

Opportunity Details

Opportunity Information

Title

2024 Home-ARP

Description

The HOME Investment Partnerships American Rescue Plan Program (HOME-ARP) provides funding to reduce homelessness and increase housing stability. Funding can be used to develop affordable rental housing, including but not limited to, multi-family housing, single family housing, single room occupancy (SRO) units, transitional housing and permanent supportive housing. HOME-ARP rental housing must primarily benefit qualifying individuals and families who are homeless, at risk of homelessness, or in other vulnerable populations. The HOME-ARP eligible activities include:

- Acquiring, rehabilitating, or constructing affordable rental housing
- Nonprofit Operating Assistance
- Nonprofit Capacity Building Assistance

Awarding Agency Name

Nebraska Department of Economic Development

Agency Contact Name

Kim Jasa Harris

Agency Contact Phone

402-580-6392

Agency Contact Email

kimberly.jasa-harris@nebraska.gov

Program

Fund Activity Categories

Manager

Kimberly Jasa-Harris

Additional Users

Public Link

<https://ne.amplifund.com/Public/Opportunities/Details/f53fa306-0a4d-49e5-95b2-bc45eabbb8e6>

Is Published

Yes

Funding Information

Opportunity Funding

\$5,000,000.00

Submission Information

Submission Window

02/14/2024 6:00 AM - 05/14/2024 6:00 PM

Submission Timeline Type

One Time

Allow Multiple Applications

Yes

Eligibility Information

Eligibility Type

Public

Additional Eligibility Information

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/>

Weekly open office hours are provided by AmpliFund Support Team for AmpliFund specific questions. These are held every Thursday from 2:00-3:00PM (CT). See bottom of DED Grants Help Center page for Zoom Meeting Details.

Statewide Relay System:

Individuals, who are hearing and/or speech impaired and have a TTY, may contact the Department through the Statewide Relay System by calling (800) 833-7352 (TTY) or (800) 833-0920 (voice).

The relay operator should be asked to call DED at (800) 426-6505 or (402) 471-3111.

Project Information

Application Information

Application Name

Award Requested

Cash Match Requirement

\$0.00

Cash Match Contributions

\$0.00

Total Award Budget

\$0.00

Primary Contact Information

Name

Email Address

Address

Phone Number

Project Description

Part 01: Applicant, Contact, and Preparer Information

Additional Primary Contact Information

Primary Contact - Organization

Primary Contact - 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

Name of Applicant Company

Name of Applicant Municipality

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)

Chief Elected Official, Mayor, Board Chair, Authorized Official

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

Authorizer - First Name

Authorizer - Last Name

Authorizer - Title

Authorizer - Email Address

Authorizer - Phone Number (0000000000)

Authorizer - Phone Extension

General

Legal Name

Doing Business As Name (DBA)

Secretary of State Account Number (0000000000)

Employer Identification Number (EIN) (000000000)

Instructions for Unique Entity Identifier (UEI):

A UEI is required per your Program Manual. DED is aware of the delays with [SAM.gov](#) system as it relates to obtaining a UEI number. If Applicant's UEI number is pending, the Applicant will need to upload proof that it has applied for an UEI number. If Applicant is awarded funds, it must have a valid UEI number within 30 days of Award Date. Failure to have a valid UEI number within 30 days of the Award Date may cause the conditional award to be revoked.

Is your UEI pending? If you already have a UEI number, choose "No". You will be asked to enter your UEI in a subsequent question.

- ☐ Yes
☐ No

Unique Entity Identifier (UEI) (000000000000)

UPLOAD: Proof that you have applied for a UEI

Date Established

Has Applicant ever been debarred, suspended, or otherwise excluded from 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

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

UPLOAD: Proof of nonprofit status

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: Project Design and Impact

Project Design:

Provide a brief overview of the project, including details on the project activities (acquisition, rehabilitation, new construction, etc.), project type (multi-family, permanent supportive housing, etc.), and any other relevant information.

Instructions: Upload legible architectural plans and schematic floor plans.

UPLOAD: Proposed Architectural Plans

UPLOAD: Schematic Floor Plans

What is the total number of units that will be developed by the proposed project?

0

For each unit/unit type, describe the number of bedrooms, bathrooms, amenities, and square footage.

