

Opportunity Details

Opportunity Information

Title

NSORG LB531 Sports & Tourism Grant Program

Description

Public and private entities may apply for grants that support the sports and/or tourism industry in this funding category. Applicants must explain how their project will benefit the sports and/or tourism industry within QCTs and/or ERAs in a city of the metropolitan class.

Awarding Agency Name

Nebraska Department of Economic Development

Agency Contact Name

Mike Vlassakis

Agency Contact Phone

402-600-7045

Agency Contact Email

mike.vlassakis@nebraska.gov

Manager

Mike Vlassakis

Additional Users

Public Link

<https://ne.amplifund.com/Public/Opportunities/Details/5050cf1c-0deb-4eaf-9830-50492412c48e>

Is Published

Yes

Funding Information

Opportunity Funding

\$10,950,000.00

Award Information

Award Range

\$10,000,000.00 Ceiling

Award Type

Competitive

Submission Information

Submission Window

09/29/2023 9:00 AM - 10/30/2023 5:00 PM

Submission Timeline Type

One Time

Allow Multiple Applications

Yes

Eligibility Information

Project Information

Application Information

Application Name

Award Requested

Total Award Budget
\$0.00

Primary Contact Information

Name

Email Address

Address

Phone Number

Project Description

Part 01: Applicant, Contact, and Preparer Information

Additional Primary Contact Information

Primary Contact - Organization

Primary Contact - Title

Primary Contact - Phone Number (0000000000)

Applicant Information

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

Name of Applicant Organization

Applicant - Phone Number (0000000000)

Applicant - Extension

Applicant - Address Line 1

Applicant - Address Line 2

Applicant - City

Applicant - State

Select an item... ▼

Applicant - Postal Code (00000)

Authorized Official

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

Authorizer - First Name

Authorizer - Last Name

Authorizer - Title

Authorizer - Email Address

Authorizer - Phone Number (0000000000)

Authorizer - Phone Extension

General

Legal Name

Doing Business As Name (DBA)

Secretary of State Account Number (0000000000)

Employer Identification Number (EIN) (000000000)

Date Established

Type of Entity

- ☐ Sole Proprietorship
- ☐ LLC
- ☐ Partnership
- ☐ Corporation
- ☐ Other

Type of Entity: please specify

Are you a private entity, public entity or non-profit?

- ☐ Private Entity
- ☐ Public Entity
- ☐ Non-Profit

UPLOAD: Current copy of Articles of Incorporation

UPLOAD: Current copy of By-Laws

UPLOAD: 2020 Income Statements, Cash Flow, and Balance Statements (Private Entities)

UPLOAD: 2021 Income Statements, Cash Flow, and Balance Statements (Private Entities)

UPLOAD: 2022 Income Statements, Cash Flow, and Balance Statements (Private Entities)

UPLOAD: Nebraska Secretary of State - Certificate of Good Standing (Private Entities)

UPLOAD: Nebraska Secretary of State - Certificate of Good Standing (Non-Profit)

UPLOAD: Letter from IRS for 501(c) designation (Non-Profit)

UPLOAD: 2020 IRS Form 990 (Required for Non-Profit Organizations if Applicable)

UPLOAD: 2021 IRS Form 990 (Required for Non-Profit Organizations if Applicable)

UPLOAD: 2022 IRS Form 990 (Required for Non-Profit Organizations if Applicable)

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

- ☐ Yes
☐ No

Has Applicant, its principles, or its employees been the subject of legal proceedings (civil or criminal) involving fraud, waste or misappropriation of funds or any bankruptcy/administrative proceedings within the last 10 years?

- ☐ Yes
☐ No

If Yes, please describe in detail the legal proceedings Applicant, its principles, or its employees have been involved in within the last 10 years. At a minimum, please include the date, case number, name and location of the Court, and the final disposition.

Please list the names of all employees that hold a senior leadership position or have financial management responsibilities within Applicant's organization.

For each individual listed above, please have the individuals complete the Attestation of Legal Proceedings and upload each Attestation with the Application.

LINK:

<https://opportunity.nebraska.gov/programs/recovery/#resources>

UPLOAD: Attestation of Legal Proceedings

Local Contact

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

Local Contact - First Name

Local Contact - Last Name

Local Contact - Title

Local Contact - Email Address

Local Contact - Phone Number (0000000000)

Local Contact - Extension

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

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

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 (00000)

Is there a Tertiary Contact?

