

Opportunity Details

Opportunity Information

Title

Regional Development Initiative Program – Initiatives Phase

Description

LB1412 (2024) section 255 appropriated federal funds from the Coronavirus State and Local Fiscal Recovery Fund to the Nebraska Department of Economic Development (DED) for regional workforce development initiatives that responds to the negative economic impacts of the COVID-19 pandemic.

Awarding Agency Name

Department of Economic Development

Agency Contact Name

Leo Morales

Agency Contact Email

leo.morales@nebraska.gov

Departments

ARPA, 06 Economic Recovery Division, ER2

Subjects

2024, RDI

Manager

Leo Morales

Additional Users

Announcement Type

Initial Announcement

Assistance Listings Number

21.027

Public Link

<https://ne.amplifund.com/Public/Opportunities/Details/95ce88f6-952c-4d1d-9c47-064955b6584e>

Is Published

Yes

Funding Information

Opportunity Funding

\$1,200,000.00

Funding Sources

Federal Or Federal Pass Through

Award Information

Award Range

\$1,200,000.00 Ceiling

Award Type
Competitive

Capital Grant
No

Indirect Costs Allowed
No

Submission Information

Submission Window
09/16/2024 9:00 AM - 11/08/2024 5:00 PM

Submission Timeline Type
One Time

Allow Multiple Applications
Yes

Other Submission Requirements
For program guidelines, please refer to: <https://opportunity.nebraska.gov/programs/recovery/rdi/>

Eligibility Information

Eligibility Type
Public

Additional Eligibility Information
The RDI Program Initiatives Phase application will be open to organizations that:

(a) Have developed a project or intervention that responds to the negative economic impacts of COVID-19 within one of the six community college regions of Nebraska;

(b) Provide a letter of support for their project or workforce initiative from their Regional Navigator

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

Additional Primary Contact Information

Primary Contact - Organization

Primary Contact – First Name

Primary Contact – Last Name

Primary Contact - Title

Primary Contact - Phone Number

Applicant Information

**The Primary Contact Information is on the previous page, Project Information section. The Primary Contact listed previously is the main point of contact for this application. The Applicant Information below should be for the entity that will be signing the award agreement. The applicant information may be different than the primary contact person.*

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

Applicant - Fiscal Year-End Date

Chief Elected Official, Mayor, Board Chair, 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 - Extension

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

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

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

Preparer Type: please specify

Please review the ['External User Guide - How to Apply on Behalf of Another Organization'](#) article.

As an External User are you applying within the Applicant organization's account?

- ☐ Yes
☐ No

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

Part 02: Application Questions

General Information

Organization Legal Name

Doing Business As Name (DBA)

Secretary of State Account Number

Employer Identification Number (EIN) (000000000)

Select organization's entity type:

- ☐ Sole Proprietor
- ☐ LLC
- ☐ Partnership
- ☐ Corporation
- ☐ Nonprofit Corporation
- ☐ Nonprofit Association
- ☐ City
- ☐ Village
- ☐ County
- ☐ Township
- ☐ School District
- ☐ Special District
- ☐ Other

Type of Entity: please specify

Specify special district type:

Instructions for Unique Entity Identifier (UEI):

A UEI is required per your Program Manual. DED is aware of the delays with [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

UPLOAD: Articles of Incorporation or By-Laws which demonstrate the purpose of the organization.

UPLOAD: 2020 federal tax return

UPLOAD: 2021 federal tax return

UPLOAD: 2022 federal tax return

UPLOAD: 2020 Income Statements, Cash Flow, and Balance Statements

UPLOAD: 2021 Income Statements, Cash Flow, and Balance Statements

UPLOAD: 2022 Income Statements, Cash Flow, and Balance Statements

UPLOAD: Evidence of Board Approval for grant request

Has Applicant ever been debarred, suspended, or otherwise excluded from federal or state 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.**

Please provide additional details to include a description of the circumstances, court case numbers and jurisdictions

Project Specific Information

Project Design

Instructions:

To answer question below, please refer to the Regional Development Initiative map using the link provided below.

<https://opportunity.nebraska.gov/programs/recovery/rdi/>

In which of the six community college regions within the State of Nebraska will the project or initiative be undertaken?

- ☐ Central Community College
- ☐ Mid-Plains Community College
- ☐ Northeast Community College
- ☐ Southeast Community College
- ☐ Western Nebraska Community College
- ☐ Metro Community College

Please select applicable counties that have been disproportionately impacted by COVID-19 as it relates to your project.

- ☐ Adams
- ☐ Buffalo
- ☐ Butler
- ☐ Clay
- ☐ Colfax
- ☐ Dawson
- ☐ Franklin
- ☐ Furnas
- ☐ Gosper
- ☐ Greeley
- ☐ Hall
- ☐ Hamilton
- ☐ Harlan
- ☐ Howard
- ☐ Kearney
- ☐ Merrick
- ☐ Nance
- ☐ Nuckols
- ☐ Phelps
- ☐ Platte
- ☐ Polk
- ☐ Sherman
- ☐ Valley
- ☐ Webster

Please select applicable counties that have been disproportionately impacted by COVID-19 as it relates to your project.

- ☐ Arthur
- ☐ Blaine
- ☐ Chase
- ☐ Cherry
- ☐ Custer
- ☐ Dundy
- ☐ Frontier
- ☐ Hayes
- ☐ Hitchcock
- ☐ Hooker
- ☐ Keith
- ☐ Lincoln
- ☐ Logan
- ☐ Loup
- ☐ Mcpherson
- ☐ Perkins
- ☐ Red Willow

☐ Thomas

Please select applicable counties that have been disproportionately impacted by COVID-19 as it relates to your project.

