

Opportunity Details

Opportunity Information

Title

Airport Business Park Grant Program - Phase II: Project Grant

Description

The Nebraska Department of Economic Development (DED) will provide grants to nonprofit economic development organizations not to exceed \$90,000,000.00 in grants for the development of a business park located within or adjacent to one or more qualified census tracts located within the boundaries of a city of the metropolitan class and within two miles of a major airport as defined in section 13-3303. An innovation hub as defined in section 81-12,108 shall not qualify for a grant under this subdivision. The Airport Business Park Program will consist of two phases:

- a. Phase I: Planning Grant
- b. Phase II: Program Grant.

Phase I: Planning Grant

The Phase I Planning Grant process allowed Applicant(s) the opportunity to create and develop a Master Plan for the development and creation of a business park. The successful Applicant(s) received grants in an amount not to exceed \$400,000.00.

Phase II: Program Grant

The Phase II Program Grant will provide Applicant(s) with grants not to exceed \$90,000,000.00 to finalize the development of the business park. The maximum amount of the Program Grant will be offset by any funds distributed during the Phase I Planning Grant.

Awarding Agency Name

Nebraska Department of Economic Development

Agency Contact Name

Daren Waters

Agency Contact Phone

(402) 480-9004

Agency Contact Email

Daren.Waters@nebraska.gov

Departments

ARPA, 06 Economic Recovery Division, ER2

Manager

Atticus Stansbury

Additional Users

Announcement Type

Initial Announcement

Public Link

<https://ne.amplifund.com/Public/Opportunities/Details/a9c31bab-82b6-4df8-ac6d-d4ba97916485>

Is Published

Yes

Funding Information

Opportunity Funding

\$89,200,000.00

Funding Sources

State

Funding Source Description

Pursuant to Neb. Rev. Stat. §81-12,241(4)(a), the Nebraska Department of Economic Development (DED) will provide grants to nonprofit economic development organizations not to exceed \$90,000,000.00 in grants for the development of a business park located within or adjacent to one or more qualified census tracts located within the boundaries of a city of the metropolitan class and within two miles of a major airport as defined in section 13-3303. An innovation hub as defined in section 81-12,108 shall not qualify for a grant under this subdivision.

Funding Restrictions

The Airport Business Park Grant Program funds are intended for the (1) development of a business park, (2) located within or adjacent to one or more qualified census tracts, (3) located within the boundaries of a city of the metropolitan class, and (4) within two miles of a major airport as defined in section 13-3303.

Award Information

Award Range

\$89,600,000.00 Ceiling

Award Type

Competitive

Expected Number of Awards

1.00

Submission Information

Submission Window

12/18/2023 5:00 PM - 01/02/2024 5:00 PM

Submission Timeline Type

One Time

Allow Multiple Applications

No

Question Submission Information

Question Submission Email Address

Daren.Waters@nebraska.gov

Question Submission Additional Information

For program guidelines, please refer to: <https://opportunity.nebraska.gov/programs/recovery/airport-business-park/>

Eligibility Information

Eligibility Type

Public

Additional Eligibility Information

Nebraska Department of Economic Development (DED) has designed the Airport Business Park Grant Program to be extended to nonprofit corporations located within the State of Nebraska.

The Airport Business Park Grant, Program Phase II application, will be open for the development of a business park located within or adjacent to one or more qualified census tracts located within the boundaries of a city of the

metropolitan class and within two miles of a major airport as defined in section 13-3303. An innovation hub as defined in section 81-12,108 shall not qualify for a grant under this subdivision.

Adjacent means adjoining, touching, and sharing a common border.

Two miles from a major airport refers to an airport with commercial service as defined by the Federal Aviation Administration (Neb. Rev. Stat. §13-3303).

Qualified Census Tract: A QCT is a qualified census tract as defined in 26 U.S.C. 42(d)(5)(B)(ii)(I), as such section existed on January 1, 2022.