Will each unit in the project have the same amenities?

- ☐ Yes
☐ No

If not, explain the differences.

Will any of the units meet the "visitability" design standards as defined by the Nebraska Assistive Technology Partnership?

- ☐ Yes
☐ No

If so, please describe the visitability features the units will have.

Identify the management company for the proposed project.

Identify the developer for the proposed project.

Is this a rehabilitation project?

- ☐ Yes
☐ No

Has a Capital Needs Assessment or an assessment of the expected useful life for the major systems in the building been completed?

- ☐ Yes
☐ No

Instructions: A Capital Needs Assessment is required for a rehabilitation project with 26 or more units. Please upload a Capital Needs Assessment if one has been completed. For rehabilitation projects with less than 26 units, please provide an assessment of the expected useful life for the major systems in the building.

UPLOAD: Assessment documentation

If an assessment has not been conducted, please provide a timeline of when it will be completed.

Project Location

Instructions: Enter the proposed project location.

Project Location - Address Line 1

Project Location - Address Line 2

Project Location - City

Project Location - State

Select an item... ▾

Project Location - Postal Code

What amenities are located within a one-mile radius of the proposed project?

Instructions: Provide a map of the development location and identify amenities within a one-mile radius including but not limited to public transportation, grocery stores, community centers, supportive service providers, hospitals, employment centers, public schools, childcare centers, parks.

UPLOAD: Site map

How many of the total housing units will be restricted to HOME-ARP-qualifying households?

0

How many of the total housing units will be restricted to low-income households? Note: A maximum of 30% of the HOME-ARP-assisted units can be designated for use by low-income households.

0

How many of the total housing units will be market rate units?

0

Outline the timeline for the proposed project activities, including when the project will break ground, estimated date of completion, how the applicant will ensure the HOME-ARP units are occupied within six months of completion. Include what factors may influence the applicant's ability to adhere to the proposed schedule.

Will the proposed project displace households or businesses?

- ☐ Yes
☐ No

If relocation is necessary, describe the plan for displaced households or businesses.

What steps will be taken to ensure compliance with the Uniform Relocation Assistance regulations?

Given the targeted population for HOME-ARP projects, tenants may only be able to pay minimal rent. Explain how the applicant will manage low cash-flow from rent. Will the proposed project accept other types of rental income, such as project-based rent subsidies or tenant-based rental assistance? Please describe.

UPLOAD: Supporting documentation

List the project's financing sources, including additional grants, loans, and equity contributions, if applicable. Provide the amount and status of each funding source. Specify whether each funding source will be used as leveraged funds or matching funds. Provide commitment letter(s) from all sources, if applicable.

UPLOAD: Funding source commitment letter(s)

Site Control:

Is the project site(s) known?

- ☐ Yes
☐ No

Instructions: Provide the legal description and upload documentation to provide evidence of site control.

UPLOAD: Site control documentation.

Describe the plan to establish site control.

HOME-ARP-assisted projects are required to perform a Part 58 Environmental Review to evaluate the environmental impacts on a potential project site. Are there any known potential environmental issues at the proposed project site? When does the applicant expect an environmental review to be completed?

Zoning:

Please indicate the development's status in relation to local zoning requirements

- ☐ Development meets all local zoning requirements.
☐ Development is not subject to municipal zoning ordinances.
☐ Development does not meet local zoning requirements and requires a zoning change or conditional use permit.
-

Need and Impact:

Describe the local need for the proposed HOME-ARP rental housing project and how it was determined. Be sure to explain how it provides a solution to the immediate housing needs of the HOME-ARP qualifying populations within the area being served. Include how the qualifying populations (QP) units will be absorbed within six months and the ability of QP tenants to pay the proposed rents. How might the community be affected if the project is not funded?

UPLOAD: Supporting documentation

If the project includes units restricted for low-income or market-rate households, provide a market assessment that has been conducted within 12 months. Referencing the market study, describe the need and impact these housing units will have on the community. Include how the market study supports the absorption of the units within 6 months and the ability of potential tenants in the community to pay the proposed rent.

Upload: Market Assessment

Outline the possible employment opportunities in the project area for the qualifying populations served by the proposed HOME-ARP project. How will the proposed project enable long-term household stability for the qualifying populations?

