

## Opportunity Details

### Opportunity Information

Title

2024 Civic and Community Center Financing Fund (CCCFF)

Description

The Civic and Community Center Financing Fund (CCCFF) grants are awarded and administered by the Nebraska Department of Economic Development (DED) to encourage and foster quality of life in our communities. Nebraska municipalities, including rural cities and villages, and tribal governments may apply for CCCFF grants. These grants are awarded on a competitive basis to construct and/or improve community facilities such as libraries, recreation and wellness centers, gathering spaces, convention centers, town squares, and cultural centers. Projects may include the conversion, rehabilitation, or reuse of historic buildings. The program may also be used for preliminary planning related to the development or rehabilitation of eligible projects. The local cost-share requirement is at least 1:1. Planning grants are available for \$100,000 or more. Construction grants are available for a minimum of \$100,000 and a maximum as defined in the program year fact sheet. For this and other program materials, refer to the CCCFF webpage under Program Resources. <https://opportunity.nebraska.gov/cccff>

Agency Contact Name

Susan Nickerson

Agency Contact Phone

402-471-0311

Agency Contact Email

[susan.nickerson@nebraska.gov](mailto:susan.nickerson@nebraska.gov)

Program

Fund Activity Categories

Community Development

Category Explanation

Community Development resources are available to eligible projects that foster growth and contribute to quality of life, placemaking, and community betterment.

Manager

Susan Nickerson

Additional Users

Announcement Type

Initial Announcement

Public Link

<https://ne.amplifund.com/Public/Opportunities/Details/63fac628-9013-4510-8e0d-797f08e9ed60>

Is Published

Yes

### Funding Information

Opportunity Funding

\$4,055,583.00

### Award Information

Award Range

\$100,000.00 Floor

Award Type

Competitive

Capital Grant

No

Matching Requirement

Yes

Cash Match Requirement

100.00%

In-Kind Match Requirement

0.00%

Other Funding Requirement

## Submission Information

Submission Window

01/15/2024 9:00 AM - 02/15/2024 6:00 PM

Submission Timeline Type

One Time

Allow Multiple Applications

Yes

## Question Submission Information

Question Submission Email Address

susan.nickerson@nebraska.gov

Question Submission Additional Information

Additional information Please refer to: <https://opportunity.nebraska.gov/cccff>

## Eligibility Information

Eligibility Type

Public

Additional Eligibility Information

Nebraska municipalities, including rural cities and villages, and tribal governments may apply for CCCFF grants. Ineligible are the cities of Omaha and Lincoln, or other municipalities that have received assistance under the Convention Center Facility Financing Assistance Act or the Sports Arena Facility Financial Assistance Act, which includes Ralston and Kearney. For more information on the eligibility of applicants or projects, please consult the Application Guidelines.

Not all project costs are eligible, including any costs incurred prior to award and those related to facility staffing, programming, marketing, advertising, fundraising, and portable furnishing or equipment. For more information on ineligible costs, refer to the Application Guidelines.

In-kind match is allowable up to 50% of the required 100% in total cost-share requirements. Applicants should not assume their specific in kind contributions are eligible at the time of application. Successful Applicants seeking to use in-kind to meet matching requirements can expect additional direction from DED following their application's notice of approval.

In the 2024 application cycle, only Municipality with certified creative district may apply. (This doesn't apply to tribal entities.)

## **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

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 and General Information

---

#### Applicant Information

Primary Contact - Organization

Primary Contact - Title

Applicant Legal Name (e.g., Anytown\_Village; TribalNation\_Tribe)

Municipality or Tribal - Address 1

Municipality or Tribal - Address 2

Municipality or Tribal - City

Municipality or Tribal - Postal Code

0

Municipality or Tribal Phone Number

Municipality or Tribal - Email Address

#### Chief Elected Official or Tribal Chair

This individual is referred to as the Authorizer.

Authorizer - First Name

Authorizer - Last Name

Authorizer - Title

Authorizer - Email Address

---

#### 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

*\*Preparer may or may not be employed by the Applicant.*

The Preparer is the same as the Primary or Secondary Contact?

- ☐ Yes  
☐ No

The Preparer is the same as the:

- ☐ Primary Contact  
☐ Secondary Contact

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 (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

## Part 02 : Applicant Eligibility Thresholds

---

### Applicant Information

Applicant Type

- ☐ Municipality
- ☐ Tribal Government

NOTE: Depending on Applicant's selection above, a series of relevant questions will follow to determine eligibility under the program. For more information, see Sections 4 and 9 of the Application and Program Guidelines.

