

Opportunity Details

Opportunity Information

Title

2022 Middle Income Workforce Housing Fund - Round 2

Description

2022 Middle Income Workforce Housing Fund - Round Two

Awarding Agency Name

Department of Economic Development

Agency Contact Name

Nick Dropinski

Agency Contact Phone

402-580-0713

Agency Contact Email

nick.dropinski@nebraska.gov

Manager

Nick Dropinski

Additional Users

Announcement Type

Initial Announcement

Public Link

<https://ne.amplifund.com/Public/Opportunities/Details/aa8e71a2-0238-4812-9ac7-feacc25cd51f>

Is Published

Yes

Funding Information

Opportunity Funding

\$11,750,000.00

Funding Sources

State

Award Information

Award Range

\$100,000.00 - \$5,000,000.00

Award Type

Competitive

Capital Grant

No

Indirect Costs Allowed

No

Matching Requirement

Yes

Cash Match Requirement

50.00%

Submission Information

Submission Window

10/04/2023 2:00 PM - 01/04/2024 11:00 PM

Submission Timeline Type

One Time

Question Submission Information

Question Submission Email Address

nick.dropinski@nebraska.gov

Question Submission Additional Information

For Application Guidelines, please refer to: <https://opportunity.nebraska.gov/programs/housing/mwhf/>

Technical Assistance Session

Technical Assistance Session

No

Eligibility Information

Eligibility Type

Public

Additional Eligibility Information

501(c)(3), 501(c)(4), 501(c)(6) housing or related service organization; Projects must take place within the City of Lincoln, or within or adjacent to a Qualified Census Tract in Douglas, Lancaster, or Sarpy counties

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 I: General Information

Primary Contact - Organization

Primary Contact - Title

Primary Contact - Phone Number

Applicant Information

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

Name of Applicant Organization

Applicant - Phone Number

Applicant - Extension

Applicant - Address Line 1

Applicant - Address Line 2

Applicant - City

Applicant - State

Select an item... ▼

Applicant - Postal Code

Board Chair or Authorized Official

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

Authorizer - First Name

Authorizer - Last Name

Authorizer - Title

Authorizer - Email Address

Authorizer - Phone Number

Authorizer - Phone Extension

General

Legal Name

Doing Business As Name (DBA)

Secretary of State Account Number

Employer Identification Number (EIN)

Type of Entity

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

Type of Entity: please specify...

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

- ☐ Yes
- ☐ No

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

- ☐ Yes
- ☐ No

If yes, disclose information about any and all proceedings involving the entity, its principles, or employees that are ongoing or reached final disposition within the most recent 10 years that:

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

2. Is one of the following:

- a. A criminal proceeding that resulted in a conviction under verdict or plea;
- b. A civil proceeding that resulted in a finding of fault and liability and payment of a monetary fine, penalty, reimbursement, restitution, or damages;
- c. An administrative proceeding that resulted in a finding of fault and liability and your payment of a fine, penalty, reimbursement, restitution, or damages;
- d. A bankruptcy proceeding; or
- e. Any other criminal, civil, or administrative proceeding if:
 - (i) It could have led to an outcome described in paragraph 2(a)-(c) of this subsection;
 - (ii) It had a different disposition arrived at by consent or compromise with or without an acknowledgment of fault on your part; and
 - (iii) This requirement to disclose information about the proceeding does not conflict with applicable laws and regulations.

Answer Here:

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

0

Additional Contact Information

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

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

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

Service Area

Instructions

Select all Cities and/or Counties that you are planning to serve with this project:

Select all Area(s). (Hold down the ctrl (Windows) or cmd (Mac) button to select multiple items.)

Part II: Funding Summary And Investment Fund Budget Summary

Funding Summary

Please complete the Funding Summary below provided table:

MWHF Funds Requested	Matching Funds	Total Funds

Investment Fund Budget Summary

UPLOAD: Provide a detailed budget for the workforce housing investment fund, including sources of funds on hand, detailed commitments, fund operating costs and matching funds. Include a projected budget for the proposed, or potential, workforce housing projects to be funded from the workforce housing investment fund.