- ☐ Yes
☐ No

Tertiary Contact

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

Tertiary Contact - First Name

Tertiary Contact - Last Name

Tertiary Contact - Title

Tertiary Contact - Email Address

Tertiary Contact - Phone Number (0000000000)

Tertiary Contact - Extension

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

- ☐ Yes
☐ No

Tertiary Contact - Organization Name

Tertiary Contact - Address Line 1

Tertiary Contact - Address Line 2

Tertiary Contact - City

Tertiary Contact - State

Select an item... ▼

Tertiary Contact - Postal Code (00000)

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

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 (00000)

Part 02: Partner Entity Information

Partner Entity 1 Information

Are you working in conjunction with another entity?

- ☐ Yes
☐ No

Partner Entity 1 - Organization Name

Partner Entity 1 Point of Contact - First Name

Partner Entity 1 Point of Contact - Last Name

Partner Entity 1 Point of Contact- Title

Partner Entity 1 Point of Contact- Email Address

Partner Entity 1 Point of Contact- Phone Number (0000000000)

Partner Entity 1 Point of Contact - Extension

Partner Entity 1 Point of Contact- Address Line 1

Partner Entity 1 Point of Contact- Address Line 2

Partner Entity 1 Point of Contact - City

Partner Entity 1 Point of Contact- State

Select an item... ▼

Partner Entity 1 Point of Contact - Postal Code (00000)

Partner Entity 1 Legal Name

Partner Entity 1 Doing Business As Name (DBA)

Partner Entity 1 Secretary of State Account Number (0000000000)

Partner Entity 1 Employer Identification Number (EIN) (000000000)

Partner Entity 1 Date Established

Partner Entity 1 -Type of Entity

- ☐ Sole Proprietorship
☐ LLC
☐ Partnership
☐ Corporation
☐ Other

Partner Entity 1 Type of Entity: please specify

Is Partner Entity 1 a private entity, public entity or non-profit?

- ☐ Private Entity

- ☐ Public Entity
- ☐ Non-Profit

UPLOAD: Partner Entity 1 Current copy of Articles of Incorporation

UPLOAD: Partner Entity 1 Current copy of By-Laws

UPLOAD: Partner Entity 1 2020 Income Statements, Cash Flow, and Balance Statements (Private Entities)

UPLOAD: Partner Entity 1 2021 Income Statements, Cash Flow, and Balance Statements (Private Entities)

UPLOAD: Partner Entity 1 2022 Income Statements, Cash Flow, and Balance Statements (Private Entities)

UPLOAD: Partner Entity 1 Nebraska Secretary of State - Certificate of Good Standing (Private Entities)

UPLOAD: Partner Entity 1 Nebraska Secretary of State - Certificate of Good Standing (Non-Profit)

UPLOAD: Partner Entity 1 Letter from IRS for 501(c) designation (Non-Profit)

UPLOAD: Partner Entity 1 2020 IRS Form 990 (Required for Non-Profit Organizations if Applicable)

UPLOAD: Partner Entity 1 2021 IRS Form 990 (Required for Non-Profit Organizations if Applicable)

UPLOAD: Partner Entity 1 2022 IRS Form 990 (Required for Non-Profit Organizations if Applicable)

Please specify scope of partnership with Partner Entity 1

Has Partner Entity 1 ever been debarred, suspended, or otherwise excluded from Federal assistance programs or activities?

- ☐ Yes
- ☐ No

Has Partner Entity 1, its principles, or its employees been the subject of legal proceedings (civil or criminal) involving fraud, waste or misappropriation of funds or any bankruptcy/administrative proceedings within the last 10 years?

- ☐ Yes
- ☐ No

If yes, please describe in detail the legal proceedings Partner Entity 1, its principles, or its employees have been involved in within the last 10 years. At a minimum, please include the date, case number, name and location of the Court, and the final disposition.

Please list the names of all employees that hold a senior leadership position or have financial management responsibilities within Partner Entity 1's organization.

For each individual listed above, please have the individuals complete the Attestation of Legal Proceedings and upload each Attestation with the Application.

LINK:

<https://opportunity.nebraska.gov/programs/recovery/#resources>

UPLOAD: Partner Entity 1 Attestation of Legal Proceedings

Are you working in conjunction with another entity?

- ☐ Yes, I have a second Partner Entity.
- ☐ No, I only have one Partner Entity.

