

## Opportunity Details

### Opportunity Information

Title

Multi-Purpose Community Facilities Grant Program

Description

The Multi-Purpose Community Facilities Program is an authorized use of funding from CCPF (Assistance Listing 21.029), which was designed to provide state governments with the resources needed to respond to the COVID-19 pandemic and its economic effects and to build a stronger economy during recovery. The Multi-Purpose Community Facilities Grant program is authorized and further described within Neb. Rev. Stat. §§ 81-12,245(1)(a) and (4). The Nebraska Department of Economic Development (DED) will provide grants totaling no more than thirty-five million dollars to eligible projects located within or adjacent to one or more qualified census tracts (QCT's) or economic redevelopment areas (ERA's) in a city of the metropolitan class. Priority for grants shall be given to a City of the Metropolitan Class in partnership with a non-profit organization for eligible projects for the rehabilitation or expansion of existing Multi-Purpose Community Facilities.

Awarding Agency Name

Nebraska Department of Economic Development

Agency Contact Name

Michelle Hartnet

Agency Contact Phone

(402) 679-0245

Agency Contact Email

Michelle.Hartnett@nebraska.gov

Program

Fund Activity Categories

Departments

ARPA, 06 Economic Recovery Division

Manager

Michelle Hartnett

Additional Users

Announcement Type

Initial Announcement

Assistance Listings Number

21.029 – Coronavirus Capital Projects Fund

Public Link

<https://ne.amplifund.com/Public/Opportunities/Details/90007173-15ea-4e93-9667-ed190d3678e6>

Is Published

Yes

### Funding Information

Opportunity Funding

\$35,000,000.00

## Funding Sources

Federal Or Federal Pass Through

## Funding Source Description

Capital Projects Fund grant funds are authorized to be used for critical Capital Projects that directly enable work, education, and health monitoring in response to the COVID-19 public health emergency.

The Multi-Purpose Community Facilities Grant Program (MPCF) and any awards made thereunder are funded with federal funds allocated to the State of Nebraska from the Federal CCPF pursuant to ARPA. As such, all funds must be used in compliance with section 604 of the Social Security Act, 42 U.S.C. § 803, 31 C.F.R. Part 35, the U.S. Department of the Treasury regulations implementing that section, all relevant Treasury guidance, and the Federal Award Terms and Conditions. Additionally, the program and use of funds awarded thereunder must comply with the requirements of relevant state statutes and regulations.

## Funding Restrictions:

MPFC grants shall be restricted to eligible (1) projects located within or adjacent to one or more Qualified Census Tracts (QCT) or Economic Redevelopment Areas (ERA) as defined in Neb. Rev. Stat. § 81-12,153 (2) in a city of the metropolitan class. (3) Priority for grants shall be given to a City of the Metropolitan Class (4) in partnership with a nonprofit organization for eligible projects (5) for the rehabilitation or expansion of existing multipurpose community facilities.

## Award Information

### Award Range

\$35,000,000.00 Ceiling

### Expected Number of Awards

1.00

## Submission Information

### Submission Window

12/15/2023 2:00 PM - 12/22/2023 5:00 PM

### Allow Multiple Applications

No

## Question Submission Information

### Question Submission Additional Information

For program guidelines, please refer to: <https://opportunity.nebraska.gov/programs/recovery/multi-purpose-community-facilities/>

## Eligibility Information

### Eligibility Type

Public

### Additional Eligibility Information

#### Eligible Applicants

The MPCF Grant Program application will be open to public and private entities, located in Nebraska, with eligible projects located within a congressional district which contains a City of the Metropolitan Class. Projects must be located in or adjacent to a QCT or ERA.

Priority will be given to a City of the Metropolitan Class in partnership with a nonprofit organization for the rehabilitation or expansion of existing multi-purpose community facilities.

