

## Opportunity Details

### Opportunity Information

Title

2025 Nebraska Affordable Housing Trust Fund (NAHTF) Technical Assistance Application

Description

Important Notice: Applicant Organization must use their own AmpliFund account to submit applications. Third Party Application Preparers must request to be added as a user to the Applicant's own AmpliFund account in order to submit an application under the Applicant's AmpliFund account. Please contact [support@dednebraska.zendesk.com](mailto:support@dednebraska.zendesk.com) for assistance.

The Nebraska Affordable Housing Trust Fund (NAHTF) was established by the 1996 Nebraska Affordable Housing Act (Neb. Rev. Stat. §§58-701 through 58-711). The Act was adopted to address the state's affordable housing needs and called for a portion of the documentary stamp tax from Nebraska real estate transactions to be transferred to the NAHTF providing a resource to increase the supply and improve the quality of affordable housing in Nebraska and to encourage economic development and promote the general prosperity of all Nebraskans.

Program

Fund Activity Categories

Housing

Manager

Kylee Bischoff

Additional Users

Mechele Grimes

Public Link

<https://ne.amplifund.com/Public/Opportunities/Details/e2f1d02f-acfb-4726-a173-f02472bc5882>

Is Published

Yes

### Submission Information

Submission Window

02/20/2025 3:00 PM - 05/22/2025 5:00 PM

Submission Timeline Additional Information

APPLICATION SUBMISSION DUE DATE IS THURSDAY, MAY 8, 2025, BY 5:00PM (CENTRAL TIME)

Check Application Guidelines for details

<https://opportunity.nebraska.gov/nahtf> .

Open Office Hours: Check Application Guidelines for Timeline. Only Applicants and/or the Application Preparers with Pre-Applications submitted will be invited to attend.

Other Submission Requirements

Review NAHTF Application Guidelines

<https://opportunity.nebraska.gov/nahtf>

### Question Submission Information

### Question Submission Additional Information

A Pre-Application must be completed in order to be eligible for the full application.

Housing Program Representative Regions:

Please contact your Housing Program Representative for questions.

To view the map of the Housing Representatives, visit <https://opportunity.nebraska.gov/nahtf> and click "Contact DED Regional Housing Staff".

Application Guidelines will give guidance on accessing resources and submitting questions regarding the Application or use of AmpliFund.

## Eligibility Information

### Eligibility Type

Public

### Additional Eligibility Information

Who is eligible to apply?

1. Local and Governmental subdivisions
2. State and federally recognized local or regional Public Housing Authorities or Agencies
3. Community Action Agencies
4. Community-based, Neighborhood-based, or Reservation-based nonprofit 501(c)(3) or 501(c)(4) organizations

Applicants designated as 501(c)(3) or 501(c)(4) must upload their Federal Tax-exempt Letter of Determination to both the pre-application and full application. Applicants may be asked prior to award to submit their most recent Form 990 to verify they were an active tax-exempt organization at time of application submission. The Department uses Guidestar.org to verify non-profit active status and Form 990 submissions. Applicants are encouraged to keep their Form 990 submissions up to date so as not to risk losing their non-profit status.

## Additional Information

### Additional Information URL

<https://opportunity.nebraska.gov/amplifund/>

### Additional Information URL Description

For Assistance with the Grant Management System, AmpliFund, go to DED Grants Help Center:

<https://dednebraska.zendesk.com/hc/en-us/articles/7931736146715-How-to-Request-Help>

Resources:

General and Program specific user guides are 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

### Form 01: Applicant, Preparer, and Local Contact Information

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#### **IMPORTANT! Read prior to starting this application**

- 1. A PRE-APPLICATION IS REQUIRED.** A pre-application must be submitted prior to submitting this full application. A full application will not be accepted unless there was a pre-application submitted for this project.
- 2. APPLICANTS MUST USE THEIR OWN AMPLIFUND ACCOUNT TO SUBMIT.** Preparers who are not on staff with the applicant organization should be using the applicant's own AmpliFund account to submit this application.
- 3. CONTACT THE HOUSING PROGRAM REPRESENTATIVE FOR YOUR REGION BEFORE COMPLETING AN APPLICATION.** Applicants are expected to set a meeting during the open application period with a Housing Program Representative to discuss the proposed project and to receive technical assistance [https://opportunity.nebraska.gov/wp-content/uploads/2024/02/Housing-Rep-Map\\_2024\\_vertical.pdf](https://opportunity.nebraska.gov/wp-content/uploads/2024/02/Housing-Rep-Map_2024_vertical.pdf).
- 4. APPLICATION DEADLINE.** Applications must be submitted by 5:00 pm on May 8, 2025. No applications will be accepted after that date and time. It is highly recommended that applications be submitted up to two days prior to the deadline to ensure time for addressing any technical issues that may occur during submission.