Partner Entity 2 Information

Partner Entity 2 - Organization Name

Partner Entity 2 Point of Contact - First Name

Partner Entity 2 Point of Contact - Last Name

Partner Entity 2 Point of Contact- Title

Partner Entity 2 Point of Contact- Email Address

Partner Entity 2 Point of Contact- Phone Number (0000000000)

Partner Entity 2 Point of Contact - Extension

Partner Entity 2 Point of Contact- Address Line 1

Partner Entity 2 Point of Contact- Address Line 2

Partner Entity 2 Point of Contact - City

Partner Entity 2 Point of Contact- State

Select an item... ▼

Partner Entity 2 Point of Contact - Postal Code (00000)

Partner Entity 2 Legal Name

Partner Entity 2 Doing Business As Name (DBA)

Partner Entity 2 Secretary of State Account Number (0000000000)

Partner Entity 2 Employer Identification Number (EIN) (000000000)

Partner Entity 2 Date Established

Partner Entity 2 -Type of Entity

- ☐ Sole Proprietorship
- ☐ LLC
- ☐ Partnership
- ☐ Corporation
- ☐ Other

Partner Entity 2 Type of Entity: please specify

Is Partner Entity 2 a private entity, public entity or non-profit?

- ☐ Private Entity
- ☐ Public Entity
- ☐ Non-Profit

UPLOAD: Partner Entity 2 Current copy of Articles of Incorporation

UPLOAD: Partner Entity 2 Current copy of By-Laws

UPLOAD: Partner Entity 2 2020 Income Statements, Cash Flow, and Balance Statements (Private Entities)

UPLOAD: Partner Entity 2 2021 Income Statements, Cash Flow, and Balance Statements (Private Entities)

UPLOAD: Partner Entity 2 2022 Income Statements, Cash Flow, and Balance Statements (Private Entities)

UPLOAD: Partner Entity 2 Nebraska Secretary of State - Certificate of Good Standing (Private Entities)

UPLOAD: Partner Entity 2 Nebraska Secretary of State - Certificate of Good Standing (Non-Profit)

UPLOAD: Partner Entity 2 Letter from IRS for 501(c) designation (Non-Profit)

UPLOAD: Partner Entity 2 2020 IRS Form 990 (Required for Non-Profit Organizations if Applicable)

UPLOAD: Partner Entity 2 2021 IRS Form 990 (Required for Non-Profit Organizations if Applicable)

UPLOAD: Partner Entity 2 2022 IRS Form 990 (Required for Non-Profit Organizations if Applicable)

Please specify scope of partnership with Partner Entity 2

Has Partner Entity 2 ever been debarred, suspended, or otherwise excluded from Federal assistance programs or activities?

- ☐ Yes
☐ No

Has Partner Entity 2, its principles, or its employees been the subject of legal proceedings (civil or criminal) involving fraud, waste or misappropriation of funds or any bankruptcy/administrative proceedings within the last 10 years?

- ☐ Yes
☐ No

If yes, please describe in detail the legal proceedings Partner Entity 2, its principles, or its employees have been involved in within the last 10 years. At a minimum, please include the date, case number, name and location of the Court, and the final disposition.

Please list the names of all employees that hold a senior leadership position or have financial management responsibilities within Partner Entity 2's organization.

For each individual listed above, please have the individuals complete the Attestation of Legal Proceedings and upload each Attestation with the Application.

LINK:

<https://opportunity.nebraska.gov/programs/recovery/#resources>

UPLOAD: Partner Entity 2 Attestation of Legal Proceedings

Are you working in conjunction with another entity?

- ☐ Yes, I have a third Partner Entity.
☐ No, I only have two Partner Entities.

Partner Entity 3 Information

Partner Entity 3 - Organization Name

Partner Entity 3 Point of Contact - First Name

Partner Entity 3 Point of Contact - Last Name

Partner Entity 3 Point of Contact - Title

Partner Entity 3 Point of Contact- Title

Partner Entity 3 Point of Contact- Email Address

Partner Entity 3 Point of Contact- Phone Number (0000000000)

Partner Entity 3 Point of Contact - Extension

Partner Entity 3 Point of Contact- Address Line 1

Partner Entity 3 Point of Contact- Address Line 2

Partner Entity 3 Point of Contact - City

Partner Entity 3 Point of Contact- State

Select an item...

Partner Entity 3 Point of Contact - Postal Code (00000)

Partner Entity 3 Legal Name

Partner Entity 3 Doing Business As Name (DBA)

Partner Entity 3 Secretary of State Account Number (0000000000)

Partner Entity 3 Employer Identification Number (EIN) (000000000)

Partner Entity 3 Date Established

Partner Entity 3 -Type of Entity

- ☐ Sole Proprietorship
- ☐ LLC
- ☐ Partnership
- ☐ Corporation
- ☐ Other

Partner Entity 3 Type of Entity: please specify

Is Partner Entity 3 a private entity, public entity or non-profit?

