

## Opportunity Details

### Opportunity Information

Title

2025 CDBG Economic Development

Description

The objective of the Economic Development (ED) Opportunity is to assist businesses which expand the state's economic base and which create quality jobs primarily benefiting employees in the low and moderate-income levels.

CDBG funds will be utilized within the Economic Development Priority Need by a local unit of government for providing communities and counties with resources to assist businesses which expand the state's economic base and which creates or retains quality jobs principally benefiting LMI employees and made available under the LMI CDBG National Objective criteria (LMJ).

In addition, the CDBG State Revolving Loan Fund (RLF) objective is to provide adequate financing for local development to ensure Nebraska's economic prosperity and to use all resources in a timely manner. The State is responsible for ensuring that program income at the State and local levels is used in accordance with applicable federal laws and regulations. Program income for the state's program under the ED Opportunity is regulated by the provisions of 24 C.F.R. §570.489(e).

During the Program Year, all activities proposed in applications for CDBG funding in the ED Opportunity must meet the national objective of benefitting low- and moderate-income persons (through the subcategory LMI Jobs or LMJ).

Agency Contact Name

Tom Stephens

Agency Contact Phone

402-471-6587

Agency Contact Email

tom.stephens@nebraska.gov

Program

Economic Development (ED)

Fund Activity Categories

Community Development

Departments

CDBG, 03 Community Development

Subjects

Economic Development (ED), 2025

Manager

Tom Stephens

Public Link

<https://ne.amplifund.com/Public/Opportunities/Details/f78f0e98-7498-4848-8048-dede1d3a3381>

Is Published

Yes

### Award Information

Award Range

\$125,000.00 - \$1,015,000.00

Matching Requirement

Yes

Other Funding Requirement

## Submission Information

Submission Window

07/01/2025 12:00 AM - 06/30/2026 11:59 AM

Allow Multiple Applications

Yes

## Question Submission Information

Question Submission Email Address

tom.stephens@nebraska.gov

Question Submission Additional Information

Tom Stephens | Community Development Division  
Nebraska Department of Economic Development  
245 Fallbrook Blvd, Suite 002  
Lincoln, NE 68521  
(402) 471-6587

## Additional Information

Additional Information URL

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

Additional Information URL Description

Nebraska Community Development Block Grant (CDBG) Application Guidelines

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.

Resources

General and Program specific Amplifund user guides and videos can be found at <https://opportunity.nebraska.gov/amplifund/>.

Application guidelines and exhibits, including forms and templates, are available on DED's CDBG website at <https://opportunity.nebraska.gov/programs/community/cdbg/>.

## 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

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#### 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. Enter the information of the applying local unit of government below.*

Name of Applicant Local Unit of Government (Use exact name and don't include City/County of)

Applicant - Local unit of Government Type

- ☐ Village
- ☐ 1st Class City
- ☐ 2nd Class City
- ☐ County

Applicant - Address Line 1

Applicant - Address Line 2

Applicant - City

Applicant - State

Select an item... ▼

Applicant - Postal Code

Applicant - Fiscal Year-End Date

Employer Identification Number (EIN) (000000000)

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:

Do you have a SAM Number?

☐ Yes

☐ No

Is your UEI pending?

☐ Yes

☐ No

Unique Entity Identifier (UEI) (000000000000)

SAM Expiration Date

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### Chief Elected Official, Mayor, Board Chair, Authorized Official

**\*This individual can approve decisions about the application or award, if applicable.**

Authorizer - First Name

Authorizer - Last Name

Authorizer - Title

Authorizer - Email Address

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### Local Contact

**\*Identify the Local Contact for the local unit of government. Depending on the structure of the local unit of government, the local contact is usually the clerk or the city administrator.**

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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### 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-of-State Consultant  
☐ In-State Consultant  
☐ Nonprofit Organization  
☐ Economic Development District  
☐ Other

Preparer Type: please specify

As an External User are you applying within the Applicant organization's account?

- ☐ Yes  
☐ No

### 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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### 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 Optional

The Secondary Contact may work for the Applicant organization or a different organization.

Are there additional individuals who should be contacted regarding this application?

- ☐ Yes  
☐ No

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

## Part 02: Special Policies for Applicants

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### Special Policies for Applicants

Type of Applicant

- ☐ Individual  
☐ Joint

Joint Local Government Name 1

Joint Local Government Name 2

Joint Local Government Name 3

Joint Local Government Name 4

Joint Local Government Name 5

UPLOAD: Executed Written Agreement with Joint Local Government

Does this project involve a Non-Profit Development Organization (NDO)?