A city of the metropolitan class is defined in Neb. Rev. Stat. §14-101 as all cities which have attained a population of four hundred thousand inhabitants or more as determined by the most recent federal decennial census or the most recent revised certified count by the United States Bureau of the Census.

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

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 - Title

Primary Contact - Phone Number (0000000000)

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)

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

General

Legal Name

Doing Business As Name (DBA)

Secretary of State Account Number (0000000000)

Employer Identification Number (EIN) (000000000)

Was the organization established on or before 12/01/2020?

- ☐ Yes
☐ No

Date Established

NOTE: Only organizations established on or before 12/01/2020 are eligible to apply.

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 non-profit organizations are eligible to apply for the Airport Business Park Grant Program.

NOTE: Only non-profit organizations are eligible to apply for the Airport Business Park Grant Program.

UPLOAD: Current copy of Articles of Incorporation

UPLOAD: Current copy of By-Laws

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

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

UPLOAD: 2020 IRS Form 990 (Non-Profit)

UPLOAD: 2021 IRS Form 990 (Non-Profit)

UPLOAD: 2022 IRS Form 990 (Non-Profit)

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

- ☐ Yes
☐ No

Has Applicant, 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 Applicant, 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 Airport Business Park Program 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

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 (00000)

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

Partner Entity 1 Information

Are you working in conjunction with another entity?

- ☐ Yes
☐ No

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

UPLOAD: Partner Entity 1 Current copy of Articles of Incorporation

UPLOAD: Partner Entity 1 Current copy of By-Laws

UPLOAD: Partner Entity 1 2020 Income Statements, Cash Flow, and Balance Statements (Private Entities)

UPLOAD: Partner Entity 1 2021 Income Statements, Cash Flow, and Balance Statements (Private Entities)

UPLOAD: Partner Entity 1 2022 Income Statements, Cash Flow, and Balance Statements (Private Entities)

UPLOAD: Partner Entity 1 Nebraska Secretary of State - Certificate of Good Standing (Private Entities)

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 Airport Business Park Program 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.

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) (000000000)

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 Airport Business Park Program 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.

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- 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 Airport Business Park Program 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.

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- 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 Airport Business Park Program 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.

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 Airport Business Park Program 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
-

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

Part 03 - Section 1: Threshold Questions

Is your proposal intended for the development of a business park? (A business park is a comprehensive development encompassing all of the elements outlined in the Master Plan, as defined in section 3.3.1 of the Airport Business Park program manual.)

- ☐ Yes
☐ No

NOTE: Proposals must be intended for the development of a business park to be eligible.

Is there an intent to use any or all of the Phase II Program Grant for the purposes of developing an Innovation Hub?

- ☐ Yes
☐ No

NOTE: An innovation hub as defined in Neb. Rev. Stat. § 81-12,108 shall not qualify for an Airport Business Park grant.

Provide details of your answer above.

Is your project within or adjacent to one or more qualified census tracts located within the boundaries of a city of the metropolitan class and within two miles of a major airport as defined in section 13-3303?

- ☐ Yes
☐ No

How will you ensure that the project is within or adjacent to one or more qualified census tracts located within the boundaries of a city of the metropolitan class and within two miles of a major airport as defined in section 13-3303?

Part 03 - Section 2: Organization Questions

UPLOAD: Document providing the board members of your organization with positions and a description of each position

Where is each director employed and what is their job title?

Provide a brief description of your organization and its responsibilities.

Please describe your organization's mission and how it aligns with the objectives of developing an airport business park.

How many part-time employees will be dedicated to the development of the Phase II Program Grant?

0

How many full-time employees will be dedicated to the development of the Phase II Program Grant?

0

Describe the scope of work for each employee dedicated to the development of Phase II Program Grant.

UPLOAD: A clearly articulated ABP management structure plan

Provide a description of the capabilities, qualifications, and experience of the proposed management team, team leader, or key personnel who are critical for the development of the ABP Grant.

Describe your organization's daily activities.

Describe how your organization fits the definition of a non-profit economic development organization specified in subsection 3.2 of the Airport Business Park Program Manual.

Describe your organization's ability to take on additional tasks.

