrative: Estimated costs associated with the above HUD Matrix Code (ex. masonry, engineering, plumbing, electrical, etc.) Attachment(s): (Optional) To the above HUD Matrix Code, attach a proposed budget which includes the narrative cost estimates.

Other Public Improvements Not Listed in 03A-03S (03Z)

Category: Select HUD Matrix Code from drop down (ex. Commercial Rehabilitation) TIP: Refer to Application Guides, Part IV. Application Budget User Guide for HUD Matrix Codes/Project Activities and eligible . Item Type: Non-Personnel Name: Type HUD Matrix code as it appears in the top Category field (ex. Commercial Rehabilitation) Direct Cost: Grant Funded Amount (this line item) + Cash Match (this line item) Change Calculate Match to YES if applicable. Enter your Match Dollar Amount. If your project has in-kind match and is selected, this will be incorporated into the budget at a later date. The Grant Funded value is the requested amount of CDBG funds for the HUD Matrix Code above. Non-Grant Funded: No Total Budgeted: Overall Project Total (self-calculates to include all line items; IMPORTANT: verify after you save all line items that this total is correct) Narrative: Estimated costs associated with the above HUD Matrix Code (ex. masonry, engineering, plumbing, electrical, etc.) Attachment(s): (Optional) To the above HUD Matrix Code, attach a proposed budget which includes the narrative cost estimates.

Parks, Recreational Facilities (03F)

Category: Select HUD Matrix Code from drop down (ex. Commercial Rehabilitation) TIP: Refer to Application

Guides, Part IV. Application Budget User Guide for HUD Matrix Codes/Project Activities and eligible . Item Type:
Non-Personnel Name: Type HUD Matrix code as it appears in the top Category field (ex. Commercial
Rehabilitation) Direct Cost: Grant Funded Amount (this line item) + Cash Match (this line item) Change Calculate
Match to YES if applicable. Enter your Match Dollar Amount. If your project has in-kind match and is selected, this will
be incorporated into the budget at a later date. The Grant Funded value is the requested amount of CDBG funds for
the HUD Matrix Code above. Non-Grant Funded: No Total Budgeted: Overall Project Total (self-calculates to include
all line items; IMPORTANT: verify after you save all line items that this total is correct) Narrative: Estimated costs
associated with the above HUD Matrix Code (ex. masonry, engineering, plumbing, electrical, etc.) Attachment(s):
(Optional) To the above HUD Matrix Code, attach a proposed budget which includes the narrative cost estimates.