- ☐ Private Entity
- ☐ Public Entity
- ☐ Non-Profit

UPLOAD: Partner Entity 3 Current copy of Articles of Incorporation

UPLOAD: Partner Entity 3 Current copy of By-Laws

UPLOAD: Partner Entity 3 2020 Income Statements, Cash Flow, and Balance Statements (Private Entities)

UPLOAD: Partner Entity 3 2021 Income Statements, Cash Flow, and Balance Statements (Private Entities)

UPLOAD: Partner Entity 3 2022 Income Statements, Cash Flow, and Balance Statements (Private Entities)

UPLOAD: Partner Entity 3 Nebraska Secretary of State - Certificate of Good Standing (Private Entities)

UPLOAD: Partner Entity 3 Nebraska Secretary of State - Certificate of Good Standing (Non-Profit)

UPLOAD: Partner Entity 3 Letter from IRS for 501(c) designation (Non-Profit)

UPLOAD: Partner Entity 3 2020 IRS Form 990 (Required for Non-Profit Organizations if Applicable)

UPLOAD: Partner Entity 3 2021 IRS Form 990 (Required for Non-Profit Organizations if Applicable)

UPLOAD: Partner Entity 3 2022 IRS Form 990 (Required for Non-Profit Organizations if Applicable)

Please specify scope of partnership with Partner Entity 3

Has Partner Entity 3 ever been debarred, suspended, or otherwise excluded from Federal assistance programs or activities?

- ☐ Yes
☐ No

Has Partner Entity 3, its principles, or its employees been the subject of legal proceedings (civil or criminal) involving fraud, waste or misappropriation of funds or any bankruptcy/administrative proceedings within the last 10 years?

- ☐ Yes
☐ No

If yes, please describe in detail the legal proceedings Partner Entity 3, its principles, or its employees have been involved in within the last 10 years. At a minimum, please include the date, case number, name and location of the Court, and the final disposition.

Please list the names of all employees that hold a senior leadership position or have financial management responsibilities within Partner Entity 3's organization.

For each individual listed above, please have the individuals complete the Attestation of Legal Proceedings and upload each Attestation with the Application.

LINK:

<https://opportunity.nebraska.gov/programs/recovery/#resources>

UPLOAD: Partner Entity 3 Attestation of Legal Proceedings

Are you working in conjunction with another entity?*

- ☐ Yes, I have a fourth Partner Entity.
☐ No, I only have three Partner Entities.

Partner Entity 4 Information

Partner Entity 4 - Organization Name

Partner Entity 4 Point of Contact - First Name

Partner Entity 4 Point of Contact - Last Name

Partner Entity 4 Point of Contact- Title

Partner Entity 4 Point of Contact- Email Address

Partner Entity 4 Point of Contact- Phone Number (0000000000)

Partner Entity 4 Point of Contact - Extension

Partner Entity 4 Point of Contact- Address Line 1

Partner Entity 4 Point of Contact- Address Line 2

Partner Entity 4 Point of Contact- Address Line 2

Partner Entity 4 Point of Contact - City

Partner Entity 4 Point of Contact- State

Select an item...

Partner Entity 4 Point of Contact - Postal Code (00000)

Partner Entity 4 Legal Name

Partner Entity 4 Doing Business As Name (DBA)

Partner Entity 4 Secretary of State Account Number (0000000000)

Partner Entity 4 Employer Identification Number (EIN) (000000000)

Partner Entity 4 Date Established

Partner Entity 4 -Type of Entity

- ☐ Sole Proprietorship
- ☐ LLC
- ☐ Partnership
- ☐ Corporation
- ☐ Other

Partner Entity 4 Type of Entity: please specify

Is Partner Entity 4 a private entity, public entity or non-profit?

- ☐ Private Entity
- ☐ Public Entity
- ☐ Non-Profit

UPLOAD: Partner Entity 4 Current copy of Articles of Incorporation

UPLOAD: Partner Entity 4 Current copy of By-Laws

UPLOAD: Partner Entity 4 2020 Income Statements, Cash Flow, and Balance Statements (Private Entities)

UPLOAD: Partner Entity 4 2021 Income Statements, Cash Flow, and Balance Statements (Private Entities)

UPLOAD: Partner Entity 4 2022 Income Statements, Cash Flow, and Balance Statements (Private Entities)

UPLOAD: Partner Entity 4 Nebraska Secretary of State - Certificate of Good Standing (Private Entities)

UPLOAD: Partner Entity 4 Nebraska Secretary of State - Certificate of Good Standing (Non-Profit)

UPLOAD: Partner Entity 4 Letter from IRS for 501(c) designation (Non-Profit)

UPLOAD: Partner Entity 4 2020 IRS Form 990 (Required for Non-Profit Organizations if Applicable)

UPLOAD: Partner Entity 4 2021 IRS Form 990 (Required for Non-Profit Organizations if Applicable)

UPLOAD: Partner Entity 4 2022 IRS Form 990 (Required for Non-Profit Organizations if Applicable)

Please specify scope of partnership with Partner Entity 4

Has Partner Entity 4 ever been debarred, suspended, or otherwise excluded from Federal assistance programs or activities?