**Before entering the "Current Population" field below, make sure to verify the most recent certified count by the United States Census Bureau. Here are the steps to verify the total population of your selected Region or Place:**

1. Navigate to the official State partner of the U.S. Census Bureau website using the following link:  
<https://www.unomaha.edu/college-of-public-affairs-and-community-service/center-for-public-affairs-research/programs/2020census-data-table.php>
2. Once the link is open, in the dropdown menu provided within the census Table, Set the "Select Geography" filter to **"Places"**.
3. Find the population number in the **"Total"** Column.
4. Input the Total population in the field below.

Provide The Current Population based on the most recent certified count by the United States Census Bureau.

0

Is there any reason, like an annexation, your population differs significantly from the Census Population in the dropdown above?

- ☐ Yes
- ☐ No

Explain why your population differs significantly from the Census Population dropdown.

UPLOAD: Supporting Documentation on Census Population difference.

---

### Applicant Eligibility Thresholds

**This funding opportunity is only open to municipalities and tribal governments. For planning grants, the assumption is that the resulting facility, should it be developed, will meet these terms. For more information about ownership, location, and operation requirements, as well as other eligibility requirements, refer to the Application and Program Guidelines.**

Ownership of the facility must conform to one of the first two options identified below.

- ☐ Municipality or Tribal Government owns the facility.
- ☐ FOR MUNICIPAL APPLICANTS ONLY: The municipality jointly owns the facility with a political subdivision (i.e., county, school district, community college area, or natural resources district) and the municipality's ownership interest is at least fifty percent.
- ☐ Neither of the above circumstances are true.



**If "Neither of the above circumstances are true.", you are ineligible for the Civic and Community Center Financing Fund. Please contact the DED CCCFF coordinator for more information.**

Name of political subdivision

Location of the facility must conform to one of the first two options identified below.

- ☐ Facility is located within the boundaries of the municipality.
- ☐ The facility is located within the municipality's extraterritorial zoning jurisdiction.
- ☐ Neither of the above circumstances are true.

**If "Neither of the above circumstances are true.", you are ineligible for the Civic and Community Center Financing Fund. Please contact the DED CCCFF coordinator for more information.**

Operation of the facility must conform to one of the first two options identified below.

- ☐ Municipality or Tribal Government operates the facility.
- ☐ Municipality or Tribal Government contracts operation of the facility with another entity.
- ☐ Neither of the above circumstances are true.

**If "Neither of the above circumstances are true.", you are ineligible for the Civic and Community Center Financing Fund. Please contact the DED CCCFF coordinator for more information.**

Name of operating entity

## Two-year Rule

Under Neb. Rev. Stat. [13-2705](#), a municipality shall not be awarded more than one grant of assistance for construction and one grant of assistance for planning in any two-year period.

In the past two years, has Applicant received an award for state aid through the CCCFF program?

- ☐ Yes
- ☐ No

List most recent year of prior award. (YYYY)

## Priority

Under Neb. Rev. Stat. [13-2707](#), priority is given to Applicants not receiving a grant within the last ten years.

In the past ten years, has Applicant received an award for state aid through the CCCFF program (planning and/or construction)?

- ☐ Yes
- ☐ No

List most recent year of prior award. (YYYY)

## **Certified Creative District**

Municipality Has a Certified Creative District

- ☐ **Yes**
- ☐ **No**
- ☐ **Tribal Government**

If the answer is yes, applicant shall attach a copy of the Nebraska Arts Council (NAC) CCCFF Project Proposal Form.

UPLOAD: NAC's CCCFF Project Proposal Form

If answer is no, you are ineligible for the Civic and Community Center Financing Fund. For more information, refer to the Application Guidelines.

Not Applicable

---

## **Project Information**

### **Existing or Preliminary Name of Facility/Project**

In most cases, this is the name of the project. Use Municipality name, description of the project, and planning or construction. For example, if Anytown is applying for construction of a new public library, the response might be "Anytown Memorial Library Construction", or if Anytown is applying for a planning study to convert an existing vacant building into a community theatre, the response might be "Anytown Old Opera House Conversion Planning "; "(TribalNation) Community Center Construction".

Existing or Preliminary Name of Facility/Project (Project Name)

For the purposes of CCCFF, DED observes the standard followed by the State Historic Preservation Office (SHPO): a property may be considered historic if it is 50 years old or older; and are either already listed or are potentially eligible for listing in the National Register of Historic Places.

Is the Facility an historic building or district? If the answer is yes, special policies apply. Applicant shall attach a copy of SHPO's determination. If the answer is no, such action is not required. For more information, refer to the Application Guidelines.