- ☐ Antelope
- ☐ Boone
- ☐ Boyd
- ☐ Brown
- ☐ Burt
- ☐ Cedar
- ☐ Cuming
- ☐ Dakota
- ☐ Dixon
- ☐ Garfield
- ☐ Holt
- ☐ Keya paha
- ☐ Knox
- ☐ Madison
- ☐ Pierce
- ☐ Rock
- ☐ Stanton
- ☐ Thurston
- ☐ Wayne
- ☐ Wheeler

Please select applicable counties that have been disproportionately impacted by COVID-19 as it relates to your project.

- ☐ Cass
- ☐ Fillmore
- ☐ Gage
- ☐ Jefferson
- ☐ Johnson
- ☐ Lancaster
- ☐ Nemaha
- ☐ Otoe
- ☐ Pawnee
- ☐ Richardson
- ☐ Saline
- ☐ Saunders
- ☐ Seward
- ☐ Thayer
- ☐ York

Please select applicable counties that have been disproportionately impacted by COVID-19 as it relates to your project.

- ☐ Banner
- ☐ Box Butte
- ☐ Cheyenne
- ☐ Dawes
- ☐ Deuel
- ☐ Garden
- ☐ Grant
- ☐ Kimball
- ☐ Morrill
- ☐ Scotts Bluff
- ☐ Sheridan
- ☐ Sioux

Please select applicable counties that have been disproportionately impacted by COVID-19 as it relates to your project.

- ☐ Dodge
- ☐ Douglas
- ☐ Sarpy
- ☐ Washington

Do you have a letter of support from your regional navigator?

- ☐ Yes
☐ No

NOTE: You may not be eligible for this grant. Please consult the application guidelines for more information.

UPLOAD: Letter of Support

If approved for grant funding, Nebraska Department of Economic Development must report on the project location to the US Department of Treasury. Please provide the complete address or property parcel number and the Nebraska county of the project or initiative location. Include additional addresses if applicable.

Does applicant own, lease or have site control of the project location above?

- ☐ Yes
☐ No
☐ Not Applicable

If yes, upload proof of ownership, lease or other site control documentation.

If no, provide details of how you intend to acquire the site

If N/A, please explain.

Instructions:

To answer the question below on Qualified Census Tract (QCT), please refer to the map at https://www.huduser.gov/PORTAL/sadda/sadda_qct.html

Is the project or initiative located in a Qualified Census Tract (QCT)?

- ☐ Yes
☐ No
☐ Unsure

Please indicate if your project or initiative targets or includes a direct response to address negative economic impacts of the pandemic in any of the areas identified below:

- ☐ Building or developing affordable housing
☐ Childcare, tutoring, public school or early learning services
☐ Job training
☐ Assistance to small businesses and small business owners
☐ Assistance to unemployed or underemployed individuals
☐ Behavioral health
☐ Improved or new outdoor public spaces
☐ Upgrades to drinking water or sewer systems
☐ Access to or enhanced broadband internet
☐ None of the above

Please provide a brief summary of applicant's workforce development project or initiative.

Provide a brief narrative that outlines the planned use(s) of grant funding for the project or initiative identified above.

Identify the project's beneficiaries and the negative impact(s) of COVID - 19 on the beneficiaries of the project. Describe the economic harm and the current needs of the project's beneficiaries to overcome disparities exacerbated by the COVID-19 pandemic. Include data to justify the need or negative impact, if available.

Identify how the applicant's project addresses the identified need(s) or negative economic impact(s) of the Covid - 19

pandemic on the beneficiaries.

Which category best describes your regional project?

- ☐ Residential Recruitment
- ☐ Youth Engagement
- ☐ Entrepreneurship
- ☐ Technology
- ☐ Infrastructure
- ☐ Selected Regional Project

How will the project provide a sustainable, long-term community impact?

Upload: Optional upload any supporting documents related to this section of the application.

Capacity

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.

Provide details on the applicant's experience in managing state or federal grants of similar size and complexity to the one being requested.

Describe Applicant's written policies and procedures to implement changes in laws, regulations, guidance, and funding agreements affecting state or 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 state or federal grants.

UPLOAD: A copy of the 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. If you have never had an audit, upload a statement to that effect.

Project Readiness

Project Start Date

Project End Date

NOTE: End date must be on or before Sept 30, 2026. See Program Manual for more information.

Describe any contingencies or unknown elements in the project's implementation, including a plan for how your organization and/or partners will address unknowns and mitigate risks associated with uncertainty.

Please share any other relevant information related to the program not otherwise stated in the application.

Upload: Optional upload any supporting documents related to this section of the application.

Duplication Review

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]

Please select the answer that is most applicable to your situation:

- ☐ 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.

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 Regional Development Initiative Program – Initiatives Phase.

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

- ☐ By submitting this application, Applicant confirms that they 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, we 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 acknowledgement 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.

Check to Confirm

- ☐ I attest to DED that if awarded, funds will only be utilized for activities allowed under the federal grant. If any funds awarded are determined to be unallowable by DED or State and Federal oversight monitors or auditors, the funds awarded must be returned to DED or the U.S. Department of Treasury.

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
Project Expenses			
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

Project Expenses

Add the eligible expenses related to the project.