- ☐ Yes
☐ No

Has Partner Entity 4, its principles, or its employees been the subject of legal proceedings (civil or criminal) involving fraud, waste or misappropriation of funds or any bankruptcy/administrative proceedings within the last 10 years?

- ☐ Yes
☐ No

If yes, please describe in detail the legal proceedings Partner Entity 4, its principles, or its employees have been involved in within the last 10 years. At a minimum, please include the date, case number, name and location of the Court, and the final disposition.

Please list the names of all employees that hold a senior leadership position or have financial management responsibilities within Partner Entity 4's organization.

For each individual listed above, please have the individuals complete the Attestation of Legal Proceedings and upload each Attestation with the Application.

LINK:

<https://opportunity.nebraska.gov/programs/recovery/#resources>

UPLOAD: Partner Entity 4 Attestation of Legal Proceedings

Are you working in conjunction with another entity?

- ☐ Yes, I have a fifth Partner Entity.
☐ No, I only have four Partner Entities.

Partner Entity 5 Information

Partner Entity 5 - Organization Name

Partner Entity 5 Point of Contact - First Name

Partner Entity 5 Point of Contact - Last Name

Partner Entity 5 Point of Contact- Title

Partner Entity 5 Point of Contact- Email Address

Partner Entity 5 Point of Contact- Phone Number (0000000000)

Partner Entity 5 Point of Contact - Extension

Partner Entity 5 Point of Contact- Address Line 1

Partner Entity 5 Point of Contact- Address Line 2

Partner Entity 5 Point of Contact - City

Partner Entity 5 Point of Contact- State

Select an item... ▼

Partner Entity 5 Point of Contact - Postal Code (00000)

Partner Entity 5 Legal Name

Partner Entity 5 Doing Business As Name (DBA)

Partner Entity 5 Secretary of State Account Number (0000000000)

Partner Entity 5 Employer Identification Number (EIN) (0000000000)

Partner Entity 5 Date Established

Partner Entity 5 -Type of Entity

- ☐ Sole Proprietorship
- ☐ LLC
- ☐ Partnership
- ☐ Corporation
- ☐ Other

Partner Entity 5 Type of Entity: please specify

Is Partner Entity 5 a private entity, public entity or non-profit?

- ☐ Private Entity
- ☐ Public Entity
- ☐ Non-Profit

UPLOAD: Partner Entity 5 Current copy of Articles of Incorporation

UPLOAD: Partner Entity 5 Current copy of By-Laws

UPLOAD: Partner Entity 5 2020 Income Statements, Cash Flow, and Balance Statements (Private Entities)

UPLOAD: Partner Entity 5 2021 Income Statements, Cash Flow, and Balance Statements (Private Entities)

UPLOAD: Partner Entity 5 2022 Income Statements, Cash Flow, and Balance Statements (Private Entities)

UPLOAD: Partner Entity 5 Nebraska Secretary of State - Certificate of Good Standing (Private Entities)

UPLOAD: Partner Entity 5 Nebraska Secretary of State - Certificate of Good Standing (Non-Profit)

UPLOAD: Partner Entity 5 Letter from IRS for 501(c) designation (Non-Profit)

UPLOAD: Partner Entity 5 2020 IRS Form 990 (Required for Non-Profit Organizations if Applicable)

UPLOAD: Partner Entity 5 2021 IRS Form 990 (Required for Non-Profit Organizations if Applicable)

UPLOAD: Partner Entity 5 2022 IRS Form 990 (Required for Non-Profit Organizations if Applicable)

Please specify scope of partnership with Partner Entity 5

Has Partner Entity 5 ever been debarred, suspended, or otherwise excluded from Federal assistance programs or activities?

- ☐ Yes
- ☐ No

Has Partner Entity 5, its principles, or its employees been the subject of legal proceedings (civil or criminal) involving fraud, waste or misappropriation of funds or any bankruptcy/administrative proceedings within the last 10 years?

- ☐ Yes
- ☐ No

If yes, please describe in detail the legal proceedings Partner Entity 5, its principles, or its employees have been involved in within the last 10 years. At a minimum, please include the date, case number, name and location of the Court, and the final disposition.

