

Opportunity Details

Opportunity Information

Title

The Nebraska Meat Processing Wastewater Pretreatment and Runoff Control Program

Description

The Nebraska Meat Processing Wastewater Pretreatment and Runoff Program is an authorized use of funding from SLFRF (Assistance Listing #21.027) which was designed to provide state governments with the resources needed to respond to the COVID-19 pandemic and its economic effects and to build a stronger, economy during recovery. SLFRF was established by ARPA signed into law by the President of the United States on March 11, 2021.

In Section 44 of LB1014 an amount \$20,000,000.00 was appropriated to the Nebraska Department of Economic Development (DED) in grants pursuant to the purposes of creating a program and providing funds for wastewater pretreatment and runoff control for meat processing plant site development.

The Nebraska Meat Processing Wastewater Pretreatment and Runoff Control Program will provide awards to a Nebraska municipality or intermunicipal agency that has identified a site for locating and constructing a publicly-owned pretreatment works necessary for the development of a site supporting a new meat processing facility.

Awarding Agency Name

Nebraska Department of Economic Development

Agency Contact Name

Elizabeth Blanco

Agency Contact Phone

402-983-0911

Agency Contact Email

Elizabeth.Blanco@nebraska.gov

Manager

Elizabeth Blanco

Additional Users

Announcement Type

Initial Announcement

Assistance Listings Number

21.027 – Coronavirus State and Local Fiscal Recovery Fund

Public Link

<https://ne.amplifund.com/Public/Opportunities/Details/4f51ed4c-606c-4276-a7f4-ba9fb34e183d>

Is Published

Yes

Funding Information

Opportunity Funding

\$20,000,000.00

Funding Sources

Federal Or Federal Pass Through

Funding Source Description

Coronavirus State and Local Fiscal Recovery Funds (SLFRF) provides state, local, and Tribal governments with the

resources needed to respond to the pandemic and its economic effects and to build a stronger economy during the recovery.

Award Information

Award Range

\$20,000,000.00 Ceiling

Award Type

Competitive

Capital Grant

No

Expected Number of Awards

1.00

Matching Requirement

Yes

Cash Match Requirement

0.00%

Other Funding Requirement

Submission Information

Submission Window

10/27/2022 8:00 AM - 11/10/2022 5:00 PM

Submission Timeline Type

One Time

Allow Multiple Applications

No

Question Submission Information

Question Submission Email Address

Elizabeth.Blanco@nebraska.gov

Question Submission Additional Information

For program guidelines, please refer to: <https://opportunity.nebraska.gov/programs/recovery/meat-processing-wastewater/>

Eligibility Information

Eligibility Type

Public

Eligible Applicants

- City or township governments

Additional Eligibility Information

A Nebraska municipality or intermunicipal agency that has identified a site for locating and constructing a publicly-owned pretreatment works for a new meat processing facility.

Additional Information

Additional Information URL

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

Additional Information URL Description

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

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

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.***

Organization Type

- ☐ Nebraska Municipality
- ☐ Nebraska Intermunicipal Agency

Name of Applicant Organization

Name of Applicant Municipality

Applicant - Phone Number

Applicant - Phone Extension

Applicant - Address Line 1

Applicant - Address Line 2

Applicant - City

Applicant - State

Select an item... ▼

Applicant - Postal Code

Chief Elected Official or 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

Authorizer - Phone Extension

General

Employer Identification Number (EIN)

Instructions for Unique Entity Identifier (UEI):

A UEI is required per your Program Manual. DED is aware of the delays with [SAM.gov](https://sam.gov) system as it relates to obtaining a UEI number. If Applicant's UEI number is pending, enter "PENDING" under the "Unique Entity Identifier (UEI)" field on the application. Additionally in application, under the "Other Applicant-Specific Attachments, As Needed" field, Applicant will need to upload proof that it has applied for an UEI number. If Applicant is awarded funds, it must have a valid UEI number within 30 days of Award Date. Failure to have a valid UEI number within 30 days of the Award Date may cause the conditional award to be revoked.

Is your UEI pending? If you already have a UEI number, choose "No". You will be asked to enter your UEI in a subsequent question.

- ☐ Yes
☐ No

Unique Entity Identifier (UEI) (000000000000)

UPLOAD: Proof that you have applied for a UEI* (upload)

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

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

Preparer Type: please specify...

Applicant 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

Application Preparer - Phone Extension

Application Preparer - Address Line 1

Application Preparer - Address Line 2

Application Preparer - City

Application Preparer - State

Select an item... ▼

Application Preparer - Postal Code

Part 02: Project Details

Project Details

[Question 1] Have you identified a site for location and constructing a publicly-owned pretreatment works for a new meat processing facility?

