

## Opportunity Details

### Opportunity Information

#### Title

Pandemic Relief Housing Program

#### Description

The Pandemic Relief Housing Program provides a total of \$8,000,000 in grant funding to eligible 501(c)(3) nonprofit organizations for projects that result in the development of affordable housing that serve disproportionately impacted populations in Nebraska, including refugee and immigrant households and income-qualifying households in a disproportionately impacted county or qualified census tract (QCT).

Eligible organizations may submit applications for projects that include the following activities:

- Rental Housing – construction, acquisition, and/or rehabilitation of single- or multi-family housing units for rent.
- Homeowner Rehabilitation – rehabilitation of owner-occupied housing units.
- Homebuyer Projects – homebuyer assistance, construction, acquisition, and/or rehabilitation of housing units for homebuyers.

At least 50 percent of the total program funding of \$8,000,000 must be awarded to organizations with project located in counties with a population of fewer than 100,000 residents.

During the third application cycle, \$2,000,000 will be available for eligible projects located in rural Nebraska. No remaining funding is available for projects in urban counties.

Projects serving refugee and immigrant households exclusively and may be located anywhere in the state. The Nebraska Department of Economic Development (DED) determined that refugees and other such immigrants were disproportionately impacted by the COVID-19 public health emergency. An average of 800 refugees settled in Nebraska each year between 2015 and 2020. DED analyzed labor force participation data of Nebraska's foreign-born population between 2019 and 2020. The foreign-born population includes legally admitted immigrants, refugees, temporary residents (e.g., students, temporary workers), and undocumented immigrants. No data are available that measures labor force participation for refugees only. DED utilized available data on Nebraska's foreign-born population, which identified a more significant, negative economic impact during the COVID-19 pandemic among the foreign-born population as compared to Nebraska's native-born population. Gender, age, educational attainment, and the presence of children in the household were also considered in this analysis. This trend for Nebraska's refugee population is consistent with the analysis of all foreign-born residents and is likely to be more severe. Overall, refugees and other such legal immigrants faced myriad hardships during the COVID-19 pandemic.

Projects to develop housing for households with an income at or below 185% of the Federal Poverty Guidelines and must be located in a disproportionately impacted county or qualified census tract (QCT), which maintains its affordability for a 20-year period.

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 COVID-19 pandemic. This class, by definition, excludes counties with a population greater than 100,000 people (i.e., Douglas, Lancaster, and Sarpy counties). To be included in the disproportionately impacted class, a county must meet at least three of the following criteria:

- (1) a decrease in labor force participation over the prior decade;
- (2) a depression in labor force growth rate compared to expected growth rate between 2019 and 2020, attributable to the COVID-19 pandemic;
- (3) a higher per capita share of housing cost-burdened households than the state measure; and
- (4) a median household income less than the state median.

The following 41 rural counties have been determined by DED to be disproportionately impacted:

Arthur  
Boone  
Box Butte  
Boyd  
Brown  
Butler  
Cherry  
Cheyenne  
Custer

Dakota  
Dawes  
Deuel  
Dixon  
Dundy  
Franklin  
Frontier  
Gage  
Garden  
Greeley  
Harlan  
Holt  
Hooker  
Howard  
Jefferson  
Kimball  
Lincoln  
Logan  
Merrick  
Morrill  
Nemaha  
Pawnee  
Phelps  
Polk  
Red Willow  
Richardson  
Scotts Bluff  
Sherman  
Valley  
Wayne  
Webster  
Wheeler

A qualified census tract (QCT), as defined by 26 U.S.C. § 42(d)(5)(B)(ii)(I), is any census tract that meets one of the following criteria:

- (1) Has 50 percent or more of the households with an income less than 60 percent of the area median income; or
- (2) Has a poverty rate of at least 25 percent.

A map of eligible QCTs is available at [https://www.huduser.gov/PORTAL/sadda/sadda\\_qct.html](https://www.huduser.gov/PORTAL/sadda/sadda_qct.html).

Agency Contact Name

Brittany Piper, Housing Specialist

Agency Contact Phone

402-310-4782

Agency Contact Email

[brittany.piper@nebraska.gov](mailto:brittany.piper@nebraska.gov)

Departments

ARPA, 06 Economic Recovery Division, ER2

Subjects

2022, Pandemic Relief 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/750afc1a-a317-424d-9c0c-26b7200fc9c5>

Is Published

Yes

## Funding Information

Opportunity Funding

\$8,000,000.00

Funding Sources

Federal Or Federal Pass Through

Funding Source Description

The American Rescue Plan Act (ARPA) was signed into law in March 2021 and established the Coronavirus State and Local Fiscal Recovery Funds (SLFRF). Use of SLFRF funds will respond to the economic and public health impacts of COVID-19 and in an effort to contain impacts on communities, residents, and businesses across the United States. The U.S. Department of the Treasury ("Treasury") implemented program guidelines that enumerated eligible uses of SLFRF funds. The Pandemic Relief Housing Program is an authorized use of SLFRF (Assistance Listing 21.027), providing federal grant funding to eligible 501(c)(3) nonprofit organizations for the purpose of development, repair, and operation of affordable housing and services or programs to increase long-term housing security, pursuant to 31 C.F.R. § 35.6(b)(3)(ii)(A)(5).