Explain how the proposed project aligns with the overall community's plan for affordable housing.

UPLOAD: Consolidated plan, city plans, other documentation.

If the project will connect tenants with supportive services, describe the available services, how they will be offered, and how tenants may participate or utilize each listed service.

UPLOAD: Supportive Service plan and/or commitment letters from supportive service providers

Collaboration:

List any existing relationships, partnership, or affiliations the applicant has with contractors, developers, consultants, vendors, and other professionals that will contribute to the project's success, including how long each partnership has existed. How will they support timely completion of the proposed project?

What relationship does the applicant have with the unit of local government? How will the local government's level of support ensure the success of the proposed HOME-ARP project?

Does the applicant have support from other organizations, businesses, or individuals in the community? If so, how might these partnerships support the proposed project?

UPLOAD: Letter(s) of support from project partners and/or community

Capacity:

Describe the applicant's experience and capacity to undertake the proposed project. Include details on the applicant's particular experience with developing affordable housing, management of properties, and experience with other federal grants. If the applicant has no prior experience, describe what steps will be taken to leverage others' expertise as a resource for the proposed project.

Instructions: Identify the key team members of the applicant's project team and their responsibilities regarding the proposed HOME-ARP project. This list should include:

- Key staff names and positions/titles;
- Years of experience in their current role/capacity; and
- Experience with prior housing development projects (e.g., legal and financial roles, oversight of design and construction, marketing, client intake, property management).

Team Member Narrative

Describe the applicant's experience serving each of the HOME-ARP qualifying populations (QP). This response must mention all four qualifying populations.

HOME-ARP projects must use the coordinated entry (CE) system through the Nebraska Balance of State (BOS) Continuum of Care as their waitlist to select tenants for units restricted for occupancy by HOME-ARP qualifying populations.

Describe the applicant's experience with the BOS CE system and how the applicant will ensure it is utilized for tenant selection.

If the proposed project will request no more than 30% of HOME-ARP units to be occupied by low-income households, a project-specific waitlist must be created. The BOS CE is not required for these qualified low-income households.

Describe how the applicant will create and maintain a project-specific waitlist for low-income households. Include, how these low-income households will apply to occupy the unit and how they will be screened for eligibility.

Policies and Procedures:

Describe the applicant's internal accounting and financial procedures including, but not limited to, the type of accounting system used to track federal and non-federal transactions, allocation of transactions, and system of accurate recordkeeping and expense tracking.

Describe the applicant's ability and history of management of state and/or federal awards of comparable size and complexity to the requested HOME-ARP award.

Describe the applicant's written policies and procedures to implement changes in laws, regulations, guidance, and funding agreements affecting federal awards and programs for themselves or any partnering entities.

Describe the applicant's policies and procedures for sound financial management.

Describe the applicant's experience with complying with statutory, regulatory, and other requirements. Provide examples related to federal grants.

Instructions: The applicant is encouraged to upload a copy of its by-laws, financial procedures handbook, and/or any other document that outlines the applicant's established financial policies and procedures.

UPLOAD: Policies and Procedures for Sound Financial Management

UPLOAD: Most recent audit completed by an independent third party or Single Annual Audit. Include any corrective action plans associated with the audit. If the applicant has 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.

UPLOAD: Current Financial Statements, including a current balance sheet and a year-to-date Profit and Loss statement.

UPLOAD: Evidence of Board approval for the HOME-ARP application

Part 03: Nonprofit Operating and Capacity Building Assistance

Nonprofit Operating and Capacity Building

Nonprofit organizations are eligible for nonprofit operating and/or capacity building expenses. See the application guidelines for a detailed description of eligible expenses and the limited allowable annual amount for these activities.

Would the applicant like to apply for nonprofit operating and/or capacity building assistance?

- ☐ Yes
☐ No

NOTE: If "No" scroll down and hit "Mark as Complete" and then hit Save and Continue.

What was the total amount of the applicant's operating expenses in the last fiscal year?

\$0.00

UPLOAD: Proof of Operating Expenses

Nonprofit Operating Expenses Assistance

(see guidelines for further details)

Instructions: Describe the expenses the organization is requesting under nonprofit operating expenses. Include specific details on:

- Number of staff and job titles the funding will support.
- How much of the proportion of this funded activity will be allocated to salaries, wages and other employee compensation and benefits.
- Employee education, training and travel.
- Building rent, utilities, communication costs, taxes, or insurance.
- Equipment, materials and supplies.