- ☐ Yes
☐ No

[Question 2] What is the address of the identified site?

[Question 3] Is this a publicly-owned pretreatment works for a new meat processing facility?

- ☐ Yes
☐ No

[Question 4] Square footage of site?

0

[Question 5] Project type

- ☐ New Construction
☐ Other

Other Construction type:

[Question 6] Construction Start date (Breaking Ground)?

[Question 7] Construction End Date (Expected Completion)?

[Question 8] Number of jobs being created due to the Nebraska Meat Processing Wastewater Pretreatment and Runoff Control Program?

0

[Question 9] Provide a detailed project plan

[Question 10] Provide a narrative of your project

[Question 11] Provide supporting Budget Documentation from Engineer

[Question 12] Provide site map(s) and a legal description of the site Project site development plan, which includes a map of the project area depicting wastewater pretreatment and runoff control plan

[Question 13] Provide completed Independent third-party project economic impact study indicating local economic impact resulting from the construction and operation of the meat processing plant.

[Question 14] Provide project timeline and milestones (project wastewater pretreatment and runoff control site development work MUST be completed by June 30, 2023)

Duplication Review

[Question 15] Identify total need prior to assistance (the need of an applicant or a city/county).

\$0.00

[Question 16] Have federal, state, local and/or private funding sources been secured/pledged for this program?

- ☐ Yes
☐ No

[Question 16.1] Total Amount of funding received.

\$0.00

[Question 16.2] Are other agencies or government funds being received?

- ☐ Yes
☐ No

[Question 16.3] Will the funds be used for a different purpose than the funds requested in this application?

What is your unmet need (Total need prior to assistance – received funding)?

\$0.00

Duplication of Funds Review Table Instructions:

Please fill out the table below to identify your total need and the amount you have received by Budget Line Item and the source of funds.

- **Budget Line Item:** The Budget Categories are found in the 'Budget' portion of the application. You will create applicable line items under each category. Use the line items to complete this section.
- **Source:** Whom are the funds from?
- **Identify total need prior to assistance** (the need of an applicant or a city/county) by Budget Category and Source.
- **Identify the amount received** by Budget Category and Source.
- **Subtract all assistance found to be duplicative, resulting in the maximum potential award amount, or unmet need.**

Please Insert Information Here:

Budget Line Item (What is the Funding For?)	Source Whom are the Funds From?	Total Need to Prior to Assistance (\$)	Amount Received (\$)	Unmet Need (\$) [Total Need – Amount Received]

I have completed the table immediately above.

- ☐ The table is filled out to the best of my knowledge and ability.
☐ I did not fill the table out and understand that at least one row is required for a complete application.

Policies and Procedures

Describe Applicant's internal accounting/financial procedures, including but not limited to, identification of the type of accounting system used to track Federal and non-federal transactions, allocation of transactions, and system of accurate record keeping and expense tracking.

Describe Applicant's ability and history for the management of state or federal grants of equal or of similar size and complexity as the one being requested.

Describe Applicant's written policies and procedures to implement changes in laws, regulations, guidance, and funding agreements affecting federal awards and programs for both themselves, as well as any partnering entities.

Describe Applicant's policies and procedures for sound financial management. Applicant is encouraged to upload a copy of its by-laws, financial procedures handbook, or any other document that outlines the Applicant's established financial policies and procedures.

UPLOAD: Policies and Procedures for Sound Financial Management

Please describe Applicant's experience with complying with statutory, regulatory or other requirements, with examples, as it relates to federal grants.

UPLOAD: A copy of most recent financial statement audit and/or single audit. Include any corrective action plans associated with the audit. If you have never had an audit, upload a statement to that effect.

UPLOAD: Federal or state program audit reports and associated reports that demonstrate minor to no findings.

Part 03: Terms of Acceptance

Terms of Acceptance

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 Meat Processing Wastewater Pretreatment and Runoff Control Program. 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.

Check to confirm

- ☐ I certify that by submitting this application, I, the Applicant, confirm that I will comply with all federal and state statutes, regulations, policies, guidance, and the terms and conditions of the federal award and state grant agreement

Check to Confirm

- ☐ I certify that, by submitting this application, I agree upon award to permit the state and federal regulators to have access to all records and financial statements of the entity relevant to compliance evaluation and monitoring of the grant program.