- ☐ **Yes**
- ☐ **No**

UPLOAD: SHPO Determination

## Part 03: Project Information

---

### Matching and Local Cost-Share

Under no circumstances may a CCCCFF grant account for more than 50% of the total cost of the Project.

Identify status of funds as it relates to the Project. Only actual funds "on-hand" or "on-account" are considered secured. This includes other grant funds for which Applicant was awarded. Any pledges or pending grant applications are considered unsecured, this includes non-cash, in-kind sources.

**IMPORTANT:** The total here corresponds with the total Cash Match Contributions on the Project Information section. Please verify figures are correct and consistent.

Amount of secured matching funds to-date.

\$0.00

Amount of unsecured matching funds to-date.

\$0.00

### Unsecured Cash Matching Funds and In-kind Sources

Identify sources of unsecured funding, including any amount proposed to be in-kind, by filling out the table below. Secured cash funding, including grant awards, contributions, and other endowments can be listed in the Cost-Share Commitment Attachment.

Name of Grant/Resource	Anticipated Date of Award	Cash Amount	In-kind Amount

I have completed the table immediately above.

- ☐ The table is filled out to the best of my knowledge and ability.  
☐ The table does not apply to me.

**Documentation of Cost-Share Commitment Attachment:** Applicants must include written documentation supporting the amount and source(s) of funding, identify the amount of secured as compared to unsecured (e.g., pledged or pending) matching funds to-date. The documentation should come from the provider of the matching funds and/or Applicant's Authorizer.

UPLOAD: Documentation of Cost-Share Commitment

---

### Project Description

**Provide a summary of the project, including a brief description of the facility and a description of the project's location within the community. This description determines the project's eligibility under the Act. *For example: The City proposes to renovate and expand the existing Carnegie Library into the City Community Center. The proposed project is downtown and adjacent to the new library and City Park.***

The summary narrative should be clear and concise and at least one paragraph.

*Character limit: 1,650 (about 250 words)*

Project Description Summary

---

## Attachments

### Letter of Intent

*The attachment is a copy of the submitted Letter of Intent. This letter was previously submitted with the pre-application. The original signed letter is retained with the Applicant.*

UPLOAD: Letter of Intent Attachment

### OPTIONAL: Letters of Support

*You are encouraged to include letters of support from community stakeholders in support of the proposed project. The documentation should supplement – not replace – the local public support identified in Project Criteria Narrative. Limit your attachment to five pages.*

UPLOAD: Letters of Support Attachment

---

## Project Purpose - Statute Definitions

*Carefully review the terms, as defined, and select the most appropriate category and type of facility. Often facilities serve multiple purposes in a community (e.g., City Auditorium also houses a library and community theatre), select the option describing the primary use for which this application is submitted.*

**Civic Center** – A facility that is used to host conventions, meetings, and cultural events or a library. **NOTE:** what is commonly called a “community center” is a likely a “civic center” under this statutory definition.

**Public Space** – Property located within the traditional center of a community, typically comprised of a cohesive core of residential, civic, religious, and commercial buildings, arranged around a main street and intersecting streets. A public space is, therefore, an area of multiple buildings with both internal and external elements.

**Historic Building or District** – A building or district eligible for listing on or currently listed on the National Register of Historic Places or a building that is certified as contributing to the significance of a registered state or national historic district. **NOTE:** Where an application involves a historic building or district, special policies apply; see Application Guidelines.

**Recreation Center** – A facility or park used for athletics, fitness, sport activities, or recreation that is owned by

an applicant and is available for use by the general public with or without charge. A recreation center does not include any facility that requires a person to purchase a membership to utilize such facility (e.g., country club), but may include facilities that charge a reasonable user fee (e.g., wellness center).

Select the most appropriate category

- ☐ Civic Center
- ☐ Public Space
- ☐ Historic Building
- ☐ Recreation Center

Select the most appropriate type of Civic Center

- ☐ Auditorium
- ☐ Community Hall/Community Center
- ☐ Community Theatre
- ☐ Conference or Convention Center
- ☐ Cultural Center
- ☐ Library
- ☐ Museum

Select the most appropriate type of Public Space

- ☐ Main Street District
- ☐ Outdoor Plaza (e.g., gathering space)

Select the most appropriate type of Historic Building

- ☐ Cultural Center
- ☐ Museum
- ☐ Other

Historic Building Type: Please specify other.