#### **Applicant Information**

**\*The applicant's primary contact information was entered in previous section titled Project Information. The person identified must be on staff with the applicant organization and not a third-party preparer. The application preparer will be identified below under the section titled "Preparer Information."**

#### **Applicant Organization**

Name of Applicant Organization

Federal Tax ID (000000000)

Applicant Type

- ☐ Unit of Local Government
- ☐ Public Housing Authority
- ☐ Nonprofit 501(c)(3)
- ☐ Nonprofit 501(c)(4)

UPLOAD: Letter from IRS for 501(c)(3) designation.

UPLOAD: Letter from IRS for 501(c)(4) designation.

Applicant - Phone Number (0000000000)

Applicant - Address Line 1

Applicant - Address Line 2

Applicant - City

Applicant - State

Select an item... ▼

Applicant - Postal Code

## Authorizing Individual

**Authorizer is the individual authorized to sign contracts and other legal documents on behalf of the applicant organization.**

Authorizer - First Name

Authorizer - Last Name

Authorizer - Title

Authorizer - Email Address

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## Preparer Information

If applicant is not the preparer organization, double check to make sure the primary contact listed on form titled the Project Information lists a member of the applicant staff and NOT the preparer staff.

**Preparers who are not on staff with the applicant organization should be using the applicant's own AmpliFund account to submit this application.**

Contact [support@ne-amplifund.zendesk.com](mailto:support@ne-amplifund.zendesk.com) for assistance if unable to create or access applicant's AmpliFund account.

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

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### Local Contact

Contact must work for Applicant organization. The Local Contact will be responsible for adding additional users if the Applicant Organization does not have an AmpliFund Recipient account yet. This can be the same individual listed as Primary Contact on the Project Information page.

**NOTE: This should not be the third party preparer.**

Local Contact - First Name

Local Contact - Last Name

Local Contact - Title

Local Contact - Email Address

Local Contact - Phone Number (0000000000)

Local Contact - Extension

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### Multiple Applications

**NOTE: If applying for multiple projects, Applicant will need to submit one application for each project.**

Will Applicant be applying for more than one project?

- ☐ Yes  
☐ No

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## Pre-Application

Enter the date that Pre-Application was submitted for this project.

## DED Eligibility Milestones

**NOTE: At time of pre-application, an applicant with open awards that did not meet milestones was required to submit a detailed plan for how they will achieve milestone compliance in advance of the full application deadline.**

When submitting pre-application, did applicant identify any current awards that did not meet required milestones?

- ☐ Yes  
☐ No

Will the award(s) be compliant with the required milestones, by full application deadline?

- ☐ Yes  
☐ No

**Applicant is not eligible to submit 2025 NAHTF application.**

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## District Indicator

Choose the Congressional District where the applicant organization is located.

- ☐ Congressional District 1  
☐ Congressional District 2  
☐ Congressional District 3

Follow this link to Congressional District Map:

[https://nebraskalegislature.gov/about/congress\\_map.php](https://nebraskalegislature.gov/about/congress_map.php)

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## Project Service Area

### Instructions for Selecting Project Service Area

Complete ONLY ONE of the project service area boxes below; EITHER the County or the Community box. DO NOT FILL IN BOTH. [The only exception is if there are communities being served by the project that will be located outside the counties that have already been selected].

**Important - Contact a Housing Program Representative if you have questions regarding Project Service Area.**

**Hint:** Typically, a Technical Assistance project will benefit all communities within the counties of their organization's service area. Therefore, the county selection box is typically used to identify the organization's service area.

If project does not plan to serve every community in a county, do NOT fill in the County Selection box, but instead skip the County Selection box and proceed to the Community Selection box.

If project will serve all communities in an entire county or multiple counties, select all counties project will serve in the County Selection box below.

**NOTE:** If selecting a county, Applicant is indicating that the program will serve ANY community within that county.

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

If project will serve only a select community or several communities, but not all communities within a county, select only the communities to be served by this project in the community Selection box below.

DED may use its discretion when determining the service location to be served if awarded.

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

## Housing Region Selection

To find the project's housing region, view the map of the Housing Representatives here:

<https://opportunity.nebraska.gov/nahtf> and click "Contact DED Housing".

Using the map, identify which region the project is in and select region below. If it covers multiple regions, consult with member of the housing team to identify applicable region.

Select your project's Housing Region.