Please list the names of all employees that hold a senior leadership position or have financial management responsibilities within Partner Entity 5's organization.

For each individual listed above, please have the individuals complete the Attestation of Legal Proceedings and upload each Attestation with the Application.

LINK:

<https://opportunity.nebraska.gov/programs/recovery/#resources>

UPLOAD: Partner Entity 5 Attestation of Legal Proceedings

Are you working in conjunction with additional partner entities?

- ☐ Yes
☐ No

Additional Partner Entities

For each additional Partner Entity not listed above, complete the Additional Partner Entity Information form and upload, including all required attachments requested. Please combine the form, required attachments, and applicable Attestation of Legal Proceedings into one document for each additional Partner Entity, if possible.

LINK:

<https://opportunity.nebraska.gov/programs/recovery/#resources>

UPLOAD: Additional Partner Entity Information

Part 03: Threshold Questions

Threshold Questions

A link to the coordination plan and appendices by the Economic Recovery Special Committee of the Legislature dated January 10, 2023 can be found here: <https://www.nebraskalegislature.gov/reports/econrec.php>

To obtain your original proposal submission (Olsson data) as a Microsoft Excel file, you may submit a request here: <https://opportunity.nebraska.gov/programs/recovery/>.

Is the project you are applying for listed in the coordination plan or appendices by the Economic Recovery Special Committee of the Legislature dated January 10, 2023?

- ☐ Yes
☐ No

NOTE: If the project is not listed in the coordination plan or appendices, your application will not be considered.

Enter the Proposal ID Number (between 1 and 370) assigned to your proposal in the coordination plan or appendices.
0

Specify the location of your project in the coordination plan or appendices by the Economic Recovery Special Committee of the Legislature dated January 10, 2023. Select all that apply.

- ☐ 2023 Economic Recovery Grant Program Coordination Plan
☐ Appendix A
☐ Appendix B
☐ Appendix C
☐ Appendix D
☐ Appendix E
☐ Appendix F
☐ Appendix G
☐ Appendix H

Specify the page number(s) where your project is listed based on your selection(s) above.

UPLOAD: Relevant document(s) referenced in the previous two questions.

Was your project recommended for funding in the coordination plan?

- ☐ Yes
☐ No

If yes, please specify the amount your project was recommended for.

\$0.00

If yes, please specify the page number of the coordination plan where the project's recommended funding amount can be found.

0

If yes, was your project listed as a Catalyst Project?

- ☐ Yes

☐ No

If yes, was your project listed as a Quick Win Project?

☐ Yes
☐ No

Is your project related to Tourism?

☐ Yes
☐ No

Please explain how it relates to tourism.

Is your project a Sports park, recreation area, or athletic facility?

☐ Yes
☐ No

Please explain how it relates to a sports park, recreation area or athletic facility.

Is the Applicant Organization a City of the Metropolitan Class?

☐ Yes
☐ No

Have you obtained a letter of support for the specific grant proposal from the Mayor's office of a city of the metropolitan class?

☐ Yes
☐ No

UPLOAD: Please upload the letter of support for the specific grant proposal

Your application may not be considered. Please review the eligibility criteria listed under section 3.3.2 of the program manual

Location

Have you identified a site?

☐ Yes
☐ No

What are the steps to ensure the potential site is located within a city of the metropolitan class and within a QCT or ERA?

Describe how you plan to identify, acquire, and ensure proper zoning of a site.

If yes, answer the following questions:

What is the site location/address/parcel number?

UPLOAD: An aerial map identifying the site.

Is the site located in a Geographic Area of Focus, as defined in the coordination plan?

☐ Yes
☐ No

If yes, which Geographic Area of Focus is the site located in?

- ☐ North 16th Street
- ☐ North 24th Street
- ☐ South 24th Street
- ☐ Q Street

Does your organization have site control?

- ☐ Yes
- ☐ No

UPLOAD: Proof of site control (proof of ownership, option, purchase contract, or long term lease agreement)

If no, provide details of how you intend to acquire the site.

Is the site properly zoned?

- ☐ Yes
- ☐ No

UPLOAD: Proof of zoning

If no, provide details of your plan to get it properly zoned.

Is the site located in one or more of the following areas? Select all that apply. NOTE: Must be located (A) in a QCT or ERA AND (B) in City of Metropolitan Class to be eligible.

- ☐ QCT
- ☐ ERA
- ☐ City of the Metropolitan Class
- ☐ None of the above

Has an environmental assessment been conducted for the subject site?

- ☐ Yes
- ☐ No

UPLOAD: Environmental Assessment

Is the property a brownfield site?

