

Opportunity Details

Opportunity Information

Title

Rural Workforce Housing Land Development Program

Description

The Rural Workforce Housing Land Development Program will provide awards to eligible municipalities within the 41 DED-identified disproportionately impacted class counties and qualified census tracts (QCT) within five additional rural counties for projects that result in the preparation of land for workforce housing. This is pursuant to the Rural Workforce Housing Investment Act as a response to the negative economic impacts of the COVID-19 public health emergency. Land developed under this program must be vacant and located in a community within a Nebraska county that has been determined to be disproportionately impacted by the pandemic or located within a QCT within the five additional rural counties.

Agency Contact Name

Brittany Piper, Housing Specialist

Agency Contact Phone

402-310-4782

Agency Contact Email

brittany.piper@nebraska.gov

Fund Activity Categories

Housing

Manager

Brittany Piper

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/66f270b8-63ef-4bde-96fd-e4cb4408c6bf>

Is Published

Yes

Funding Information

Opportunity Funding

\$0.01

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.

Funding Restrictions:

Eligible municipalities in disproportionately impacted communities must prepare vacant land parcels in accordance with the Rural Workforce Housing Investment Act (Neb. Rev. St. §§ 81-1226 through 81-1234), including:

- (i) Laying of drinking water transmission lines;
- (ii) Rehabilitation, renovation, maintenance, or costs to secure vacant or abandoned properties in disproportionately impacted communities or in the QCT;
- (iii) Costs associated with acquiring and securing legal title of vacant or abandoned properties in disproportionately impacted communities or in the QCT and other costs to position the property for current or future use for the Rural Workforce Housing Investment Act;
- (iv) Removal and remediation of environmental contaminants or hazards from vacant or abandoned properties in disproportionately impacted communities or QCT, when conducted in compliance with applicable environmental laws or regulations;
- (v) Demolition or deconstruction of vacant or abandoned buildings in disproportionately impacted communities or QCT; and
- (vi) Costs associated with inspection fees and other administrative costs incurred to ensure compliance with applicable environmental laws and regulations for demolition or other remediation activities in disproportionately impacted communities or QCT.

Municipalities in the counties of Adams, Buffalo, Dodge, Madison and Thurston are eligible to apply only for housing projects located in the federally designated Qualified Census Tract (QCT) in the community.

County: Adams – QCT1: 31001966100

County: Buffalo – QCT1: 31019969500 – QCT2: 31019969600

County: Dodge – QCT1: 31053964400

County: Madison – QCT1: 31119960700

County: Thurston – QCT1: 31173940100 – QCT2: 31173940200

The State has identified the following rural counties to be disproportionately impacted:

Arthur County
Boone County
Box Butte County
Boyd County
Brown County
Butler County
Cherry County
Cheyenne County
Custer County
Dakota County
Dawes County
Deuel County
Dixon County
Dundy County
Franklin County
Frontier County
Gage County
Garden County
Greeley County
Harlan County
Holt County
Hooker County
Howard County
Jefferson County
Kimball County
Lincoln County
Logan County
Merrick County
Morrill County
Nemaha County
Pawnee County
Phelps County
Polk County
Red Willow County
Richardson County

Scotts Bluff County
Sherman County
Valley County
Wayne County
Webster County
Wheeler County

Project costs incurred prior to the Notice of Award (NOA) are not eligible under this program. Any parcels that are not vacant prior to submission of this application are not eligible under this program. A parcel is defined as "vacant" under the Uniform Relocation Assistance and Real Property Acquisition Policies Act (URA) if it does not cause a person to become displaced within the meaning of 42 USC § 4601(6) (<https://uscode.house.gov/view.xhtml?path=/prelim@title42/chapter61&edition=prelim>).

Award Information

Award Range

\$250,000.00 - \$1,000,000.00

Award Period

Ends 09/30/2026

Award Type

Competitive

Capital Grant

No

Indirect Costs Allowed

No

Matching Requirement

No

Submission Information

Submission Window

11/15/2022 5:00 AM - 01/19/2023 5:00 PM

Submission Timeline Type

One Time

Allow Multiple Applications

Yes

Question Submission Information

Question Submission Email Address

Brittany.Piper@nebraska.gov

Question Submission Additional Information

Program guidelines are available at <https://opportunity.nebraska.gov/programs/recovery/rural-workforce-housing-land-development-program/>

Technical Assistance Session

Technical Assistance Session

No

Eligibility Information

Eligibility Type

Public

Eligible Applicants

- City or township governments

Additional Eligibility Information

For the purposes of this grant program, “eligible municipalities” means incorporated municipalities located within the forty-one (41) rural counties listed below. These counties have been determined by DED to be disproportionately impacted by the pandemic. “Disproportionately impacted” rural Nebraska counties are those that experienced disproportionate public health or economic outcomes from the pandemic when compared to other rural Nebraska counties. The Nebraska Department of Economic Development (DED) defines as a disproportionately impacted class of communities, certain rural counties whose labor force was disproportionately affected by the pandemic. These counties were identified as those having a decrease in labor force, or workforce, over the last decade which decrease was exacerbated by the COVID-19 pandemic; median household incomes below the state median; and a higher per capita share of housing cost-burdened households. This class, by definition, excludes counties with a population greater than 100,000 people (Douglas, Lancaster, and Sarpy counties).