- ☐ Western Region
  - ☐ Central Region
  - ☐ Northeast Region
  - ☐ Southeast Region
  - ☐ Metro Douglas/Sarpy Region
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## NAHTF Program Legislation First Priorities

See Application Guidelines for Nebraska Revised Statutes pertaining to the following officially designated zones.

Application Guidelines can be found here: <https://opportunity.nebraska.gov/nahtf>

Does your organization serve any areas with these official designations? (Select all that apply)

- ☐ Enterprise Zone
- ☐ Extremely Blighted Area



☐ The applicant organization does not serve any areas with the above official designations.

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### Instructions for Applicant Specific Uploads

Applicants may use optional upload fields located at the end of Form 02 in the application. Use these Applicant Specific Upload opportunities for adding graphs, charts, surveys, public meeting information, etc. that have been cited within the application and useful for providing clarifying information that leads to a greater understanding of the project. These are NOT required uploads.

## Form 02: Technical Assistance Application

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### Project Activities

Select below any of the eligible activities that applicant is requesting NAHTF funding for. Applicants should review Application Guidelines before selecting activities below.

Technical Assistance Program Activities (Select all that apply)

- ☐ Salary support for a new hire filling a newly created position
  - ☐ New Office Equipment, Software and Office/Workplace Improvements
  - ☐ Strategic Planning
  - ☐ Housing Study Funding
  - ☐ Training/Education specific to Housing Development
  - ☐ Fees for architecture and engineering designs and consultation in preparation for a future affordable housing project.
- 

### Project Design

#### Project Description Summary

**Reminder: If you would like to include graphs, pictures, or other data that will lead to greater understanding of this project, use the Applicant Specific Upload space at the bottom of this section. Be sure to cite within your answer the upload name and page number, if applicable, of any additional uploads being used as support.**

Provide a description of the project below. See Application Guidelines for specific items to address when completing the Project Description Summary. There are no character limits.

#### Organization Description Summary

Provide a description of applicant organization and include why organization has a need for NAHTF as a resource to achieve the activity or activities selected above. See Application Guidelines for items to address when completing the Organization Description Summary.

#### Performance Plan

##### Instructions:

The Performance Plan consists of goals the project will achieve with NAHTF funding if awarded. Each Performance Plan Goal should align with a Project Activity selected above and demonstrate how the funds will be used if awarded. Goals should be specific, measurable, and associated with corresponding costs.

If project is awarded, DED may choose to award some goals and not others and may need to suggest additional goals for attaining the objectives.

Performance Plan Goals will be included in the DED contract as Appendix A.

**Space is provided for seven goals. Applicant may complete as many as needed to address the project activities selected above. Keep goals concise, measurable and aligned with an activity requesting NAHTF funding.**

**See Application Guidelines for additional guidance.**

### **First Technical Assistance Goal**

1. TA Goal Name

1. Estimated Cost

**\$0.00**

1. Describe activity and all funding sources to be used for this goal.

1. Describe typical expenses related to this goal, i.e., staff time, supplies, consultant, travel expense, etc.

### **Second Technical Assistance Goal**

2. TA Goal Name

2. Estimated Cost

**\$0.00**

2. Describe activity and all funding sources to be used for this goal.

2. Describe typical expenses related to this goal, i.e., staff time, supplies, consultant, travel expense, etc.

### **Third Technical Assistance Goal**

3. TA Goal Name

3. Estimated Cost

**\$0.00**

3. . Describe activity and all funding sources to be used for this goal.

3. Describe typical expenses related to this goal, i.e., staff time, supplies, consultant, travel expense, etc.

### **Fourth Technical Assistance Goal**

4. TA Goal Name

4. Estimated Cost

**\$0.00**

4. Describe activity and all funding sources to be used for this goal.

4. Describe typical expenses related to this goal, i.e., staff time, supplies, consultant, travel expense, etc.

### **Fifth Technical Assistance Goal**

5. TA Goal Name

5. Estimated Cost

\$0.00

5. Describe activity and all funding sources to be used for this goal.

5. Describe typical expenses related to this goal, i.e., staff time, supplies, consultant, travel expense, etc.

### Sixth Technical Assistance Goal

6. TA Goal Name

6. Estimated Cost

\$0.00

6. Describe activity and all funding sources to be used for this goal.

6. Describe typical expenses related to this goal, i.e., staff time, supplies, consultant, travel expense, etc.

### Seventh Technical Assistance Goal

7. TA Goal Name

7. Estimated Cost

\$0.00

7. Describe activity and all funding sources to be used for this goal.

7. Describe typical expenses related to this goal, i.e., staff time, supplies, consultant, travel expense, etc.

### Total Project Cost

Enter the total project cost funded by all sources, including NAHTF request.