- ☐ Yes
- ☐ No

Part 04: General Application Questions

Application Questions

Instructions: Many (but not all) of the questions in this section mirror application questions from Appendix E: Proposal Application Form of the North and South Omaha Economic Recovery Coordination Plan. As such, you may choose to copy answers from the original proposal submission, provided the details have not changed since the original proposal was submitted.

To obtain your original proposal submission (Olsson data) as a Microsoft Excel file, you may submit a request here: <https://opportunity.nebraska.gov/programs/recovery/>

Proposal Type

- ☐ Capital project
- ☐ Service/program
- ☐ Combination of capital project and service/program

Brief Proposal Summary

Provide an overview of your proposal.

Timeline

Provide a narrative timeline for your proposal. Please list significant milestones and dates, including the anticipated completion date.

Project start date

Project completion date

Describe any contingencies or unknown elements in the project's implementation, including a plan for how your organization and/or partners will address unknowns and mitigate risks associated with uncertainty.

UPLOAD: Schedule of the project, if applicable

Funding Goals

What overarching goals does your proposal help fulfill? Select all that apply.

- ☐ Transformational (i.e., a proposal that will help energize, recharge, or spur significant and favorable advancements in North or South Omaha's function or appearance)
- ☐ Fundamental Change (i.e., a proposal that will continue to elevate North or South Omaha's presence and perception within the region, significantly improving the lives of area residents through physical development)
- ☐ Long-Lasting Economic Growth (i.e., a proposal that will foster gainful employment opportunities and financial investment in the area, leading to the creation of generational wealth and widespread economic vitality in North and

South Omaha)

☐ None of the above

Provide a narrative explanation of your answer to the previous question.

Community Needs

What community needs does your proposal help meet? Select all that apply.

- ☐ Sustainable Community (i.e., create or enhance housing, services, education, civic uses, recreation, etc.)
- ☐ Multimodal Transportation (i.e., enable connectivity through driving, biking, taking transit, rolling, and walking)
- ☐ Other Infrastructure (i.e., develop or improve business districts)
- ☐ Quality of Life (i.e., create or enhance natural spaces, mixed uses, parks, safety, etc.)
- ☐ Policy (i.e., develop or improve context-sensitive education, finance, health, training, zoning, etc.)
- ☐ Other
- ☐ None of the above

Provide a narrative explanation of your answer to the previous question.

Visioning Workshop Findings Alignment

Describe how the proposal aligns with the findings in the Visioning Workshop Summary.

Identify the specific gaps or other community needs that your proposal addresses.

Priorities Alignment

How will the grant relieve the negative impact of the COVID-19 public health emergency within a qualified census tract located within the boundaries of a city of the metropolitan class?

How does the proposal align with LB 531's strategic priorities? Select all that apply.

- ☐ Small Business Development
- ☐ Job Creation
- ☐ Economic Development
- ☐ None of the above

Provide a narrative explanation of your answer to the previous question.

Economic Impact

Instructions: For a tutorial video on how to complete this section, please click here.

<https://youtu.be/5f4u80DSAlg>

Enter the TOTAL economic impact score (0.00 to 5.00) for your application, as reported in Appendix F: Economic Impact Evaluation Report of the North and South Omaha Economic Recovery Coordination Plan.

0.00

Enter the JOBS score for your application (0.00 to 1.00) as reported in Appendix F: Economic Impact Evaluation Report of the North and South Omaha Economic Recovery Coordination Plan.

0.00

Enter the STATE TAXES score for your application (0.00 to 0.25) as reported in Appendix F: Economic Impact Evaluation Report of the North and South Omaha Economic Recovery Coordination Plan.

0.00

What is the anticipated job creation and wages associated with your proposal (temporary and permanent)?

How many permanent jobs will be created?

0

How many temporary or construction jobs will be created?

0

What are the proposed jobs' wage levels?

Describe how you might align proposed jobs to provide immediate and ongoing opportunity for businesses and contractors in the Qualified Census Tracts.

Community Benefit

Describe the community benefit that will be derived from this proposal. For example, how will it diversify the economy, improve the local neighborhood, and/or increase livability in the community?

How does this proposal contribute to community sustainability and resilience (economic, built and natural environment, and quality of life)?

Innovation

How will this build innovative communities?

Outcome Measurement

What other outcomes of your grant request will your organization measure (i.e., improved education, creating new high-wage job opportunities, etc.)?

How will those outcomes be measured?

Who will be responsible for collecting and evaluating data to measure those outcomes?

Does this act as a catalyst for co-investment/secondary investment?

☐ Yes

☐ No

If yes, please explain.

Projects involving displacement must comply with the Relocation Assistance Act, Neb. Rev. Stat. §§ 76-1214 to 76-1242.