At least 50 percent of the total program funding of \$8,000,000 must be awarded to organizations with project located in counties with a population of fewer than 100,000 residents.

During the third application cycle, \$2,000,000 will be available for eligible projects located in rural Nebraska. No remaining funding is available for projects in urban counties.

Application Cycle→	Cycle 1	Cycle 2	Cycle 3	Total
Project Location↓				
Urban	3,210,000	790,000	0	4,000,000
Rural	1,000,000	1,000,000	2,000,000	4,000,000
TOTAL	\$4,210,000	\$1,790,000	\$2,000,000	\$8,000,000

With the exception of Homeowner Rehabilitation projects only, proposals for projects with sites that are not vacant at the time of application will not be considered. A property will be considered vacant if (1) no tenant, homeowner, farm owner, or business owner occupied the property within 60 days of application submittal to DED; and (2) no tenant, homeowner, farm owner, or business owner would be displaced as defined by the Uniform Relocation Assistance and Real Property Acquisition Policies Act (URA) as a result of the project.

## Award Information

Award Range

\$500,000.00 - \$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

08/14/2023 9:00 AM - 10/23/2023 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/pandemic-relief-housing-program/>

## Eligibility Information

Eligibility Type

Public

Eligible Applicants

- Nonprofits with 501(c)(3) status (excludes institutions of higher education)

Additional Eligibility Information

## 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

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#### Primary Contact Information

Primary Contact - Organization

Primary Contact - Title

Primary Contact - Phone Number

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#### 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

Applicant - Extension

Applicant - Address Line 1

Applicant - Address Line 2

Applicant - City

Applicant - State

Select an item... ▼

Applicant - Postal Code

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#### 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

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## General

Legal Name

Doing Business As Name (DBA)

Secretary of State Account Number

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 an UEI number. If Applicant is awarded funds, it must have a valid UEI number within 30 days of Award Date. Failure to have a valid UEI number within 30 days of the Award Date may cause the conditional award to be revoked.**

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

- ☐ Yes
- ☐ No

Unique Entity Identifier (UEI)

UPLOAD: Proof that you have applied for a UEI

Date Established

Is the applicant a 501(c)3 nonprofit organization

- ☐ Yes
- ☐ No

If no, the applicant is ineligible.

UPLOAD: IRS 501(c)3 Determination Letter

UPLOAD: Nebraska Secretary of State Certificate of Good Standing

UPLOAD: Charter/Articles of Incorporation

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

- ☐ Yes
- ☐ No

Has Applicant been the subject of legal proceedings involving fraud, waste or misappropriation of funds within the last 10 years?

- ☐ Yes
- ☐ No

**If yes, disclose information about any and all proceedings involving the entity, its principles, or employees**

that are ongoing or reached final disposition within the most recent 10 years that:

1. Is or was in connection with the award or performance of a grant, cooperative agreement, or procurement contract from the State of Nebraska or the Federal Government; or

2. Is one of the following:

a. A criminal proceeding that resulted in a conviction under verdict or plea;

b. A civil proceeding that resulted in a finding of fault and liability and payment of a monetary fine, penalty, reimbursement, restitution, or damages;

c. An administrative proceeding that resulted in a finding of fault and liability and your payment of a fine, penalty, reimbursement, restitution, or damages;

d. A bankruptcy proceeding; or

e. Any other criminal, civil, or administrative proceeding if:

(i) It could have led to an outcome described in paragraph 2(a)-(c) of this subsection;

(ii) It had a different disposition arrived at by consent or compromise with or without an acknowledgment of fault on your part; and

(iii) This requirement to disclose information about the proceeding does not conflict with applicable laws and regulations.

Answer Here:

### Preparer Information

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

Is the Preparer organization different from the Applicant organization?

- ☐ Yes  
☐ No

Preparer Type

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

Preparer Type: please specify

### Applicant Preparer Information

Application Preparer - Organization Name

Application Preparer - First Name



Application Preparer - Last Name

Application Preparer - Title

Application Preparer - Email Address

Application Preparer - Phone Number

Application Preparer - 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 Information

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### Partnering Entity

Is the applicant working in conjunction with another entity?

- ☐ Yes  
☐ No

If yes, provide information on the partnering entity:

Legal Name of Partnering Entity

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

Partner Entity 1 -Type of Entity

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

If Partner Entity 1 is "other" Type of Entity, please specify

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### Partnering Entity

This program requires awardees to develop affordable housing for defined categories of the population. Select all categories of the population that will be direct beneficiaries of your affordable housing project.