## 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

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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#### Additional Primary Contact Information

Primary Contact - Organization

Primary Contact - Title

Primary Contact - Phone Number (0000000000)

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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 (0000000000)

Applicant - Extension

Applicant - Address Line 1

Applicant - Address Line 2

Applicant - City

Applicant - State

Select an item... ▼

Applicant - Postal Code (00000)

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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 (0000000000)

Authorizer - Phone Extension

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## General

Legal Name

Doing Business As Name (DBA)

Secretary of State Account Number (0000000000)

Employer Identification Number (EIN) (000000000)

Date Established

Type of Entity

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

Type of Entity: please specify

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

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

**NOTE: Only Public Entities are eligible to apply for the Multi-Purpose Community Facilities Grant Program.**

**NOTE: Only Public Entities are eligible to apply for the Multi-Purpose Community Facilities Grant Program.**

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

- ☐ Yes
- ☐ No

List all names who will have financial management responsibilities for the Multi-Purpose Community Facilities grant within Applicant's organization.

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

LINK:

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

UPLOAD: Attestation of Legal Proceedings

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### Local Contact

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

Local Contact - First Name

Local Contact - Last Name

Local Contact - Title

Local Contact - Email Address

Local Contact - Phone Number (0000000000)

Local Contact - Extension

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### Additional Contact Information

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

### Secondary Contact

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

Secondary Contact - First Name

Secondary Contact - Last Name

Secondary Contact - Title

Secondary Contact - Email Address

Secondary Contact - Phone Number (0000000000)

Secondary Contact - Extension

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

- ☐ Yes  
☐ No

Secondary Contact - Organization Name

Secondary Contact - Address Line 1

Secondary Contact - Address Line 2

Secondary Contact - City

Secondary Contact - State

Select an item... ▼

Secondary Contact - Postal Code (00000)

Is there a Tertiary Contact?

- ☐ Yes  
☐ No

## Tertiary Contact

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

Tertiary Contact - First Name

Tertiary Contact - Last Name

Tertiary Contact - Title

Tertiary Contact - Email Address

Tertiary Contact - Phone Number (0000000000)

Tertiary Contact - Extension

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

- ☐ Yes  
☐ No

Tertiary Contact - Organization Name

Tertiary Contact - Address Line 1

Tertiary Contact - Address Line 2

Tertiary Contact - City

Tertiary Contact - State

Select an item... ▼

Tertiary Contact - Postal Code (00000)

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## Preparer Information

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

Is the Preparer organization different from the Applicant organization?

- ☐ Yes

☐ No

Preparer Type

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

Preparer Type: please specify

## Application Preparer Information

Application Preparer - Organization Name

Application Preparer - First Name

Application Preparer - Last Name

Application Preparer - Title

Application Preparer - Email Address

Application Preparer - Phone Number (0000000000)

Application Preparer - Extension

Application Preparer - Address Line 1

Application Preparer - Address Line 2

Application Preparer - City

Application Preparer - State

Select an item... ▼

Application Preparer - Postal Code (00000)

## Part 02: Partner Entity Information

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### Partner Entity 1 Information

**NOTE: Priority for grants shall be given to a City of the Metropolitan Class in partnership with a non-profit organization. The non-profit partner MUST be listed in this section as Partner Entity 1.**

Are you working in conjunction with another entity?

- ☐ Yes  
☐ No

**NOTE: Must be working in partnership with a non-profit organization to be eligible.**

Partner Entity 1 - Organization Name

Partner Entity 1 Point of Contact - First Name

Partner Entity 1 Point of Contact - Last Name

Partner Entity 1 Point of Contact- Title

Partner Entity 1 Point of Contact- Email Address

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

Partner Entity 1 Point of Contact - Extension

Partner Entity 1 Point of Contact- Address Line 1

Partner Entity 1 Point of Contact- Address Line 2

Partner Entity 1 Point of Contact - City

Partner Entity 1 Point of Contact- State

Select an item... ▼

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

Partner Entity 1 Legal Name

Partner Entity 1 Doing Business As Name (DBA)

Partner Entity 1 Secretary of State Account Number (0000000000)

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

Partner Entity 1 Date Established

Partner Entity 1 -Type of Entity

- ☐ Sole Proprietorship  
☐ LLC  
☐ Partnership

- ☐ Corporation
- ☐ Other

Partner Entity 1 Type of Entity: please specify

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

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

**NOTE: Must be working in partnership with a non-profit organization to be eligible.**

**NOTE: Must be working in partnership with a non-profit organization to be eligible.**

UPLOAD: Partner Entity 1 Current copy of Articles of Incorporation

UPLOAD: Partner Entity 1 Current copy of By-Laws

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

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

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

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

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

Please specify scope of partnership with Partner Entity 1

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

- ☐ Yes
- ☐ No

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

- ☐ Yes
- ☐ No

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

List all names who will have financial management responsibilities for the Multi-Purpose Community Facilities grant within Partner Entity 1's organization.