Does the project involve displacement, as defined by the Relocation Assistance Act, Neb. Rev. Stat. §§ 76-1214 to 76-1242?

- ☐ Yes
☐ No

Describe how the project will maintain compliance with the Relocation Assistance Act, Neb. Rev. Stat. §§ 76-1214 to 76-1242.

Design, Estimating, and Bidding

Does the project involve a capital expenditure?

- ☐ Yes
☐ No

Has design been completed?

- ☐ Yes
☐ No

Has a construction bid package been developed?

- ☐ Yes
☐ No

If not, how were cost estimates determined?

Has a general contractor been selected?

- ☐ Yes
☐ No

If so, was a public competitive bid process completed prior to awarding the contract?

- ☐ Yes
☐ No

If not, why not?

UPLOAD: A Pro-Forma for the project

Financing and Stability

Enter the total amount of grant funds being requested for this application.

\$0.00

Enter the grant request amount from your original proposal in the coordination plan or appendices.

\$0.00

NOTE: The total amount of grant funds being requested for this application may not exceed the grant request amount from your original proposal in the coordination plan or appendices. This restriction does not apply to projects that originally requested less than \$250,000. Such projects may request up to a maximum of

\$250,000.

Please provide a narrative justifying the dollar amount of your request.

Please provide a detailed explanation of how the grant funds will be used to support this proposal.

UPLOAD: Documentation to support the grant request narrative (Optional)

Financial Sustainability: If awarded, describe how the project will be fiscally sustainable (i.e., not require ongoing funding for operations, not be dependent on future funding requests).

Please provide a narrative detailing how ongoing operations will be funded following this initial grant investment.

Duplication Review

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

\$0.00

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

- ☐ Yes
☐ No

Total Amount of funding received.

\$0.00

Are other agencies or government funds being received?

- ☐ Yes
☐ No

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 use the above information to fill out the table below:

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.

Are any uncommitted federal, state, local, and/or private funding sources anticipated and/or pending for this program?

- ☐ Yes
☐ No

If you are anticipating other funding sources, when do you expect a decision on pending funding requests to be finalized?
(Please list: Entity, Request, Status, and Expected Decision Date)

Is the viability of this proposal contingent on any anticipated/pending funding sources?

- ☐ Yes
☐ No

If yes, please explain.

Partial funding: Can this project be completed in smaller components if the current grant request is partially funded?

- ☐ Yes
☐ No, if the grant request is not fully funded the project will not be feasible.

If yes, please describe these components and ensure that the grant budget reflects such component breakdowns.

Financial Commitment: Please describe the organizational financial commitment to the proposal.

Organizational Capacity

UPLOAD: Organizational Chart

How many employees will be dedicated to the project?

0

Describe the scope of work for each employee dedicated to the project.

Describe any relevant qualifications and experience of any external staff that will play a key role in the project.

Describe your organization's qualifications to manage a federal or state grant, including its history of successfully managing grants.

Describe your organization's track record of completing projects on time or ahead of schedule.

Describe your organization's ability to take on additional projects.

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 the Applicant's experience with complying with statutory, regulatory, or other requirements related to state grants, including examples.

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 05: Application Questions

Project Specific Information

Please explain how your project will benefit the sports and/or tourism industry within QCTs and/or ERAs in a city of the metropolitan class.

Please explain your project's ability to attract visitors to QCTs and/or ERAs

Part 06: Application Uploads

Application Uploads

UPLOAD: Evidence of Board Approval for grant request

UPLOAD: Other Applicant-specific attachments, as needed

Part 07: 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 NSORG LB531 Sports and Tourism Grant 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 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.

Check to confirm

- ☐ I understand that by submitting this application, if I, the Applicant, submit the same project under more than one NSORG funding category, only the first application submitted will be considered for funding.

First and Last Name of Authorized Representative

Terms of Acceptance

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	Total Budgeted
Construction		
Subtotal	\$0.00	\$0.00
Advertising/Marketing		
Subtotal	\$0.00	\$0.00
Rehabilitation		
Subtotal	\$0.00	\$0.00
Total Proposed Cost	\$0.00	\$0.00

Revenue Budget

	Grant Funded	Total Budgeted
Grant Funding		
Award Requested	\$0.00	\$0.00
Subtotal	\$0.00	\$0.00
Total Proposed Revenue	\$0.00	\$0.00

Proposed Budget Detail

Proposed Budget Narrative

Construction

Advertising/Marketing

Advertisement purchases in radio, press or Social Media for Events

Rehabilitation

Rehabilitation or Upgrades to Infrastructures for Events