- ☐ Refugees or other such immigrants. (A refugee is an individual who is located outside of the United States, is of special humanitarian concern to the United States, demonstrates that they were persecuted or fear persecution due to race, religion, nationality, political opinion, or membership in a particular social group, is not firmly resettled in another country and is admissible to the United State (see § 101(a)(42) of the Immigration and Nationality Act.) "Other such immigrants" is defined as all other individuals that have a recognized immigration status enumerated within Title 8 of the U.S. Code, Immigration and Nationality Act, that validates residency within the United States.)
- ☐ Households with an income at or below 185% of the most recent poverty guidelines published by the United States Department of Health and Human Services (DHHS) required
- ☐ Households within one of the designated 42 disproportionately impacted counties as determined by the most recent federal decennial census
- ☐ Households within a qualified census tract (QCT), as defined in 26 USC § 42(d)(5)(B)(ii)(I), as such section existed on January 1, 2022

What percentage of total grant funds expended will be expended in counties with a residential population of less than 100,000?

0.00%

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 applicant eligibility and income verification process.

What percentage of housing units will be restricted to households with an income at or below 185% of poverty guidelines?

0.00%

What percentage of housing units will be restricted to households with an income at or below 185% of poverty guidelines and of which are defined as refugees and other such immigrants?

0.00%

Does the proposed development include a mix of market-rate and income-restricted units?

- ☐ Yes
- ☐ No

If yes, how was the mix of units decided?

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.

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.)

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### Project Info

Is the site(s) known?

- ☐ Yes
- ☐ No

If yes, how was the site(s) chosen?

If yes, does the developer have site control?

- ☐ Yes
- ☐ No

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

Is the site(s) currently vacant?

- ☐ Yes
- ☐ No

If no, your project is not eligible.

Has an environmental assessment been conducted previously?

- ☐ Yes  
☐ No

Upload: Environmental Assessment

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

Describe a detailed list project activities that will be undertaken using SLFRF funds.

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### Capacity

Describe the organization's track record in producing affordable housing that meets the needs of the local community including refugees and other such immigrants. Include the track record of any partnering organizations.

Describe the organization's internal controls and financial management procedures.

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

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

Describe the organization's existing community relationships and history of collaboration with project partners, including contractors within QCTs.

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### Housing Needs

Describe the local housing needs based on housing studies and/or data.

Describe the housing needs of refugees and other such immigrants in the project area, if applicable.

Explain how the proposed project addresses the identified needs.

How does the project align with the local government's plan for affordable housing and/or neighborhood-level revitalization, if applicable?

Upload housing studies, city plans, or other housing needs data

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### Project Impact

How many new units will be created?

0

How many existing units preserved as a result of this funding?

0

How many of the units will be income-restricted?

0

How many will be market-rate?

0

What is the project's per-unit subsidy: total SLFR investment divided by total number of eligible units?

\$0.00

What impact will the proposed project have on the local economy?

Please detail any plans or efforts to utilize contractors from the community served, including businesses located within QCTs, "If applicable" 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? Will the income be reinvested into the program?

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### Other

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

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

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### 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:

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

I have completed the table immediately above.

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

### Policies and Procedures

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

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

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

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

UPLOAD: Policies and Procedures for Sound Financial Management

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

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

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

UPLOAD: Most recent annual audit

UPLOAD: Current Financial Statements

UPLOAD: Financial Accountability Notarized Statement

UPLOAD: Evidence of Board approval of the application

UPLOAD: Proforma that includes a development budget including hard and soft costs, total development costs, sources and uses of funds and projected per-unit subsidy

UPLOAD: Department of Environment and Energy New Construction Approval, if applicable.

## Part 03: Terms of Acceptance

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### 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 Pandemic Relief Housing 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
Administrative Support (limited to 10% of Pandemic Relief Housing Program request)			
Subtotal	\$0.00	\$0.00	\$0.00
Demolition			
Subtotal	\$0.00	\$0.00	\$0.00
Developer Fee			
Subtotal	\$0.00	\$0.00	\$0.00
Homebuyer Assistance			
Subtotal	\$0.00	\$0.00	\$0.00
New Construction			
Subtotal	\$0.00	\$0.00	\$0.00
Purchase Rehab Resale			
Subtotal	\$0.00	\$0.00	\$0.00
Rehabilitation			
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

	Grant Funded	Non-Grant Funded	Total Budgeted
<b>Total Proposed Revenue</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

## 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.

### Administrative Support (limited to 10% of Pandemic Relief Housing Program request)

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.

### Developer Fee

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.

### Homebuyer Assistance

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.

### New Construction

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.

### **Purchase Rehab Resale**

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**

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.