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

LINK:

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

UPLOAD: Partner Entity 1 Attestation of Legal Proceedings

Are you working in conjunction with another entity?

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

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## Partner Entity 2 Information

Partner Entity 2 - Organization Name

Partner Entity 2 Point of Contact - First Name

Partner Entity 2 Point of Contact - Last Name

Partner Entity 2 Point of Contact- Title

Partner Entity 2 Point of Contact- Email Address

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

Partner Entity 2 Point of Contact - Extension

Partner Entity 2 Point of Contact- Address Line 1

Partner Entity 2 Point of Contact- Address Line 2

Partner Entity 2 Point of Contact - City

Partner Entity 2 Point of Contact- State

Select an item... ▼

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

Partner Entity 2 Legal Name

Partner Entity 2 Doing Business As Name (DBA)

Partner Entity 2 Secretary of State Account Number (0000000000)

Partner Entity 2 Employer Identification Number (EIN) (0000000000)

Partner Entity 2 Date Established

Partner Entity 2 -Type of Entity

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

Partner Entity 2 Type of Entity: please specify

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

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

UPLOAD: Partner Entity 2 Current copy of Articles of Incorporation

UPLOAD: Partner Entity 2 Current copy of By-Laws

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

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

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

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

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

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

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

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

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

Please specify scope of partnership with Partner Entity 2

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

- ☐ Yes  
☐ No

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

- ☐ Yes  
☐ No

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

List all names who will have financial management responsibilities for the Multi-Purpose Community Facilities grant within Partner Entity 2's organization.

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

LINK:

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

UPLOAD: Partner Entity 2 Attestation of Legal Proceedings

Are you working in conjunction with another entity?

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

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## Partner Entity 3 Information

Partner Entity 3 - Organization Name

Partner Entity 3 Point of Contact - First Name

Partner Entity 3 Point of Contact - Last Name

Partner Entity 3 Point of Contact- Title

Partner Entity 3 Point of Contact- Email Address

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

Partner Entity 3 Point of Contact - Extension

Partner Entity 3 Point of Contact- Address Line 1

Partner Entity 3 Point of Contact- Address Line 2

Partner Entity 3 Point of Contact - City

Partner Entity 3 Point of Contact- State

Select an item... ▼

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

Partner Entity 3 Legal Name

Partner Entity 3 Doing Business As Name (DBA)

Partner Entity 3 Secretary of State Account Number (0000000000)

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

Partner Entity 3 Date Established

Partner Entity 3 -Type of Entity

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

Partner Entity 3 Type of Entity: please specify

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

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

UPLOAD: Partner Entity 3 Current copy of Articles of Incorporation

UPLOAD: Partner Entity 3 Current copy of By-Laws

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

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

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

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

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

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

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

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

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

Please specify scope of partnership with Partner Entity 3

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

- ☐ Yes  
☐ No

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

- ☐ Yes  
☐ No

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

List all names who will have financial management responsibilities for the Multi-Purpose Community Facilities grant within Partner Entity 3's organization.

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

LINK:

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

UPLOAD: Partner Entity 3 Attestation of Legal Proceedings

Are you working in conjunction with another entity?\*

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

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## Partner Entity 4 Information

Partner Entity 4 - Organization Name

Partner Entity 4 Point of Contact - First Name

Partner Entity 4 Point of Contact - Last Name

Partner Entity 4 Point of Contact- Title

Partner Entity 4 Point of Contact- Email Address

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

Partner Entity 4 Point of Contact - Extension

Partner Entity 4 Point of Contact- Address Line 1

Partner Entity 4 Point of Contact- Address Line 2

Partner Entity 4 Point of Contact - City

Partner Entity 4 Point of Contact- State

Select an item... ▼

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

Partner Entity 4 Legal Name

Partner Entity 4 Doing Business As Name (DBA)