\$0.00

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### Applicant Specific Uploads for Project Design Section (Optional)

UPLOAD: Project Design Attachment 1

UPLOAD: Project Design Attachment 2

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### Impact, Sustainability, and Collaboration

Complete the below short answer questions:

Describe how successful completion of this project will assist organization in having a greater impact on creating new housing units and/or improving existing housing stock in the future.

Explain ways in which the nonprofit interacts with the area it serves, level of support received from the community and how this impacts the nonprofit's sustainability.

Does this project create a new long-term financial need, i.e., new salary, rent, etc., to be budgeted for in the future? If so, explain how the new financial need will be sustained in the future.

Will applicant need to re-apply for additional NAHTF Nonprofit Technical Assistance funds to continue these project goals in future cycles?

- ☐ Yes  
☐ No

If yes, provide an explanation.

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### Applicant Specific Uploads for Sustainability and Collaboration Section (Optional)

UPLOAD: Impact, Sustainability and Collaboration Attachment 1

UPLOAD: Impact Sustainability and Collaboration Attachment 2

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### Financial Management

Provide brief description of the organization's policies and processes for internal controls and financial management.

### Financial Documentation Requirement

**Applicant must upload the following financial documentation for the organization:**

- Balance Sheet
- Income and Expense Statement

**If financials are not board certified in time for application submission, the application preparer is certifying by uploading that the authorized individual named earlier in this application has reviewed the "unapproved" uploaded financial documents and has approved their submission for use in this application.**

UPLOAD: Most Recent Balance Sheet (Board Approved or Approved by Authorized Individual)

UPLOAD: Income and Expense Statement (Recent Fiscal Year and Board Approved or Approved by Authorized Individual)

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### Match and Other Funding Sources (Leverage)

**A non-profit Technical Assistance application does not require a commitment of cash match or other funding sources (leverage). A cash match commitment and other funding sources may be taken into consideration as one factor out of many considered during review of the application.**

## Other Funding Sources (Leverage)

Leveraged funds are other funding sources that are not part of a match commitment but are used to finance the project during the contract period. They are not included in the contract budget and are not submitted in payment requests.

Enter total amount of other funding sources (not including match commitment) used to complete above goals).

\$0.00

Briefly describe the leverage funding source below, if any.

## Cash Match

- A cash match commitment is not required for application.
- Match is considered unrestricted cash from the applicant's own funds available upon award. The cash may not be a loan or repaid to applicant or another organization and must remain in the project for the duration of the contract period.
- Only project related costs incurred by the applicant are eligible as cash match.
- All cash match must be expended by the DED recipient during the contract period and must be expended either up front or in proportion to the amount of NAHTF-funded costs drawn in the DED contract budget.
- Organizations providing cash match will be required to show the cash match on payment requests including support documentation and proof of payment.

## Cash Match Instructions

- Download the template for cash match commitment from the [Nebraska Affordable Housing Trust Fund \(NAHTF\) program page](#).
- Complete and submit on applicant's letterhead.
- Authorizing Individual named on application must sign.
- Upload the completed and signed document below.

UPLOAD: Match Commitment Form

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## Applicant Specific Uploads (Optional)

UPLOAD: Attachment 1

UPLOAD: Attachment 2

## Form 03: Terms of Acceptance

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### Electronic Signature

**Note:** The Department recognizes that figures given in this application are provided in good faith and may be subject to change due to various influences by the time the Department awards are announced. If the project is awarded, the Department and the NAHTF recipient will review and finalize the project budget together. A limited amount of revisions will be considered by the Department during the contract review phase. NAHTF funds are limited and DED does not anticipate any additional NAHTF funds invested in the project other than what is outlined in the Notice of Award letter.

Is the application preparer also the authorizing individual?

- ☐ Yes
- ☐ No

If answer is no, Application Preparer is attesting below they have authority to submit on behalf of the Applicant.

### BEFORE YOU SIGN AND CLICK SUBMIT

Did you download the application?

- ☐ Yes
- ☐ No

If a third party preparer is submitting on behalf of the applicant, has the applicant reviewed the application prior to this submission?

- ☐ Applicant has reviewed prior to submission.
- ☐ The applicant has not reviewed, however, I have been authorized to submit without review and applicant understands they will be fully responsible for the application and will be the entity responsible for compliance if awarded.

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### Terms of Acceptance

To the best of my knowledge and belief, data and information in this application is true and correct, including any commitment of match resources. The governing body of the Applicant has duly authorized this application. This applicant will comply with all State requirements governing the use of NAHTF funds. 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.

Please type first and last name of application preparer

Electronic Signature

- ☐ I understand that checking this box constitutes a legal signature confirming that I acknowledge the above Terms of Acceptance.

Date Signed