Check to Confirm

- ☐ I consent to allow reasonable inquiries by the Department of Economic Development (DED) for the purpose of verifying the information in my application, including but not limited to, requests for further information and inquiries submitted to third-parties. If awarded funds, I agree to provide additional reports and expenditure information upon request.

Check to Confirm

- ☐ I authorize DED to use this acknowledgment and the information obtained in the application to administer and enforce rules and policies of the grant program.

Check to Confirm

- ☐ Any individual or organization, including any governmental agency, may be asked to release information. Information may be requested from, but is not limited to: courts, law enforcement state or federal agencies, or social service agencies. I authorize the above persons, firms, or corporations to make available any documents or record relevant to this grant program for inspection and copying.

Check to Confirm

- ☐ I authorize DED to publish aggregate information regarding the entity (individual or company) submitting the application (not including personally identifiable information) and any awards which I may receive on a searchable public website as part of its public transparency and accountability efforts

Check to Confirm

- ☐ I certify that the grant funds requested in this application do not duplicate other covered assistance that has been previously received or is reasonably expected to be received by any federal or state government, county agencies, and private or nonprofit charity organizations

Check to Confirm

- ☐ I agree to repay any assistance later received for the same purpose as the grant funds associated with this grant program.

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

Budget

Proposed Budget Summary

Expense Budget

	Grant Funded	Non-Grant Funded	Total Budgeted
Advanced Treatment			
Subtotal	\$0.00	\$0.00	\$0.00
Climate Resilience			
Subtotal	\$0.00	\$0.00	\$0.00
CSO Correction			
Subtotal	\$0.00	\$0.00	\$0.00
Primary and Secondary Treatment			
Subtotal	\$0.00	\$0.00	\$0.00
Security			
Subtotal	\$0.00	\$0.00	\$0.00
Sewer System			
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
Total Proposed Revenue	\$0.00	\$0.00	\$0.00

Proposed Budget Detail

Proposed Budget Narrative

Advanced Treatment

Eligible Projects Costs: Enter the total amount in the "Direct Cost" field. If this Line Item has Match, change "Non-Grant Funded" to "Yes". Enter in your Match Dollar Amount or Match Percentage. After saving your line item, verify that the "Grant Funded", "Non-Grant Funded" and "Total Budgeted" columns are correct. Do not enter Ineligible Project Costs in this category.

Climate Resilience

Eligible Projects Costs: Enter the total amount in the "Direct Cost" field. If this Line Item has Match, change "Non-Grant Funded" to "Yes". Enter in your Match Dollar Amount or Match Percentage. After saving your line item, verify that the "Grant Funded", "Non-Grant Funded" and "Total Budgeted" columns are correct. Do not enter Ineligible Project Costs in this category.

CSO Correction

Eligible Projects Costs: Enter the total amount in the "Direct Cost" field. If this Line Item has Match, change "Non-Grant Funded" to "Yes". Enter in your Match Dollar Amount or Match Percentage. After saving your line item, verify that the "Grant Funded", "Non-Grant Funded" and "Total Budgeted" columns are correct. Do not enter Ineligible Project Costs in this category.

Primary and Secondary Treatment

Eligible Projects Costs: Enter the total amount in the "Direct Cost" field. If this Line Item has Match, change "Non-Grant Funded" to "Yes". Enter in your Match Dollar Amount or Match Percentage. After saving your line item, verify that the "Grant Funded", "Non-Grant Funded" and "Total Budgeted" columns are correct. Do not enter Ineligible Project Costs in this category.

Security

Eligible Projects Costs: Enter the total amount in the "Direct Cost" field. If this Line Item has Match, change "Non-Grant Funded" to "Yes". Enter in your Match Dollar Amount or Match Percentage. After saving your line item, verify that the "Grant Funded", "Non-Grant Funded" and "Total Budgeted" columns are correct. Do not enter Ineligible Project Costs in this category.

Sewer System

Eligible Projects Costs: Enter the total amount in the "Direct Cost" field. If this Line Item has Match, change "Non-Grant Funded" to "Yes". Enter in your Match Dollar Amount or Match Percentage. After saving your line item, verify that the "Grant Funded", "Non-Grant Funded" and "Total Budgeted" columns are correct. Do not enter Ineligible Project Costs in this category.

Performance Plan

Proposed Performance Plan

Project Timeline

Goal Name	Goal Type	Goal Details
	Milestone	Due Date

Proposed Performance Narrative

Project Timeline

Describe project timeline and milestones. Wastewater Pretreatment and Runoff Control Site Development work MUST be completed by 06/30/2023.