To be included in the disproportionately impacted class, a county had to meet at least three of the four criteria:

1. Labor force decreased from 2010 to 2019.
2. Labor force growth from 2019 to 2020 was depressed, due to the COVID-19 pandemic.
 - a. This was estimated by predicting the 2020 labor force, based on the average change over the last decade. If the actual 2020 labor force was less than the predicted labor force, DED considered the county’s labor force to be negatively impacted.
3. More housing cost-burdened households per capita than the Nebraska measure.
 - a. “Housing cost-burdened” is defined as renter and owner households that spend 30 percent or more of their household income on housing.
4. The 2020 household median income was less than Nebraska’s median income.

Additionally, rural municipalities with eligible projects contained in QCTs in the counties of Adams, Buffalo, Dodge, Madison, and Thurston are eligible to apply for projects located only within the QCT. These QCTs include:

County: Adams – QCT1: 31001966100

County: Buffalo – QCT1: 31019969500 – QCT2: 31019969600

County: Dodge – QCT1: 31053964400

County: Madison – QCT1: 31119960700

County: Thurston – QCT1: 31173940100 – QCT2: 31173940200

Additional Information

Additional Information URL

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

Additional Information URL Description

General and program-specific user guides and videos may be found at <https://opportunity.nebraska.gov/amplifund/>.

Individuals who are hearing- and/or speech-impaired and have a TTY may contact the Department through the Statewide Relay System by calling (711) in state, 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. Additional information can be reviewed at the Nebraska Relay website, <http://www.nebraskarelay.com>. Nebraska Relay ofrece servicio gratuito para clientes de habla español: Español-a-Español (711) o 888-272-5528/ Español-a-Inglés (711) o 877-564-3503.

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 Municipality

Primary Contact - Title

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 Municipality

Applicant - Phone Number

Applicant - Extension

Applicant - Address Line 1

Applicant - Address Line 2

Applicant - City

Applicant - State

Select an item... ▼

Applicant - Postal Code

Upload: Evidence of village board/city council approval of the application submission.

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

**The information provided in this section should be that of the municipality*

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, the Applicant will need to upload proof that it has applied for a 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)

UPLOAD: Proof that you have applied for a UEI

Date Established

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:

Was a Letter of Intent submitted on or before December 15, 2022 to ded.rwhflanddevelopment@nebraska.gov?

- ☐ Yes
 - ☐ No
-

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 - 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 Overview

Partnering Entity

The applicant municipality must be working in conjunction with an existing 2017 or 2020 Rural Workforce Housing Fund (RWHF) Awardee, or an eligible nonprofit applicant intending to apply for the 2022 RWHF Program.

Provide information on the Partnering Entity:

Legal Name of Partnering Entity

Partnering Entity - Address Line 1

Partnering Entity - Address Line 2

Partnering Entity - City

Partnering Entity - State

Select an item... ▼

Partnering Entity - Postal Code

Indicate for what 501(c) classification of nonprofit organization the partnering entity is.

- ☐ 501(c)(3)
- ☐ 501(c)(4)
- ☐ 501(c)(6)

Check all that apply for Partnering Entity:

- ☐ 2017 RWHF Awardee
- ☐ 2020 RWHF Awardee
- ☐ Intending to apply for 2022 RWHF Program

UPLOAD: Evidence of partnering entity collaboration and/or evidence of application for 2022 RWHF program if applicable.

Rural Workforce Housing Land Development Program

What County will your project be located in?

Select an item... ▼

If your project is located in either Adams, Buffalo, Dodge, Madison, or Thurston is it located in the in the QCT area?

- ☐ Yes
- ☐ No

If no, your project is not eligible.

Will drinking water transmission lines be laid using grant funds?

- ☐ Yes
☐ No

Will grant funds be used to secure vacant or abandoned properties in disproportionately impacted communities or the QCT through rehabilitation, renovation, or maintenance necessary to secure the property?

- ☐ Yes
☐ No

Will legal title of vacant or abandoned properties in disproportionately impacted communities or the QCT be acquired or secured using grant funds?

