

Opportunity Details

Opportunity Information

Title

Rural Community Recovery Program

Description

The Rural Community Recovery Program will provide funding to eligible political subdivisions in disproportionately impacted rural counties for rehabilitation or adaptive reuse projects designed to address vacant, abandoned, or deteriorated (VAD) properties. Research shows that VAD properties may pose an environmental hazard to the community and environment and present a barrier to economic recovery and the production of affordable housing. Addressing these properties will improve the neighborhood-built environment and revitalize communities that have been disproportionately impacted by the pandemic.

Purpose Area 1: Installation of Public Features

The purpose of these awards is to support political subdivisions that propose projects to install neighborhood features for public use, increase access to healthy foods, conduct neighborhood cleanup, and/or revitalize public spaces. Such projects will improve the community residents' physical and mental well-beings, create spaces that allow safe and accessible recreation, directly invest in neighborhoods, increase community engagement, and may provide access to fresh, nutritious food. Examples include public parks, playgrounds, community gardens, green spaces, or other similar publicly available amenities.

Purpose Area 2: Site Development for Affordable Housing

The purpose of these awards is to support political subdivisions that propose projects intended to development vacant, abandoned, or deteriorated properties for current or future affordable housing. Such projects will mitigate the blight of vacant, abandoned, or deteriorated properties in the neighborhood, invest in safe, quality housing in the community, and build momentum for the future development of affordable housing units in the community. Awarded projects that intend to complete site development for future affordable housing are expected to leverage other federal or state funding sources for the construction of affordable housing on the sites developed using these program funds. For this program, "affordable housing" is not specifically defined; rent and income limits required by the federal or state funding source(s) will apply.

Project Activities

Eligible project activities will pertain to the rehabilitation or adaptive reuse of vacant, abandoned, or deteriorated properties in communities in disproportionately impacted counties, limited to the following:

- (i) Rehabilitation, renovation, maintenance, or costs to secure vacant or abandoned properties to reduce their negative impact.
- (ii) Costs associated with acquiring and securing legal title of vacant or abandoned properties and other costs to position the property for current or future productive use.
- (iii) Removal and remediation of environmental contaminants or hazards from vacant or abandoned properties, when conducted in compliance with applicable environmental laws or regulations.
- (iv) Demolition or deconstruction of vacant or abandoned buildings (including residential, commercial, or industrial buildings) paired with greening or other lot improvements as part of a strategy for neighborhood revitalization.
- (v) Greening or cleanup of vacant lots, as well as other efforts to make vacant lots safer for the surrounding community.
- (vi) Installation of neighborhood features for public use, such as parks, green spaces, recreation facilities, sidewalks, pedestrian safety features like crosswalks, projects that increase access to healthy good like community gardens, streetlights, neighborhood cleanup, and other projects to revitalize public spaces, to promote physical and mental well-being and promote healthier living environments by allowing for safe and accessible recreation.
- (vii) Conversion of vacant or abandoned properties to affordable housing.
- (viii) Inspection fees and other administrative costs incurred to ensure compliance with applicable environmental laws

and regulations for demolition, greening, or other

Awarding Agency Name

Nebraska Department of Economic Development

Agency Contact Name

Brittany Piper

Agency Contact Phone

402-310-4782

Agency Contact Email

brittany.piper@nebraska.gov

Manager

Brittany Piper

Additional Users

Announcement Type

Initial Announcement

Public Link

<https://ne.amplifund.com/Public/Opportunities/Details/a8db6ae3-5fc2-483c-99fe-4b7b24947f92>

Is Published

Yes

Funding Information

Opportunity Funding

\$10,000,000.00

Funding Sources

Federal Or Federal Pass Through

Funding Restrictions

Eligible applicant is political subdivision with project located in disproportionately impacted rural community.