Select the most appropriate type of Recreation Center

- ☐ Aquatic Center
- ☐ Gymnasium or Indoor Rec Facility
- ☐ Park
- ☐ Wellness Center

---

### Type of Grant Requested

**NOTICE:** Construction, architectural, and/or engineering documents that do not bear the seal of a state licensed architect or professional engineer may be in violation of state law. Contact the Nebraska Board of Engineers and Architects for requirements at (402) 471-2021 or [nbea.office@nebraska.gov](mailto:nbea.office@nebraska.gov).

Type of Grant

- ☐ Planning
- ☐ Capital Construction

Did the Project complete technical assistance and/or feasibility studies?

- ☐ Yes
- ☐ No

Was the planning study funded through the CCCCFF program?

- ☐ Yes
- ☐ No

Year of CCCCFF planning study award (YYYY)

Does the Facility/Project have a permanent physical address? NOTE: Where the physical address is not known at this time or where multiple sites are under consideration, select "No".

- ☐ Yes  
☐ No

## Project Address

Address Line 1

Address Line 2

City

Postal Code

*Include a map identifying the location of the facility for the grant of assistance in relation to the community, identifying any relevant sites or related projects. If applicable, identify the municipality's extraterritorial zoning jurisdiction (ETJ). The intent of the map is to provide context to the proposed project in relation to the community as a whole. If multiple sites are being considered, include notation of all sites under consideration.*

UPLOAD: Project Location Map Attachment

Project Website, if available.

---

## Planning Grant Narrative

*For planning grants, funding decisions by the Department shall be based on the following criterion.*

This categorical criterion shall be reviewed and assigned a score of 0-10 points (10 points maximum).

*Financial Support: describe and provide evidence of local financial support.*

Assistance from the fund must include a 1:1 match. Preference is given to those projects with a higher level of local matching funds compared to those with a lower level of matching funds.

*Character limit: 3,300 (about 500 words)*

Financial Support Narrative

**Planning Attachment:** Any supplemental materials and/or planning, design, or conceptual documents related to the proposed project. Limit attachment to no more than five pages. *Content of any attachments are supplemental only and not considered in the scoring process.*

UPLOAD: Additional Planning Grants Attachment

---

### Construction Grant Narrative

For construction grants, funding decisions by the Department shall be based on the following five criteria below:

- Retention Impact
- New Resident Impact
- Visitor Impact
- Readiness and Local Support
- Project Planning

Each categorical criterion shall be reviewed and assigned a score of 0-10 points (50 points maximum).

*Avoid repeating the same narrative in each section; narratives that are clear and concise are more likely to score higher than those that are highly repetitive.*

**Retention Impact:** provide data and/or an explanation of how the proposed project shall retain existing residents. Likelihood of the project retaining existing residents in the community where the project is located, developing, sustaining, and fostering community connections, and enhancing the potential for economic growth in a manner that will sustain the quality of life and promote long-term economic development.

**Character limit:** 3,300 (about 500 words)

#### Retention Impact Narrative

**New Resident Impact:** Describe the anticipated impact on new residents. Likelihood of the project attracting new residents to the community where the project is located.

**Character limit:** 3,300 (about 500 words)

#### New Resident Impact Narrative

**Visitor Impact:** Describe the anticipated impact on tourism and visitor attraction. Likelihood of the project enhancing or creating an attraction that would increase the potential of visitors to the community where the project is located from inside and outside the state.

**Character limit:** 3,300 (about 500 words)

#### Visitor Impact Narrative

**Readiness and Local Public Support:** Describe and provide evidence of local public support. Include the fiscal, economic, and operational capacity to finance and manage the project and ability of the applicant to implement its plan and operate the civic or community center.

**Character limit:** 3,300 (about 500 words)

#### Readiness and Local Public Support Narrative

**Project Planning:** Describe and provide evidence of planning efforts in support of the project. Projects with completed technical assistance and feasibility studies shall be preferred to those with no prior planning.

**Character limit:** 3,300 (about 500 words)

Project Planning Narrative

**Construction Attachment:** Any supplemental materials and/or planning, design, or conceptual documents related to the proposed project. Limit attachment to no more than five pages.

***Content of any attachments are supplemental only and not considered in the scoring process.***

UPLOAD: Additional Construction Grants Attachment



## Part 04: Confirmation of Eligibility

---

### Applicant Confirmation of Eligibility

By signing and submitting this form, you are confirming the following eligibility criteria:

#### Applicant Type

- ☐ Municipality
- ☐ Tribal Government

#### Ownership

- ☐ The facility in question is, or will be (in the case of planning grants), owned by Applicant. FOR MUNICIPALITY APPLICANTS ONLY: If the municipality shares ownership of the facility with an eligible political subdivision, this information is provided under Applicant Eligibility Thresholds.