Partner Entity 4 Secretary of State Account Number (0000000000)

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

Partner Entity 4 Date Established

Partner Entity 4 -Type of Entity

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

Partner Entity 4 Type of Entity: please specify

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

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

UPLOAD: Partner Entity 4 Current copy of Articles of Incorporation

UPLOAD: Partner Entity 4 Current copy of By-Laws

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

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

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

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

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

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

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

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

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

Please specify scope of partnership with Partner Entity 4

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

- ☐ Yes  
☐ No

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

- ☐ Yes  
☐ No

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

List all names who will have financial management responsibilities for the Multi-Purpose Community Facilities grant within Partner Entity 4's organization.

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

LINK:

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

UPLOAD: Partner Entity 4 Attestation of Legal Proceedings

Are you working in conjunction with another entity?

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

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## Partner Entity 5 Information

Partner Entity 5 - Organization Name

Partner Entity 5 Point of Contact - First Name

Partner Entity 5 Point of Contact - Last Name

Partner Entity 5 Point of Contact- Title

Partner Entity 5 Point of Contact- Email Address

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

Partner Entity 5 Point of Contact - Extension

Partner Entity 5 Point of Contact- Address Line 1

Partner Entity 5 Point of Contact- Address Line 2

Partner Entity 5 Point of Contact - City

Partner Entity 5 Point of Contact- State

Select an item... ▼

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

Partner Entity 5 Legal Name

Partner Entity 5 Doing Business As Name (DBA)

Partner Entity 5 Secretary of State Account Number (0000000000)

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

Partner Entity 5 Date Established

Partner Entity 5 -Type of Entity

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

Partner Entity 5 Type of Entity: please specify

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

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

UPLOAD: Partner Entity 5 Current copy of Articles of Incorporation

UPLOAD: Partner Entity 5 Current copy of By-Laws

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

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

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

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

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

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

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

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

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

Please specify scope of partnership with Partner Entity 5

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

- ☐ Yes
- ☐ No

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

- ☐ Yes
- ☐ No

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

List all names who will have financial management responsibilities for the Multi-Purpose Community Facilities grant within Partner Entity 5's organization.

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

LINK:

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

UPLOAD: Partner Entity 5 Attestation of Legal Proceedings

Are you working in conjunction with additional partner entities?

- ☐ Yes  
☐ No

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## Additional Partner Entities

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

LINK:

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

UPLOAD: Additional Partner Entity Information

## Part 03: Application Questions

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### Project and Applicant Overview

Please provide a brief program description.

Describe the needs of the targeted communities within the Qualified Census Tracts and/or Economic Redevelopment Areas that would benefit from a Multi-Purpose Community Facility.

Have you identified a site for the Multi-Purpose Community Facility?

- ☐ Yes
- ☐ No

What is the site location/address/parcel number?

UPLOAD: Aerial map identifying the site

Please provide details of how you intend to acquire the site.

Does your organization have site control?

- ☐ Yes
- ☐ No

UPLOAD: Proof of Site Control

Provide details of how you intend to acquire site control.

Is the site properly zoned?

- ☐ Yes
- ☐ No

UPLOAD: Proof of Zoning

Please provide details of your plan to get it properly zoned.

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### Threshold Questions

In this section, the Lead Applicant will provide information that demonstrates how the project will directly and jointly enable work, education, and health monitoring within the Qualified Census Tract and/or adjacent to one or more Qualified Census Tracts or Economic Redevelopment Areas.

Applications for MPCF funds must meet each of the following threshold criteria to be eligible for the program.

Is the site located within or adjacent to one or more Qualified Census Tracts or Economic Redevelopment Areas of a City of the Metropolitan Class?

- ☐ Yes
- ☐ No

**NOTE: The project does not meet eligibility requirements.**

Will the project directly enable work?

- ☐ Yes
- ☐ No

Please describe how the project will directly enable work.

**NOTE: The project does not meet eligibility requirements.**

Will the project directly enable education?

- ☐ Yes
- ☐ No

Please describe how the project will directly enable education.

**NOTE: The project does not meet eligibility requirements.**

Will the project directly enable health monitoring?

- ☐ Yes
- ☐ No

Please describe how the project will directly enable health monitoring.