Award Information

Award Range

\$250,000.00 - \$10,000,000.00

Award Type

Competitive

Matching Requirement

Yes

Submission Information

Submission Window

05/20/2024 9:00 AM - 07/22/2024 5:00 PM

Submission Timeline Type

One Time

Submission Timeline Additional Information

For assistance with the grant management system, AmpliFund, visit DED Grants Help Center:
<https://dednebraska.zendesk.com/hc/en-us/articles/7931736146715-How-to-Request-Help>

Allow Multiple Applications

No

Eligibility Information

Eligibility Type

Public

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

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.*

Applicant Legal Name

Applicant - Address Line 1

Applicant - Address Line 2

Applicant - City

Applicant - Postal Code (00000)

Select the eligible project location category:

- ☐ Disproportionately impacted county, as defined by DED
- ☐ Qualified census tract in a nonmetropolitan area

Applicant - County

Select an item... ▼

Select the qualified census tract (QCT) in which this project will be located:

- ☐ 9661.00 – Adams County
- ☐ 9695.00 – Buffalo County
- ☐ 9696.00 – Buffalo County
- ☐ 9644.00 – Dodge County
- ☐ 9607.00 – Madison County
- ☐ 9401.00 – Thurston County
- ☐ 9402.00 – Thurston County

Applicant - Phone Number

General

Employer Identification Number (EIN) (000000000)

Unique Entity Identifier (UEI) (000000000000)

Eligibility

Has the applicant and/or any of its employees or staff ever been disbarred, suspended, or otherwise excluded from federal assistance programs or activities?

- ☐ Yes
☐ No

Has the applicant and/or any of its employees or staff been the subject of legal proceedings involving fraud, waste, or misappropriation of funds within the last 10 years?

- ☐ Yes
☐ No

If you answered yes to either of the previous questions, disclose information about any and all proceedings involving the entity, its principles, or employees that are ongoing or reached final disposition within the last 10 years that:

1. Is or was in connection with the award or performance of a grant, cooperative agreement, or procurement contract with 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 results 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 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 acknowledgement of fault on your part; and**
 - iii. This requirement to disclose information about the proceeding does not conflict with applicable laws and regulations.**

Provide Narrative Below:

Authorized Official: 1

*** This individual is referred to as the Authorizer. They can approve decisions about the application or award, if applicable.**

Authorized Official 1 - First Name

Authorized Official 1 - Last Name

Authorized Official 1 - Title

Authorized Official 1 - Email Address

Authorized Official 1 - Phone Number (0000000000)

Authorized Official: 2

*** This individual is referred to as the Authorizer. They can approve decisions about the application or award, if applicable.**

Authorized Official 2 - First Name

Authorized Official 2 - Last Name

Authorized Official 2 - Title

Authorized Official 2 - Email Address

Authorized Official 2 - Phone Number (0000000000)

Partnering Entity

****If the Applicant entity plans to partner with a nonprofit organization for the proposed project, include the Partnering Entity information below.***

Is the Applicant entity plans to partner with a nonprofit organization for the proposed project?

- ☐ Yes
☐ No

Partnering Entity - Legal Name

Partnering Entity - Address Line 1

Partnering Entity - Address Line 2

Partnering Entity - City

Application Preparer - State

Select an item... ▼

Application Preparer - Postal Code (00000)

Application Preparer - Phone Number (0000000000)

Application Preparer - Extension

Partnering Entity - Nonprofit Type:

- ☐ 501(c)(3)
☐ 501(c)(4)
☐ 501(c)(6)

Part 02: Application Questions

Application Questions

Has Applicant also applied to the 2022 Rural Workforce Housing Land Development Program?

- ☐ Yes
☐ No

Instruction on Exhibit Submission

The Applicant will upload responses to the following application questions via Exhibits 1 through 5, below. For submission in each section, the Applicant must save the file in the following format: Exhibit 1_Project Design_Applicant Name

Save each document in a PDF (preferred) or Word filetype.

NOTE: Each exhibit may not exceed 5 pages in length.