- ☐ Yes
☐ No

Will environmental contaminants or hazards from vacant or abandoned properties in disproportionately impacted communities or the QCT be removed or remediated using grant funds?

- ☐ Yes
☐ No

Has an environmental assessment been conducted previously?

- ☐ Yes
☐ No

Please describe any known environmental issues and plans for remediation, if applicable.

Will vacant or abandoned buildings in disproportionately impacted communities be demolished using grant funds?

- ☐ Yes
☐ No

Is the site or sites known?

- ☐ Yes
☐ No

If yes, how was the site or sites chosen?

If yes, does the municipality or developer have site control?

- ☐ Yes
☐ No

If yes, were site review forms submitted with the Letter of Intent?

- ☐ Yes
☐ No

Site Review Form:

<https://opportunity.nebraska.gov/programs/recovery/rural-workforce-housing-land-development-program/>

UPLOAD: If No , attach site review forms for those sites identified between the Letter of Intent and Application

If not, please describe criteria to be used in evaluating potential sites.

Will grant funds be used for costs associated with inspection fees and other administrative costs incurred to ensure compliance with applicable environmental laws and regulations for demolition or other remediation activities in disproportionately impacted communities or QCTs?

- ☐ Yes
☐ No

If the site is known, is the site currently zoned properly for the proposed development?

- ☐ Yes
☐ No

If not, please provide a detailed plan for how proper zoning will be obtained, including an estimated timeline.

If the project involves acquisition, please provide the applicant's process for ensuring compliance with URA requirements.

Project Overview

Provide a brief overview of the project, including details such as project type (rental, homebuyer, new construction, rehabilitation, etc.), project location, number of units, target beneficiaries, partners involved, and any other relevant details.

Describe the proposed timeline for the project, including when the project will break ground, when it is estimated to be completed, what factors may influence the ability to adhere to the proposed schedule, etc.

Describe the project's financing, including any additional grants, loans, and/or equity contributions and the status of each funding source (committed, conditional award, other contingencies, etc.).

UPLOAD: Commitment letters from secured financing sources and/or banks if applicable.

Describe the readiness of the project to proceed if grant funding is awarded.

Describe the economic impact of the project

Capacity

Describe the applicant's track record in housing development, rehabilitating and/or demolishing vacant or abandoned housing, including the track record of the partnering entities.

Describe the applicant's internal controls and financial management procedures including its oversight over any partnering entities.

Describe the applicant's ability to take on additional projects and manage federal funds responsibly.

Describe any relevant qualifications and experience of any staff of the applicant that will play a key role in the project, including within any partnering entities.

Describe the applicant's history of collaboration with local project partnering entities.

Project Impact

Describe the housing needs of the community and the impact the project will have on those needs.

UPLOAD: Housing study, community plans or data that supports the project.

Describe how the project contributes to the community's plans for revitalization.

How many vacant or abandoned parcels will be rehabilitated or demolished as a result of this funding?

0

How many potential housing units could eventually result from this project?

0

Please detail any plans or efforts to utilize contractors from the community or the QCT served and any existing relationships or history with contractors located near the development site.

What is the applicant's plan for use of program income generated from the project?

Provide any other relevant information related to the project not otherwise stated in the application.

UPLOAD: Provide any other relevant documentation related to the project not otherwise provided with the application.

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

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 insert information from above 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.

Financial and Administrative Readiness

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 Rural Workforce Housing Land Development 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
Acquisition of Vacant Buildings			
Subtotal	\$0.00	\$0.00	\$0.00
Acquisition of Vacant Land			
Subtotal	\$0.00	\$0.00	\$0.00
Costs associated with removal or remediation of environmental contaminants			
Subtotal	\$0.00	\$0.00	\$0.00
Costs to secure legal title, inspection fees, or other costs to position property for development			
Subtotal	\$0.00	\$0.00	\$0.00
Demolition			
Subtotal	\$0.00	\$0.00	\$0.00
Laying of drinking water transmission lines			
Subtotal	\$0.00	\$0.00	\$0.00
Maintenance or costs to secure vacant buildings for development			
Subtotal	\$0.00	\$0.00	\$0.00
Rehabilitation to secure building for development			
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

Acquisition of Vacant Buildings

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.

Acquisition of Vacant Land

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.

Costs associated with removal or remediation of environmental contaminants

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.

Costs to secure legal title, inspection fees, or other costs to position property for development

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.

Demolition

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.

Laying of drinking water transmission lines

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.

Maintenance or costs to secure vacant buildings for development

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.

Rehabilitation to secure building for development

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 major project milestones and a timeline.