**NOTE: The project does not meet eligibility requirements.**

Does the project demonstrate viability for at least 5 years from completion?

- ☐ Yes
- ☐ No

Please describe how the project demonstrates viability for at least 5 years from completion.

**NOTE: The project does not meet eligibility requirements.**

Does the project address a critical need in the community it is intended to serve?

- ☐ Yes
- ☐ No

Please describe how the project addresses a critical need in the community it is intended to serve.

**NOTE: The project does not meet eligibility requirements.**

Was the need for the project a result from, made apparent by, or was exacerbated by the COVID-19 public health emergency?

- ☐ Yes
- ☐ No

Please describe how the project resulted from, was made apparent by, or was exacerbated by the COVID-19 public health emergency.

**NOTE: The project does not meet eligibility requirements.**

Is the project accessible to the community?

- ☐ Yes  
☐ No

Please describe how the project will ensure that it is accessible to the community.

**NOTE: The project does not meet eligibility requirements.**

Does the project have minimal fees associated with accessing the facility or programming associated with work, education, or health monitoring?

- ☐ Yes  
☐ No

Please describe how the project will ensure that it has minimal fees associated with accessing the facility or programming associated with work, education, or health monitoring.

**NOTE: The project does not meet eligibility requirements.**

Is the Lead Applicant a City of the Metropolitan Class in partnership with a non-profit?

- ☐ Yes  
☐ No

**NOTE: You are not eligible to apply. The Lead Applicant must be a City of the Metropolitan Class in partnership with a non-profit.**

**NOTE: Prior to continuing, ensure the non-profit partner is listed on application form Part 02: Partner Entity Information as Partner Entity 1.**

Provide the name of the Non-Profit Partner Entity 1

UPLOAD: Memorandum of Understanding (MOU) between the City of the Metropolitan Class and the Non-Profit

**DED will require that any Multi-Purpose Community Facility project meet at least one criteria in each of the following sections:**

Section I: Select all that apply to your project.

- ☐ Space to apply for jobs on public access computers.  
☐ Partner with an employment search assistance program who will provide on-site services.  
☐ None of the above. Project is not eligible.

Please describe and give details how the project will provide space to apply for jobs on public access computers and/or partner with an employment search assistance program who will provide on-site services.

Section II: Select all that apply to your project.

- ☐ Provide space where individuals can access educational opportunities.
- ☐ Enhance support services by providing one-on-one education support in-person, virtually, over the phone, and/or in the community with extended hour options.
- ☐ Provide resources and opportunities for apprenticeships/internships in partnership with a non-profit organization.
- ☐ None of the above. Project is not eligible.

Please describe and give details how the project will provide space where individuals can access educational opportunities; and/or enhance support services by providing one-on-one education support in-person, virtually, over the phone, and/or in the community with extended hour options; and/or provide resources and opportunities for apprenticeships/internships in partnership with a non-profit organization.

Section III: Select all that apply to your project.

- ☐ Provide access to health monitoring resources such as, but not limited to, health education, preventative care, direct service to the community at no or low cost.
- ☐ Provide space such as rooms or cubicles with public Wi-Fi where individuals can access telehealth services/stations.
- ☐ None of the above. Project is not eligible.

Please describe and give details on how the project will provide access to health monitoring resources such as but not limited to health education, preventative care, direct service to the community at no or low cost and/or provide space such as rooms or cubicles with public Wi-Fi where individuals can access telehealth services/stations.

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## Capacity

Provide a detailed description of the organization, responsibilities, and number of employees for the Lead Applicant, non-profit partner, and any additional partners.

Describe the scope of work for the employees that will play a key role in the completion of the Multi-Purpose Community Facility project. Provide names and titles of the key employees.

Describe your combined (Applicant and non-profit partner) experience planning similar project(s).

Describe your combined (Applicant and non-profit partner) existing community relationships and history of collaboration within the Qualified Census Tract and/or Economic Redevelopment Area.

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## Financial and Administrative Readiness

Describe your combined (Applicant and non-profit partner) experience in managing federal funds responsibly within the past 5 years.

Has the non-profit partner had any external audits performed within the past 5 years?