How does the proposed Phase II Program Grant promote business development in QCT areas, specifically in North Omaha?

Outline your organization's financial stability and capacity to manage funds for a project of this scale.

Explain the strategies your organization will employ to ensure environmental sustainability in the development.

Location

Have you identified a site?

- ☐ Yes
- ☐ No

What is the site location/address/parcel number?

UPLOAD: An aerial map identifying the site.

Provide details of how you intend to acquire the site.

Does your organization have site control?

- ☐ Yes
- ☐ No

UPLOAD: Proof of site control (proof of ownership, option, purchase contract, or long term lease agreement)

Provide details of how you intend to acquire site control.

Is the site properly zoned?

- ☐ Yes
- ☐ No

UPLOAD: Proof of zoning

Provide details of your plan to get it properly zoned.

Has an environmental assessment been conducted for the subject site?

- ☐ Yes
- ☐ No

UPLOAD: Environmental Assessment

Is the property a brownfield site?

- ☐ Yes
- ☐ No

Part 03 - Section 3: Additional Project Information Questions

Provide a description of your plan's phases and milestones that will occur for Phase II Program Grant.

If Phase II Project Grant funds are received, how soon will the project Phase II Program Grant start?

Has your organization identified subcontractor(s) within the QCT area to assist in the execution of the Phase II Program Grant?

- ☐ Yes
- ☐ No

Describe how identified subcontractor(s) will assist in the execution of Phase II Program Grant.

UPLOAD: Memorandum of Understanding or a contract form indicating agreement between the organization and subcontractor(s).

Describe your plan to identify subcontractor(s) within the QCT area to assist in the execution of the Phase II Program Grant.

Describe your organization's track record in handling projects that meet the needs of local communities.

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

Share any other relevant information related to the Phase II Program Grant not otherwise stated in the application.

Part 04: General Application Questions

Application Questions

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.

Describe why your organization is best positioned to design and execute the Phase II Program Grant.

How will the grant relieve the negative impact of the COVID-19 public health emergency?

Describe the community benefit that will be derived from this proposal. For example, how will it diversify the economy, improve the local neighborhood, and/or increase livability in the community?

How does this proposal contribute to community sustainability and resilience (economic, built and natural environment, and quality of life)?

What other outcomes of your grant request will your organization measure (i.e., improved education, creating new high-wage job opportunities, etc.)?

How will those outcomes be measured?

UPLOAD: A logic model demonstrating or indicating your prospective Phase II Master Plan program's inputs, outputs, and outcomes.

Provide supportive narratives explaining your logic model.

Projects involving displacement must comply with the Relocation Assistance Act, Neb. Rev. Stat. §§ 76-1214 to 76-1242.

Does the project involve displacement, as defined by the Relocation Assistance Act, Neb. Rev. Stat. §§ 76-1214 to 76-1242?

- ☐ Yes
- ☐ No

Describe how the project will maintain compliance with the Relocation Assistance Act, Neb. Rev. Stat. §§ 76-1214 to 76-1242.

Does the project involve a capital expenditure?

- ☐ Yes
- ☐ No

Has design been completed?

- ☐ Yes
- ☐ No

Has a construction bid package been developed?

- ☐ Yes
- ☐ No

If not, how were cost estimates determined?

Has a general contractor been selected?

- ☐ Yes
- ☐ No

If so, was a public competitive bid process completed prior to awarding the contract?

- ☐ Yes
- ☐ No

If not, why not?

UPLOAD: A Pro-Forma for the project

Please provide a narrative justifying the dollar amount of your request.

Please provide a detailed explanation of how the grant funds will be used to support this proposal.

UPLOAD: Documentation to support the grant request narrative (Optional)

Financial Sustainability: If awarded, describe how the project will be financially sustainable (i.e., not require ongoing funding for operations, not be dependent on future funding requests).

Please provide a narrative detailing how ongoing operations will be funded following this initial grant investment.

Who will be responsible for managing the Phase II Project Grant for the Airport Business Park Grant Program?

