

Opportunity Details

Opportunity Information

Title
Nebraska Department of Veterans' Affairs Military Documentary Grant

Description
The Military Documentary Grant is funded through the Nebraska Department of Veterans' Affairs. The grant is intended to highlight the rich history of USSTRATCOM, its strategic mission, and the major bases that support the mission, including but not limited to Offutt Air Force Base.

Awarding Agency Name
Nebraska Department of Veterans' Affairs

Agency Contact Name
Jennie Gies

Agency Contact Phone
(531) 739-9680

Agency Contact Email
jennie.gies@nebraska.gov

Manager
Veterans' Affairs Test Account

Additional Users

Announcement Type
Initial Announcement

Public Link
<https://ne.amplifund.com/Public/Opportunities/Details/6351868e-13ce-4fd0-bddc-d7a4cbb602a5>

Is Published
Yes

Funding Information

Opportunity Funding
\$0.00

Funding Restrictions
Funds cannot be used for lobbying or any other activity prohibited by State or Federal law related to the use of State Funds.

Award Information

Award Range
\$2,500,000.00 - \$5,000,000.00

Award Type
Competitive

Capital Grant
No

Expected Number of Awards
1.00

Indirect Costs Allowed
No

Matching Requirement
Yes

Cash Match Requirement
0.00%

In-Kind Match Requirement
0.00%

Other Funding Requirement

Submission Information

Submission Window
01/31/2023 9:00 AM - 02/21/2023 5:00 PM

Submission Timeline Type
One Time

Question Submission Information

Question Submission Additional Information
For general and program-specific user guides and videos, please refer to:
<https://opportunity.nebraska.gov/amplifund/>

Eligibility Information

Additional Eligibility Information
Public and Private Entities are eligible for this grant.

Additional Information

Additional Information URL

<https://veterans.nebraska.gov/documentary>

Additional Information URL Description

Program guidelines and additional information can be found on the NDVA website: <https://veterans.nebraska.gov/documentary>

Statewide Relay System: Individuals, who are hearing and/or speech impaired and have a TTY, may contact 711 TTY or the Nebraska Statewide Relay System by calling (800) 833-7352 (TTY) or (800) 833-0920 (voice) . The relay operator should be asked to call NDVA at (531) 739-9680.

Project Information

Application Information

Application Name

Award Requested

Cash Match Requirement
\$0.00

Cash Match Contributions
\$0.00

In-Kind Match Requirement
\$0.00

In-Kind 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.*

Name of Applicant Organization

Name of Applicant Company

Name of Applicant Municipality

Applicant - Phone Number

Applicant - Extension

Applicant - Address Line 1

Applicant - Address Line 2

Applicant - City

Applicant - State

Select an item... ▾

Applicant - Postal Code

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

Legal Name

Doing Business As Name (DBA)

Secretary of State Account Number

Employer Identification Number (EIN)

Date Established

Type of Entity

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

Type of Entity: please specify...

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:

Employment

Number of Full Time Employees

0

Current Average Salary of Employees (\$)

\$0.00

Industry

Please indicate which industry best describes your company

Select an item...

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. [Can add program-specific local contact definition.]

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

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

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
☐ 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 - 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: Military Documentary Grant

Organizational Readiness

What is your organization's founding mission or if not an organization, your individual mission?

Please describe the operations structure of your organization.

Please describe the leadership structure of your organization.

Who is responsible for the overall operations of your organization?

Do you foresee any potential barriers to your project success?

- ☐ Yes
☐ No

If yes, how have you planned for them?

Please provide names, titles, qualifications and experience of the person(s) who will be involved in developing and completing your proposed project.

Will a portion of your filming be done in Nebraska?

- ☐ Yes
☐ No

Will your production include a Nebraska-related story?

- ☐ Yes
☐ No
-

Financial & Administrative Readiness

How is your organization currently funded?

What is your current Reserve position?

\$0.00

What is your estimated total project cost?

\$0.00

What is the estimated timeline for your project?

Who is responsible for financial operations of your organization?

Please describe your organization's internal controls and financial management procedures.

Are other funders or programmatic partners included in the development of your project?

- ☐ Yes
☐ No

If yes, please identify the funder(s)/partner(s) and describe the role of each one, including the funding amount.

Capacity

Have you completed previous film projects?

- ☐ Yes
☐ No

If yes, please identify the projects.

If yes, were any of these grant funded projects?

- ☐ Yes
☐ No

If yes, please describe project, budget and funding information.

Were the project/s completed on schedule?

- ☐ Yes
☐ No

Please provide detail and outcome of the project/s.

Do you have experience related to military focused productions?

- ☐ Yes
☐ No

If yes, please identify the projects.

Do you have experience with grant reporting?

- ☐ Yes
☐ No

If yes, please identify the projects.

Project Readiness

Will your production require a Production Assistance Agreement with the Department of Defense?

- ☐ Yes
☐ No

How do you plan to gain access to military bases and personnel for this production, if necessary?

Do you plan to pursue a Production Assistance Agreement with the Department of Defense?

- ☐ Yes
☐ No

If a Production Assistance Agreement is not granted, please describe how this will impact the production.

Have you secured a distributor for your production?

- ☐ Yes
☐ No

Please attach a copy of the agreement(s).

Please describe your plan to distribute the production.

Have you already begun production of this documentary?

- ☐ Yes
☐ No

Please describe where you are in the development process timeline.

Project Overview

Please provide an overview of project that you are proposing. Include the background of the project, the timeframe for completion, the components of the project, who will be responsible for each component and how each component will be accomplished.

Budget

Download the budget spreadsheet using the following link, then submit the completed spreadsheet in the field below.

https://veterans.nebraska.gov/sites/veterans.nebraska.gov/files/NDVA_DocumentaryGrantBudgetTemplate.xlsx

Budget Upload

To return to previous sections of the application, please use the navigation found at the top of each page.

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 NDVA Military Documents

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 funding.

Check to Confirm

☐ I consent to allow reasonable inquiries by the Nebraska Department of Veterans' Affairs (NDVA) 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 NDVA to use this acknowledgment and the information obtained in the application to administer and enforce rules and policies related to this funding.

Check to Confirm

☐ Any individual or organization, including any governmental agency, may be asked to release information. Information may be requested from entities, including but 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 funding for inspection and copying.

Check to Confirm

☐ I authorize NDVA 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 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 funds associated with this award.

Check to Confirm

☐ I understand that development of any project using these funds must include an acknowledgement in the project credits that the project or a portion thereof was funded under a grant through the Nebraska Department of Veterans' Affairs.

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