- ☐ Yes
- ☐ No

UPLOAD: Findings of all external audits performed within the past 5 years

When was your last external audit performed? If no external audit has ever been performed, please state so.

Describe your ability to take on additional projects and manage in a responsible manner.

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## Community Project Impact

Provide an estimated total number of jobs that will be created with your plan for this project.

0

Describe how the above number was determined.

Has an economic impact analysis been completed to support the answer to the previous question?

- ☐ Yes  
☐ No

UPLOAD: Copy of the completed impact analysis

Provide a narrative on the projected long-term economic impact of your plan on the targeted community.

Describe how your plan for this project will effectively respond to the negative economic impact of COVID-19 faced by the targeted community located within or adjacent to one or more Qualified Census Tract(s) or Economic Redevelopment Area(s).

Provide the number of people the project is estimated to impact in the QCT or ERA.

0

Please explain how this estimate was determined.

Describe the plan in place to track and measure the number of people the project is estimated to impact.

Describe how this project prioritizes access to public transportation enabling resources to be accessible to the community.

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## Project Readiness

Describe Applicant's ability to implement the project quickly once funds are awarded.

Describe any contingencies or unknowns.

Describe a plan to address any contingencies or unknowns.

**Projects involving displacement must comply with the Uniform Relocation Assistance and Real Property Acquisition Policies Act (URA).**

**Who is considered a displaced person under URA?**

- A displaced person can be a tenant, homeowner, farm owner or business owner who must permanently relocate as a direct result of a federally funded project (this can also include personal property, typically owned by someone other than the property owner, which has to be moved off-site because of the project).
- A tenant can also be considered displaced if:

- The landlord tries to avoid relocation costs by not renewing a lease or telling a tenant to move.
- The applicant is slow or negligent in providing assistance and advising tenants of their rights.
- Temporarily relocated tenants who are not offered suitable and affordable units to return to, as defined by the CDBG or HOME Program.
- The US Department of Housing and Urban Development (HUD) determines that the tenant moved because of the project even if they moved before the application for funding was submitted; and
- The terms of the temporary relocation are unreasonable.

Does the project involve displacement, as defined by URA?

- ☐ Yes
- ☐ No

If yes, describe how your plan for this project will maintain compliance with URA.

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## Budget Approach

Please describe your plan for financial sustainability for the project through the next 5+ years after completion.

Will your plan for this project require additional funds than the amount provided by this grant application?

- ☐ Yes
- ☐ No

Explain how the additional funds will be obtained.

UPLOAD: Financial projections/a proforma for operating costs

UPLOAD: Letters of commitment to verify financial sustainability

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## Project Revitalization and Sustainability

Indicate how your answer above will continue to directly and jointly enable work, education, and health monitoring within the Qualified Census Tract for at least 5 years after project completion.

How will the activities from the above questions be funded?

Will the chosen site be a new construction or rehabilitated facility?

- ☐ New Construction
- ☐ Rehabilitation

How will this project impact community revitalization?

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## Project Task and Timeline

Provide a narrative of the project's timeline, including any significant milestones in the project's implementation including a plan with detailed steps for reaching each milestone.

### Duplication Review

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

\$0.00

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

- ☐ Yes  
☐ No

Total Amount of funding received.

\$0.00

Are other agencies or government funds being received?

- ☐ Yes  
☐ No

Will the funds be used for a different purpose than the funds requested in this application?

What is your unmet need (Total need prior to assistance – received funding)?

\$0.00

### Duplication of Funds Review Table Instructions:

Please fill out the table below to identify your total need and the amount you have received by Budget Line Item and the source of funds.

- **Budget Line Item:** The Budget Categories are found in the ‘Budget’ portion of the application. You will create applicable line items under each category. Use the line items to complete this section.
- **Source:** Whom are the funds from?
- **Identify total need prior to assistance (the need of an applicant or a city/county) by Budget Category and Source.**
- **Identify the amount received by Budget Category and Source.**
- **Subtract all assistance found to be duplicative, resulting in the maximum potential award amount, or unmet need.**

Please use the above information to fill out the table below:

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

I have completed the table immediately above.