Nonprofit Operating Expenses Narrative

How will the applicant ensure this funding is only used for general operating costs and not to a particular cost objective, including HOME-ARP? Include how this funding will impact the overall success of the HOME-ARP project.

Nonprofit Capacity Building

(see guidelines for further details)

Instructions: Describe the expenses the organization is requesting under nonprofit capacity building expenses. These expenses must only be requested to expand and improve the organization's ability to successfully carry out the HOME-ARP project. Include specific details on:

- Salary, wages and compensation for new hired staff or existing staff that will be dedicated to HOME-ARP.
- Costs related to employee training or other staff development.
- Equipment needed, including computer software and other organizational improvements.
- Supplies.
- Contracts for technical assistance or for consultants with expertise in HOME-ARP qualifying populations.

Nonprofit Capacity Building Expenses Narrative

How will the funding of capacity building expenses ensure the success for the HOME-ARP project?

Part 04: Exhibits and Uploads

Exhibits:

Upload requested exhibits here. See application guidelines for exhibit descriptions.

Exhibit 1: State of Assurances & Certification

Exhibit 2: Applicant Certification Form for Nonprofits and Housing Authorities Only

Exhibit 3: Authorizing Board Resolution for Nonprofit and Housing Authorities Only

Exhibit 4: Authorizing Resolution for Chief Elected Official

Exhibit 5: Certification of Rental Project Federal Assistance Form

Exhibit 6: Residential Anti-Displacement & Relocation Assistance Plan

Exhibit 7: Verification of Zoning

Exhibit 8: Public Hearing Documentation

Exhibit 9: System of Award Management

Exhibit 10: Completed Site Review and Preliminary DLR

Exhibit 11: Utilities

Exhibit 12: Utility Allowance

Exhibit 13: Proforma

Exhibit 14: Developer Experience

Additional Attachments:

Opportunity to add additional information the applicant would like to share.

Describe Applicant Specific Attachment 1

UPLOAD: Applicant Specific Attachment 1

Describe Applicant Specific Attachment 2

UPLOAD: Applicant Specific Attachment 2

Describe Applicant Specific Attachment 3

UPLOAD: Applicant Specific Attachment 3

Describe Applicant Specific Attachment 4

UPLOAD: Applicant Specific Attachment 4

Part 05: Terms of Acceptance

Terms of Acceptance

To the best of my knowledge and belief, data and information in this application are true and correct. The Applicant will comply with HOME-ARP requirements.
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
Affordable Rental Housing			
Subtotal	\$0.00	\$0.00	\$0.00
Nonprofit Capacity Building Assistance			
Subtotal	\$0.00	\$0.00	\$0.00
Nonprofit Operating Assistance			
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

Affordable Rental Housing

Costs are associated with the acquisition, development, and operations of HOME-ARP rental units. Eligible costs include, development hard costs per 24 CFR 92.206(a), acquisition costs per 24 CFR 92.206(c), related soft costs per 24 CFR 92.206 (d), and operating cost assistance as described in HOME-ARP Notice CPD-21-10, page 24. Enter the amount you are requesting under the appropriate activity type. Rehabilitation Only New Construction Acquisition Only Acquisition and Rehabilitation Acquisition and New Construction

Nonprofit Capacity Building Assistance

Costs that are reasonable and necessary general operating costs that will result in expansion or improvement of an organization's ability to successfully carry out eligible HOME-ARP activities. Eligible costs include salaries for new hires including wages and other employee compensation and benefits; costs related to employee training or other staff development that enhances an employee's skill set and expertise; equipment (e.g., computer software or programs that improve organizational processes), upgrades to materials and equipment, and supplies; and contracts for technical assistance or for consultants with expertise related to the HOME-ARP qualifying populations.

Nonprofit Operating Assistance

These operating costs must not have a particular final cost objective, such as a project or activity, or must not be directly assignable to a HOME-ARP activity or project. These costs include employee salaries, wages and other employee compensation and benefits; employee education, training, and travel; rent; utilities; communication costs; taxes; insurance; equipment, materials, and supplies.