Part III: Non-Profit Development Organization Approval

Part III. Non-Profit Development Organization Approval

Requirements for approval by the DED Director as an eligible non-profit development organization to apply for MWHF funding.

Complete the form by checking the boxes and indicating the specific page numbers that the documentation can be found in the application to demonstrate that the organization does meet all the requirements as outlined.

Attach all required documentation as outlined previously

Requirements are in five areas:

1. Legal status
2. Organizational structure
3. Capacity and experience
4. Financial standards
5. Investment plan

Legal Status

The organization must be chartered or registered to do business in Nebraska and is maintaining its status.

Attach the Certificate of Good Standing from the Secretary of State's website at <http://www.sos.ne.gov/dyindex.html>. Attach it as Attachment A.

UPLOAD: Attachment A: Certificate of Good Standing

The organization must be one of the following organizations:

- ☐ Non-profit 501(c)(3) housing or related service organization with a service area of at least one community in an eligible county, eligible county, multiple eligible counties, or statewide
- ☐ Non-profit 501(c)(4) housing or related service organization with a service area of at least one community in an eligible county, eligible county, multiple eligible counties, or statewide
- ☐ Non-profit 501(c)(6) housing or related service organization with a service area of at least one community in an eligible county, eligible county, multiple eligible counties, or statewide

The organization must serve a clearly defined geographic region within Douglas, Lancaster and/or Sarpy County. One eligible census tract in an eligible county is the minimum geographic service region for an organization. One eligible county or multiple eligible counties are also allowed. The MWHF program can only be invested in the City of Lincoln, or within or adjacent to a Qualified Census Tract in Douglas, Lancaster, or Sarpy counties.

Please mark and attach the appropriate organizational service area documentation:

- ☐ Charter
- ☐ Articles of Incorporation
- ☐ By-Laws
- ☐ Resolution of the Organization's Board of Directors

UPLOAD: Charter Documentation

Page number

UPLOAD: Articles of Incorporation Documentation

Page number

UPLOAD: By-Laws Documentation

Page number

UPLOAD: Resolution of the Organization's

One of the purposes of the organization must be housing or related services. Please mark and attach the appropriate organizational documentation:

- ☐ Charter
- ☐ Articles of Incorporation
- ☐ By-Laws
- ☐ Resolution of the Organization's Board of Directors

UPLOAD: Charter Documentation

Page number

UPLOAD: Articles of Incorporation Documentation

Page number

UPLOAD: By-Laws Documentation

Page number

UPLOAD: Resolution of the Organization's Board of Directors Documentation

No part of the organization's earnings may benefit any members, founders, contributors or individuals.

- ☐ Charter
- ☐ Articles of Incorporation
- ☐ By-Laws
- ☐ Resolution of the Organization's Board of Directors

UPLOAD: Charter Documentation

Page number

UPLOAD: Articles of Incorporation Documentation

Page number

UPLOAD: By-Laws Documentation

Page number

UPLOAD: Resolution of the Organization's Board of Directors Documentation

The organization must have applied for, or received a tax-exempt ruling from the Internal Revenue Service (IRS) under Section 501(c) of the Internal Revenue Code of 1986. The 501(c) designations permissible are 501(c)(3), 501(c)(4), and 501(c)(6), and Upload a Letter from the IRS for 501(c) designation.

UPLOAD: Attachment C: Letter from IRS for 501(c) designation, or CPA/Attorney Statement

Organizational Structure

The non-profit development organization must meet the following criteria:

- Have an active board of directors with expertise in development, construction and finance.
- Have a formal plan and proven expertise to invest unused workforce housing investment fund balances.
- Have a board that meets at least quarterly to approve all qualified investments made by the non-profit development organization.

NOTE: Documentation of board meeting frequency is required.

Select one of the options and attach the appropriate organizational documentation:

- ☐ By-Laws
- ☐ Charter
- ☐ Articles of Incorporation

UPLOAD: By-Laws Documentation

UPLOAD: Charter Documentation

UPLOAD: Articles of Incorporation Documentation

Submit a copy of the most recent annual audit or reviewed year end Financial Statement below

UPLOAD: Annual audit or reviewed year end Financial Statement.