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

## 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.

## Part 04: Application Uploads

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### Application Uploads

UPLOAD: Evidence of Board Approval for grant request (Non-Profit Partner Entity)

UPLOAD: Sources and uses of funds for the project or projects

UPLOAD: Evidence of approval by an authorized municipal official or governing body, or, if approval is not possible within the grant timeline, a document that outlines how and when approval will be obtained

UPLOAD: Other Applicant-specific attachments, as needed

## Part 05: 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 of the Multi-Purpose Community Facilities Grant Program. By signing and submitting this form, I affirm that the governing body of the Applicant has duly authorized this application and I have been authorized to submit the application.**

Check to confirm

- ☐ I certify that by submitting this application, I, the Applicant, confirm that I will comply with all federal and state statutes, regulations, policies, guidance, and the terms and conditions of the award and state grant agreement.

Check to confirm

- ☐ I certify that, by submitting this application, I agree upon award to permit the state and federal regulators to have access to all records and financial statements of the entity relevant to compliance evaluation and monitoring of the grant program.

Check to confirm

- ☐ I consent to allow reasonable inquiries by the Department of Economic Development (DED) for the purpose of verifying the information in my application, including but not limited to, requests for further information and inquiries submitted to third-parties. If awarded funds, I agree to provide additional reports and expenditure information upon request.

Check to confirm

- ☐ I authorize DED to use this acknowledgment and the information obtained in the application to administer and enforce rules and policies of the grant program.

Check to confirm

- ☐ Any individual or organization, including any governmental agency, may be asked to release information. Information may be requested from, but is not limited to: courts, law enforcement state or federal agencies, or social service agencies. I authorize the above persons, firms, or corporations to make available any documents or record relevant to this grant program for inspection and copying.

Check to confirm

- ☐ I authorize DED to publish aggregate information regarding the entity (individual or company) submitting the application (not including personally identifiable information) and any awards which I may receive on a searchable public website as part of its public transparency and accountability efforts.

Check to confirm

- ☐ I certify that the grant funds requested in this application do not duplicate other covered assistance that has been previously received or is reasonably expected to be received by any federal or state government, county agencies, and private or nonprofit charity organizations.

Check to confirm

- ☐ I agree to repay any assistance later received for the same purpose as the grant funds associated with this grant program.

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

Date Signed

## Budget

### Proposed Budget Summary

#### Expense Budget

	Grant Funded	Non-Grant Funded	Total Budgeted
<b>Personnel</b>			
<b>Subtotal</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Construction</b>			
<b>Subtotal</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Grant Administration</b>			
<b>Subtotal</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Legal and Professional Fees</b>			
<b>Subtotal</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Planning and Design</b>			
<b>Subtotal</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Technical Assistance and Project Management</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
<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

#### Personnel

Hiring and retaining staff, as well as any necessary training or professional development.

### **Construction**

General construction improvements.

### **Grant Administration**

Support for managing grant.

### **Legal and Professional Fees**

Legal advice, consulting fees, and any other professional services that may be necessary during the development.

### **Planning and Design**

This category may include expenses related to developing the overall strategy for Multi-Purpose Community Facilities, as well as the design and layout of the physical space and any necessary technology infrastructure.

### **Technical Assistance and Project Management**

Includes expenses related to managing the development of the Multi-Purpose Community Facilities space such as project management software, consulting fees, and staff time.

## Performance Plan

### Proposed Performance Plan

#### Project Timeline/Milestones

Goal Name	Goal Type	Goal Details
	Milestone	Due Date

#### Project Impact

Goal Name	Goal Type	Goal Details
	Narrative	Narrative

#### Next Steps

Goal Name	Goal Type	Goal Details
	Milestone	Due Date
	Narrative	Narrative

### Proposed Performance Narrative

#### Project Timeline/Milestones

Outline specific milestones related to the Multi-Purpose Community Facilities project from initial phase to completion phase.

#### Project Impact

Outline how the project will directly enable work, enable education and health monitoring. Include how the project will ensure that it has minimal fees associated with accessing the facility or programming associated with work, education, or health monitoring and how this project prioritizes access to public transportation enabling resources to be accessible to the community.

#### Next Steps

Outline next steps that will be taken upon project completion to ensure that this project is directly and jointly enabling work, education, and health monitoring within the Qualified Census Tract for at least 5 years after project completion.