- ☐ Applicant
- ☐ Partners
- ☐ Both

Please provide a detailed justification for your response(s) above.

Part 05: Master Plan Readiness

Master Plan Readiness

Provide a comprehensive overview of your organization's Master Plan for the airport business park development, highlighting key elements and objectives.

UPLOAD: Copy of Master Plan

What is the industry focus area of the Master Plan?

How does your proposed Master Plan align with the long-term economic development goals of the community and the region?

Provide your perspective of Phase II Master Plan's long-term plan indicating economic sustainability.

UPLOAD: Budget demonstrating the long-term plan for economic sustainability

Who are the target beneficiaries of the Airport Business Park that the development of the Master Plan will support beyond the completion of Phase II?

Describe how the proposed Master Plan will help promote startups and existing businesses, and/or impact communities throughout the process of Phase II and once Phase II has been completed.

Describe the expected economic impact of your Master Plan, including job creation, revenue generation, and business growth.

Describe any unique elements in your Master Plan that set it apart from other proposals and contribute to its potential success in creating a lasting impact.

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.

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 the Applicant's experience with complying with statutory, regulatory, or other requirements related to state grants, including examples.

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 06: Application Uploads

Application Uploads

UPLOAD: Evidence of Board Approval for grant request

UPLOAD: Other Applicant-specific attachments, as needed

Part 07: 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 of the Airport Business Park 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	Total Budgeted
Environmental Sustainability		
Subtotal	\$0.00	\$0.00
Infrastructure Development		
Subtotal	\$0.00	\$0.00
Project Management		
Subtotal	\$0.00	\$0.00
Total Proposed Cost	\$0.00	\$0.00

Revenue Budget

	Grant Funded	Total Budgeted
Grant Funding		
Award Requested	\$0.00	\$0.00
Subtotal	\$0.00	\$0.00
Total Proposed Revenue	\$0.00	\$0.00

Proposed Budget Detail

Proposed Budget Narrative

Environmental Sustainability

This category focuses on costs associated with incorporating environmentally friendly practices and features into the airport business park development. It covers initiatives like green building practices, landscaping efforts, and expenses related to conducting environmental impact assessments.

Infrastructure Development

This category encompasses all expenses related to the physical development of the airport business park. It includes the construction and improvement of roads, transportation systems, utilities and activities involved in site preparation and grading.

Project Management

Project management and administration encompass the overall coordination, planning, and execution of the airport business park. This category covers expenses related to personnel and staff involved in the project.

Performance Plan

Proposed Performance Plan

Project Milestones

Goal Name	Goal Type	Goal Details
	Milestone	Due Date

Next Steps

Goal Name	Goal Type	Goal Details
	Narrative	Narrative

Economic Impact Metrics

Goal Name	Goal Type	Goal Details
	Narrative	Narrative

Program Goal #1

Goal Name	Goal Type	Goal Details
	Milestone	Due Date
	Narrative	Narrative
	Numeric	Number to be Achieved
	Percentage Achieved	Desired Percentage
	Percentage Change	Desired Percentage Current Percentage
	Reimbursement	Number to be Achieved Rate Per Achievement Budgeted Amount

Program Goal #2

Goal Name	Goal Type	Goal Details
	Milestone	Due Date
	Narrative	Narrative
	Numeric	Number to be Achieved
	Percentage Achieved	Desired Percentage
	Percentage Change	Desired Percentage Current Percentage
	Reimbursement	Number to be Achieved Rate Per Achievement Budgeted Amount

Proposed Performance Narrative

Project Milestones

Outline specific, time-bound milestones related to the airport business park development, such as completion of the infrastructure phases, environmental assessments, and community engagement events.

Next Steps

Outline the next steps that will be taken to move the project forward, and any actions that are required to achieve the goals of the master plan.

Economic Impact Metrics

Identify key economic indicators, such as job creation. Increased business activity, and revenue generation, to measure the overall impact of the development on the local economy.

Program Goal #1

User-Defined Goal

Program Goal #2

User-Defined Goal