Upload a list of Board members and their areas of expertise below.

UPLOAD: Attachment D: Board Members and Areas of Expertise

Capacity And Experience

The non-profit development organization demonstrates the capacity and experience to operate a loan or investment fund. This means the organization must have at least one of the following:

- Experienced key staff that have successfully managed a loan fund and/or investment fund
- Staff with limited, or no experience, will work with an experienced consultant under a plan in place to train the new or inexperienced staff
- The organization will hire staff with the required experience.
- The organization will contract with a qualified fund administrator.

Submit resume's and/or statements that describe the experience of key staff members; copies of any contract with consultants to train inexperienced or new staff; statement, job description with requirements and formal training plan for staff that is to be hired; or copy of fund administrator contract below.

UPLOAD: Attachment G: Key Staff Resumes/Consultant Contract/Statement

Financial

The organization must have financial accountability standards that have:

- Records that identify adequately the source and application of funds. These records shall contain information pertaining to awards, authorizations, obligations, unobligated balances, assets, outlays, income and interest.
- Effective control over and accountability for all funds, property and other assets. Recipients shall adequately safeguard all such assets and assure they are used solely for authorized purposes.
- Comparison of outlays with budget amounts for each award. Whenever appropriate, financial information should be related to performance and unit cost data.

Choose the one of the following

- ☐ Submit a notarized statement by the President or Chief Financial Officer of the organization
- ☐ Submit a certification from a Certified Public Accountant

UPLOAD: Attachment H: Financial Accountability Notarized Statement/CPA Certification

UPLOAD: Attachment H: Financial Accountability Notarized Statement/CPA Certification

Fund Investment Plan

The Fund Investment Plan must be Board approved and include the following, at a minimum:

- Geographic service area, including primary targeted communities
- Qualified workforce housing activities to be funded
- Ineligible activities
- Eligible applicant entities
- Types, amount (minimum and maximum) and terms of assistance to be provided
- Target sale price
- Approval process, including scoring or selection criteria
- Application process
- Administration
- Loan Review Process and Procedures
- Loan Closing Process and Procedures
- Loan Servicing and Monitoring
- Program Compliance
- Risk mitigation
- Fund
- Project
- Conflict of Interest Clause
- Future use plan

UPLOAD: Attach a copy of the board approved Fund Investment Plan, including proof of board approval

Bank Information

For MWHF awards, the non-profit development organization must designate the bank(s) that will be certifying the matching funds on hand in the non-profit's accounts, prior to the drawdown of the MWHF funds.

UPLOAD: A letter indicating the certifying banks signed by the non-profit development organization certifying official.

Part IV: Application Questions

Demonstrated Need

Altering the application questions in any way will automatically disqualify the application and result in the applicant not being funded

1. Describe the owner-occupied workforce housing need of the eligible census tract(s), neighborhood and/or community where the MWHF will be invested. Include statistical data (cited), independent sources (cited) and relevant information that supports the need. Include a link to an online housing study and/or a letter from the city planning department. The letter must state that the proposal is in line with the city's most recent consolidated plan. Housing studies should be current, not more than five years old.

- Include the unemployment rate of the eligible census tract(s), neighborhood and/or community.

Include page number and section citations within narrative.

UPLOAD: Exhibit 101 Housing Study(ies) or City Planning Department Letter.

Capacity

2. Describe the Applicant's capacity and commitment to administer a workforce housing investment fund, including staff and board expertise. Include a description of any other investment or loan funds administered by the fund administrator.

Narrative below

3. Describe the Applicant's housing development experience, including staff and board expertise.

- List housing projects or activities that the Applicant has been involved in and explain the role.

Narrative below

4. Describe the collaboration with housing development organizations, lenders, employers, economic development organizations and other housing partners within the region in the development of the investment fund.

- Identify the individuals and/or entities that have participated in fund development and planning.

Narrative below

5. Describe the fundraising efforts for matching funds. The MWHF program requires a 1/2:1 cash match of the total award. Matching funds are cash contributions committed, or on hand, at the time of application. Describe the actual financial commitment of matching funds that will be invested in the fund. Identify matching funds

on hand, including source. Commitments at the time of application are acceptable. Commitment letters are required for any funds not already on hand in the fund and must be documented on the Part II in the Matching Funds column.