#### Operation

- ☐ The facility in question is, or will be (in the case of planning grants), operated by Applicant. If the facility shall be operated by another entity, this information is provided under Applicant Eligibility Thresholds.

#### Location

- ☐ The facility in question is, or will be (in the case of planning grants), located within the Applicant's municipal boundaries or the municipality's extraterritorial zoning jurisdiction.

#### SAFFAA

- ☐ Municipality has not received funding assistance from the Sports Arena Facility Financing Assistance Act.

#### Two-year rule

- ☐ Applicant complies with two-year rule (i.e., Applicant has not received more than one grant of each type in the last two program years).

#### Ownership

- ☐ The facility in question is, or will be (in the case of planning grants), owned by Applicant. FOR MUNICIPALITY APPLICANTS ONLY: If the municipality shares ownership of the facility with an eligible political subdivision, this information is provided under Applicant Eligibility Thresholds.

#### Operation

- ☐ The facility in question is, or will be (in the case of planning grants), operated by Applicant. If the facility shall be operated by another entity, this information is provided under Applicant Eligibility Thresholds.

#### Two-year rule

- ☐ Applicant complies with two-year rule (i.e., Applicant has not received more than one grant of each type in the last two program years).

**If circumstances of the project do not allow you to select all populated items above, you may not be eligible to apply. Please contact the DED CCCCFF coordinator.**

---

### Terms of Acceptance

*To the best of my knowledge and belief, data and information in this application is true and correct, including any commitment of local or other resources. The governing body of the Applicant has duly authorized this application. This Applicant will comply with all state requirements governing the use of CCCCFF state aid.*

Please type First and Last Name

Electronic Signature

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

Date Signed

## Budget

### Proposed Budget Summary

#### Expense Budget

	Grant Funded	Non-Grant Funded	Total Budgeted
<b>Construction</b>			
<b>Subtotal</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Consultant Fees – Construction Only</b>			
<b>Subtotal</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Consultant Fees - Planning Only</b>			
<b>Subtotal</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Fixed Equipment and Furnishings</b>			
<b>Subtotal</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Total Proposed Cost</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

#### Revenue Budget

	Grant Funded	Non-Grant Funded	Total Budgeted
<b>Grant Funding</b>			
Award Requested	\$0.00		\$0.00
<b>Subtotal</b>	<b>\$0.00</b>		<b>\$0.00</b>
<b>Non-Grant Funding</b>			
Cash Match		\$0.00	\$0.00
In-Kind Match		\$0.00	\$0.00
<b>Subtotal</b>		<b>\$0.00</b>	<b>\$0.00</b>
<b>Total Proposed Revenue</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

### Proposed Budget Detail

### Proposed Budget Narrative

#### Construction

Eligible Projects Costs: Enter the total amount in the "Direct Cost" field. Change "Calculate Match" to "Yes". Enter in your Match Dollar Amount. There is a 50% minimum Cash Match requirement (If the grant funds are \$100, you must match \$100 (50% of \$200) . After saving your line item, verify that the "Grant Funded", "Match" and "Total Budgeted" columns are correct. Do not enter ineligible project costs in this category . See CCCFF Application & Program Guidelines for more information.

### Consultant Fees – Construction Only

Eligible Projects Costs: Enter the total amount in the "Direct Cost" field. Change "Calculate Match" to "Yes". Enter in your Match Dollar Amount. There is a 50% minimum Cash Match requirement (If the grant funds are \$100, you must match \$100 (50% of \$200) . After saving your line item, verify that the "Grant Funded", "Match" and "Total Budgeted" columns are correct. Do not enter ineligible project costs in this category . See CCCCFF Application & Program Guidelines for more information.

### Consultant Fees - Planning Only

Eligible Projects Costs: Enter the total amount in the "Direct Cost" field. If this Line Item has Match, change "NonGrant Funded" to "Yes". Enter in your Match Dollar Amount. There is a 50% minimum Cash Match requirement (If the grant funds are \$100, you must match \$100 (50% of \$200). 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. See CCCCFF Application and Program Guidelines for more information.

### Fixed Equipment and Furnishings

Eligible Projects Costs: Enter the total amount in the "Direct Cost" field. Change "Calculate Match" to "Yes". Enter in your Match Dollar Amount. There is a 50% minimum Cash Match requirement (If the grant funds are \$100, you must match \$100 (50% of \$200). After saving your line item, verify that the "Grant Funded", "Match" and "Total Budgeted" columns are correct. Do not enter ineligible project costs in this category. See CCCCFF Application & Program Guidelines for more information.