Exhibit 1. Project Design

Provide an overview of the project design, including but not limited to:

- (1) Project type (installation of public features or site development for affordable housing).
- (2) Activities required to complete the project.
- (3) Project location and specific site(s), if identified, or description of type(s) of sites on which the project will be completed.
- (4) Partners involved (not limited to the partnering entity).
- (5) Project goals & intended outcomes.
- (6) (For Affordable Housing projects) Summary of the state or federal funding source(s) that will be leveraged for future construction, and what affordability requirements apply (i.e., length of affordability period, rent/income limits, mix of affordable to market rate units, etc.).
- (7) Other relevant details.

UPLOAD: Exhibit 1

Exhibit 2. Community Need

Provide a narrative that describes how the effects of the COVID-19 pandemic on the applicant community, including but not limited to the following:

- (1) Pre-existing (i.e., pre-COVID-19) public health and/or economic disparities in the community, and what population(s) are most affected by these disparities.
- (2) How the COVID-19 pandemic worsened the identified disparities.
- (3) Current efforts made by applicant, partnering entity, and/or other community organizations to respond to the identified disparities and promote neighborhood stabilization in response to the COVID-19 pandemic.
- (4) Current need for the proposed project and how this was determined.
- (5) Other relevant details

UPLOAD: Exhibit 2

Exhibit 3. Community Impact

Provide a narrative that illustrates the impact of this funding and completed project on the applicant community and its residents, including but not limited to the following:

- (1) Potential effect of the proposed project on the community and the population(s) identified as having been most affected by the identified disparities.
- (2) How the proposed project supports existing initiatives to address community needs.
- (3) How the proposed project will promote neighborhood stabilization and community revitalization.
- (4) (For Public Feature projects) How the proposed project will improve public health and/or safety for community residents, including how the project incorporates sustainability, climate resilience, and/or accessibility to support long-term public use.
- (5) (For Affordable Housing projects) How the proposed project aligns with the community's overall plan to increase production of affordable housing, including how the project advances housing equity and removes barriers for communities that have been historically underserved, under resourced, and/or marginalized.
- (6) Other relevant details.

UPLOAD: Exhibit 3

Exhibit 4. Capacity

Provide a description of the experience, knowledge, and skills of the applicant and/or partnering entity, including but not limited to the following:

- (1) Ability to undertake and complete the proposed project within the period of performance.
- (2) Ability to maintain efficient and effective use of funds and adhere to reporting and management requirements.
- (3) Experience in managing federal grant funds, developing internal controls, and establishing procurement standards.
- (4) Experience in managing comparable projects and description of past project outcomes.
- (5) Relevant qualifications and experience of any key staff that will contribute to successful completion of the

proposed project.

(6) Existing community relationships and history of collaboration with project partners.

(7) Evidence of community support for the proposed project, including letters of support from community members or organizations and approval from the City Council/Village Board/County Commission.

(8) Other relevant details.

UPLOAD: Exhibit 4

Exhibit 5. Project Readiness

Provide a narrative explaining the applicant's readiness to complete the proposed project, including but not limited to the following:

(1) Feasibility of the proposed project completion within the period of performance.

(2) Proposed timeline for completion of major project milestones.

(3) Potential barriers to project completion and strategies/plans to navigate them.

(4) Identification of the project site(s), or criteria used to evaluate potential site(s).

(5) Proper zoning of the project site(s), or detailed plan to obtain proper zoning for the site(s) to ensure compliance with URA requirement.

(6) Site controls of the project site(s), or plan to obtain site control.

(7) (For Affordable Housing projects) If other state or federal funding will be used for development of affordable housing on the site(s).

(8) (For Affordable Housing projects) Plan to conduct environmental review and/or site review as required by the relevant state or federal grant program.

(9) Other relevant details.

UPLOAD: Exhibit 5

Part 03: Budget And Other Funding Sources

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.

Are any uncommitted federal, state, local, and/or private funding sources anticipated and/or pending for this program?

- ☐ Yes
- ☐ No

If you are anticipating other funding sources, when do you expect a decision on pending funding requests to be finalized?
(Please list: Entity, Request, Status, and Expected Decision Date)

Is the viability of this proposal contingent on any anticipated/pending funding sources?

- ☐ Yes
- ☐ No

If yes, please explain.