- ☐ Yes  
☐ No

NDO: Organization Name

NDO: Contact Person Name

NDO: Address Line 1

NDO: Address Line 2

NDO: City

NDO: State

Select an item... ▼

NDO: Postal Code

UPLOAD: NDO Proof of Secretary of State Documentation

Does this project involve a For-Profit Entity?

- ☐ Yes  
☐ No

For-Profit Entity: Organization Name

For-Profit Entity: Contact Person Name

For-Profit Entity: Address Line 1

For-Profit Entity: Address Line 2

For-Profit Entity: City



For-Profit Entity: State

Select an item... ▼

For-Profit Entity: Postal Code

For-Profit Entity: UPLOAD: Proof of Secretary of State Registration

Does this project involve a Non-Profit business?

☐ Yes

☐ No

Non-Profit business: Organization Name

Non-Profit business: Contact Person Name

Non-Profit business: Address Line 1

Non-Profit business: Address Line 2

Non-Profit business: City

Non-Profit business: State

Select an item... ▼

Non-Profit business: Postal Code

Non-Profit business: UPLOAD: Proof of Secretary of State Registration

### Chief Elected Official Signature

The template can be found on the Department's Website. Complete on unit of local government letterhead, and upload.

UPLOAD: Signed CDBG Chief Elected Official Template

## Part 03: Funding Summary

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### ED Funding Summary

The purpose of this section is for applicants to identify all the project activities associated with the application. Project activities identified in this section must align with the activities identified within the budget. All project activities (except General Administration) must meet a national objective.

Activities within the ED Opportunity may meet the national objective through benefitting low- to moderate-income jobs (LMJ).

For more information regarding the National Objectives refer to Part II, Section 2 of the CDBG Application Guidelines.

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### Acquisition of Real Property (01)

Does your project include Acquisition of Real Property (01) as an activity that supports a primary activity?

- ☐ Yes
- ☐ No

National Objective: Acquisitions of Real Property (01)

- ☐ LMA
- ☐ LMC
- ☐ LMJ
- ☐ SBA
- ☐ SBS

Proposed Unit Type: LMJ

- ☐ Businesses
  - ☐ Jobs
  - ☐ People
- 

### Commercial/Industrial: Infrastructure Development (17B)

Does your project include Commercial/Industrial: Infrastructure Development (17B)?

- ☐ Yes
- ☐ No

What kind of Commercial/Industrial: Infrastructure Development (17B)?

- ☐ Street Improvements
- ☐ Storm Sewers
- ☐ Sanitary Sewers
- ☐ Sewage Treatment
- ☐ Water Source/Well
- ☐ Water Distribution/Transmission
- ☐ Water Storage
- ☐ Infrastructure Development

National Objective: Commercial/Industrial: Infrastructure Development (17B)

- ☐ LMA
- ☐ LMC
- ☐ LMJ
- ☐ SBA
- ☐ SBS

Proposed Unit Type: LMJ

- ☐ Businesses
- ☐ Jobs
- ☐ People

**Commercial Rehabilitation (14E)**

**Commercial Rehabilitation (14E)**

Does your project include Commercial Rehabilitation (14E)?

- ☐ Yes
- ☐ No

National Objective: Commercial Rehabilitation (14E)

- ☐ LMA
- ☐ LMC
- ☐ LMJ
- ☐ SBA
- ☐ SBS

Proposed Unit Type

- ☐ Businesses
  - ☐ Jobs
  - ☐ People
- 

**Commercial/Industrial: Infrastructure Development (17C)**

Does your project include Commercial/Industrial: Construction and Rehabilitation (17C)?

- ☐ Yes
- ☐ No

National Objective: Commercial/Industrial: Infrastructure Development (17C)

- ☐ LMA
- ☐ LMC
- ☐ LMJ
- ☐ SBA
- ☐ SBS

Proposed Unit Type:

- ☐ People
  - ☐ Businesses
  - ☐ Jobs
-

### Economic Development: Direct Financial Assistance to For-Profit (18A)

Does your project include Economic Development: Direct Financial Assistance to For-Profit (18A)?

- ☐ Yes
- ☐ No

National Objective: Economic Development: Direct Financial Assistance to For-Profit (18A)

- ☐ LMA
- ☐ LMJ
- ☐ SBA

Proposed Unit Type: LMJ

- ☐ Businesses
  - ☐ Jobs
  - ☐ People
- 

### Construction Management - *Supporting Activity*

Does your project include Construction Management as a supporting activity?