- Include information on how matching funds were solicited.
- What employers were involved in the fundraising?
- Identify matching funds on hand, including amount and source.
- Identify the amount and sources of matching funds committed.

Narrative below

UPLOAD: Exhibit 102 Individual Donor Commitment Form and/or Entity Commitment Fund (Samples provided in Application Guidelines).*

UPLOAD: Exhibit 103 Verification of Match on Hand

If the statement given below is true please check the box

☐ I certify that no matching funds are from an existing MWHF Investment Fund.

6. Provide detailed documentation of the fund administrator's qualifications and expertise to manage an investment fund. List the individuals that will be administering the fund and a description of each individual's role in fund management (including who will be primarily responsible for the investments of the fund; who will handle the day to day operations of the fund; who will handle the reporting requirements of the fund; who will inspect, evaluate, and review the progress of the funded projects; and any other individuals that will participate within the project).

Narrative below

Investment Plan and Impact

7. Describe the process used to develop the Fund Investment Plan (Exhibit 104) including what individuals and entities were involved in the planning. The Fund Investment Plan must be Board approved and include the following, at a minimum:

- Geographic service area
- Eligible and qualified workforce housing activities to be funded
- Assurances that the funds will be invested only in eligible geographies
- Ineligible activities
- Eligible applicant entities
- Types, amount (minimum and maximum) and terms of assistance to be provided
- Target sale price
- Process to determine amounts of subsidy and amount of investment funds that will be repaid and revolve within the investment fund
- Approval process, including scoring or selection criteria
- Application process
- Administration
 - Loan Review Process and Procedures
 - Loan Closing Process and Procedures
 - Loan Servicing and Monitoring
 - Program Compliance

- Risk mitigation
 - Fund
 - Project
- Conflict of Interest Clause
- Future use plan

Narrative below

UPLOAD: Exhibit 104 Fund Investment Plan

8. How does the proposed workforce housing investment fund provide a solution to the immediate and long term owner-occupied workforce housing need of the eligible census tract(s), neighborhood and/or community? How do the types of projects to be funded match the needs of the workforce? Be specific as to the type of projects proposed to be funded under the workforce housing investment fund and the impact of those projects. Describe how the proposed fund accomplishments will reduce or eliminate the need in the eligible census tract(s), neighborhood and/or community.

Narrative below

Readiness

9. Describe potential workforce housing projects to be financed from the fund. Include letters of intent from workforce housing development projects that describe proposed projects potentially being financed under the applicant fund

Narrative below

10. Describe the selection process to be used to determine which projects will be financed with the fund.

Narrative below

11. Provide a timeline for projects and proposed implementation plan.

Narrative below

UPLOAD: Exhibit 105 Implementation Plan

12. Explain any matching funds on hand in the investment fund.

Narrative below

Part V: Exhibits

Exhibit 100 Authorizing Resolution

UPLOAD: Exhibit 100 Authorizing Resolution (Sample provided in Application Guidelines)

Exhibit L: Letters of Support

Instructions: Complete this exhibit if the applicant has letters of support from members of the public, organizations, and/or businesses. Please collate all letters into a single file for upload, if necessary.

Does the application include letters of support?

- ☐ Yes
☐ No

UPLOAD: Letter(s) of Support

Exhibit 106 MWHF 2020 or 2022 Grantee Investment Fund Summary (required for 2020 or 2022 MWHF recipients only)

Do you Classify as MWHF 2020 or 2022 grantees?

- ☐ Yes
☐ No

UPLOAD: Exhibit 106 MWHF 2020 or 2022 Grantee Fund Investment Summary (Template provided in Application Guidelines)

Additional Upload

UPLOAD: Any Applicant Specific Exhibits

Part VI: 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 2022 Middle Income Workforce Housing Fund - Round 2 . 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.

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
Eligible Activities			
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

Eligible Activities

Include Eligible Projects Costs: Enter the total amount in the "Direct Cost" field. If this Line Item has Match, change "Non-Grant Funded" to "Yes". Enter in your Match Dollar Amount or Match Percentage.