Partial funding: Can this project be completed in smaller components if the current grant request is partially funded?

- ☐ Yes
- ☐ No, if the grant request is not fully funded the project will not be feasible.

If yes, please describe these components and ensure that the grant budget reflects such component breakdowns.

Financial Commitment: Please describe the organizational financial commitment to the proposal.

Part 04: Attachment Uploads

Attachment A

NOTE: Upload evidence of the applicant's active or pending SAM.gov registration. If your SAM.gov registration is pending, upload proof of application for a UEI number. If the applicant is awarded funds, a valid UEI must be provided to DED within 30 days of the award date. Failure to provide a valid UEI within this timeframe may cause the conditional award to be revoked.

UPLOAD: Attachment A. SAM.gov Registration

Attachment B

NOTE: Upload any letters of support for the proposed project or community's overall strategy to which this project confirms that have been submitted by residents, community members or organizations, and/or local partners.

UPLOAD: Attachment B. Letter(s) of support

Attachment C

NOTE: Upload documentation that affirms the proposed project, if funded, has been approved by the City Council, Village Board, County Commission, or equivalent governing body.

UPLOAD: Attachment C. Approval of project by City Council/Village Board/County Commission.

Attachment D

NOTE: Upload documentation of the applicant's more recent Single Audit report or most recent financial statements, which demonstrate the applicant's track record for effective and efficient management of funds.

UPLOAD: Attachment D. Single Audit.

Attachment E

NOTE: Upload the development cost schedule, created using DED's template for eligible costs.

UPLOAD: Attachment E. Development cost schedule

Attachment F

NOTE: If the applicant lists a partnering entity, upload the Memorandum of Understanding (MOU) with the partnering entity or other, equivalent description of the partnership between the applicant and the third-party organization.

UPLOAD: Attachment F. (if applicable) Memorandum of Understanding.

Attachment G

NOTE: If the applicant lists a partnering entity, upload certification that the partnering entity is a nonprofit organization (e.g., Secretary of State certificate of good standing).

UPLOAD Attachment G. (if applicable) Partnering entity certification of nonprofit status.

Attachment H

UPLOAD: Attachment H. Other relevant documentation related to the project not otherwise provided with the application

Part 05: Terms of Acceptance

Terms of Acceptance

To the best of my knowledge and belief, data and information in this application are true and correct. The Applicant will comply with all requirements in the Rural Community Recovery 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
Acquisition/Securing Legal Title			
Subtotal	\$0.00	\$0.00	\$0.00
Conversion to Affordable Housing			
Subtotal	\$0.00	\$0.00	\$0.00
Demolition/Lot Improvements			
Subtotal	\$0.00	\$0.00	\$0.00
Greening/Cleanup			
Subtotal	\$0.00	\$0.00	\$0.00
Inspection Fees/Compliance Costs			
Subtotal	\$0.00	\$0.00	\$0.00
Installation of Neighborhood Features			
Subtotal	\$0.00	\$0.00	\$0.00
Rehabilitation/Renovation/Maintenance			
Subtotal	\$0.00	\$0.00	\$0.00
Removal/Remediation of Environmental Contaminants/Hazards			
Subtotal	\$0.00	\$0.00	\$0.00
Total Proposed Cost	\$0.00	\$0.00	\$0.00

Revenue Budget

	Grant Funded	Non-Grant Funded	Total Budgeted
Grant Funding			
Award Requested	\$0.00		\$0.00
Subtotal	\$0.00		\$0.00
Non-Grant Funding			
Cash Match		\$0.00	\$0.00
Subtotal		\$0.00	\$0.00
Total Proposed Revenue	\$0.00	\$0.00	\$0.00

Proposed Budget Detail

Proposed Budget Narrative

Acquisition/Securing Legal Title

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.

Conversion to Affordable Housing

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.

Demolition/Lot Improvements

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.

Greening/Cleanup

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.

Inspection Fees/Compliance 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.

Installation of Neighborhood Features

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.

Rehabilitation/Renovation/Maintenance

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.

Removal/Remediation of Environmental Contaminants/Hazards

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.