- ☐ Yes
- ☐ No

## Part 04: Project Information

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### Funding Opportunity: Economic Development

The Matrix below describes each selection criteria as a numerical score for the Economic Development application. The maximum number of points available within any application is 100 points. A minimum score of 25 points is required.

The scoring criteria includes: CDBG Funds Utilization; Community Impact and Investment; Business Factors; and Economic Development Certified Community. The Department's Project Review Committee considers the following criteria, and uses the following scoring spectrum, when evaluating whether an application meets the minimum threshold requirement. A project scoring less than 25 points does not meet the minimum threshold for further consideration by the Project Review Committee. Scoring 25 points is a necessary condition for further consideration; the minimum threshold is not the only determinate for a favorable recommendation submission by the Project Review Committee.

Selection Criteria	Maximum	Threshold Minimum
1. CDBG Funding Utilization	35	-
2. Community Impact and Investment	30	-
3. Business Factors	30	-
4. Economic Development or Leadership Certified Communities	5	-
<b>Total</b>	<b>100 points</b>	<b>25 points</b>

### CDBG Funding Utilization

Describe the existing or imminent problem and/or an assessment of the identified community need for the business. The narrative should reflect the current need for the proposed project based on existing, identifiable problems and conditions. Identify past formal or informal community/ business efforts to resolve the problem. Demonstrate the capacity and commitment to successful completion of the project.

Points in this section include:

- CDBG Funds Invested Per Job Created/Retained
  - \$35,000 or more = 0 points
  - \$30,000 to <\$35,000 = 4 points
  - \$25,000 to <\$30,000 = 8 points
  - \$20,000 to <\$25,000 = 12 points
  - \$15,000 to <\$20,000 = 16 points
  - <\$15,000 = 20 points
- CDBG Funding Compared To Total Project Funding (As %)
  - 50% = 0 points
  - 33% to <50% = 2 points
  - 20% to <33% = 6 points
  - <20% = 10 points
- Aggregate Wages (And Benefits) Paid To Employees in Created Jobs within One Year Compared To

**CDBG Funds Invested (As %)**

- 100% or less = 0 points
- >100% to <125% = 2 points
- 125% or more = 5 points

CDBG Funds Invested Per Job Created/Retained

\$0.00

CDBG Funding Compared To Total Project Funding (As %)

0.00%

Aggregate Wages (And Benefits) Paid To Employees in Created Jobs within One Year Compared To CDBG Funds Invested (As %)

0.00%

**Community Impact and Investment**

Location of community as more economically distressed than others, based on three broad location sectors:

Points in this section include:

- **Larger Community/County Locations = 10 points**
  - Include: Beatrice, Columbus, Fremont, Hall County, Hastings, Kearney, Norfolk, North Platte, Scottsbluff/Gering, South Sioux City, Douglas County, Lancaster County, and Sarpy County
- **Not one of the Larger Community Locations, but in the Interstate 80 Corridor = 20 points**
- **Rural (Encompassing All Locations Not Within The Two Location Sectors Above) = 30 points**

Is the location a Larger Community/County Location?

- ☐ Yes  
☐ No

Please Select the Location Below

Select an item... ▼

Is the location not one of the Larger Community Locations, but in the Interstate 80 Corridor?

- ☐ Yes  
☐ No

Is the location Rural (Encompassing All Locations Not Within The Two Location Sectors Above)?

- ☐ Yes  
☐ No

**Business Factors**

Points in this section include:

**Owners' Equity in Project = 6 Points Possible**

- 10% Or Less = 0 points
- >10% To 20% = 2 points
- >20% To 33% = 4 points
- >33% = 6 points

**Loan Collateral and Loan Guarantees = 6 Points Possible**

- Unsecured, Or A Junior Lien Position Offering Little Realizable Value = 0 points
- For The Spectrum In Between = 1-5 points
- Reasonably Secured As To Collateral Value And Liquidity, With Guarantees In Existence = 6 points

**Established Business, Or Start Up Venture = 6 Points Possible**

- Start Up Venture With All The Usual Risks Of Failure = 0 Points
- Established Business, But With Negative Trends = 3 Points
- Established Business With Positive Trends = 6 Points

**Duration of Commitment to Maintaining the Created/Retained Jobs = 2 Points Possible**

- Committing to maintaining only for the minimum required by the Department's guidelines = 0 points
- Committing to substantially more than the minimum = 2 points

**Targeted Industry = 10 Points Possible**

Owners' Equity in Project

0.00%

Loan Collateral and Loan Guarantees

Select an item...

Established Business, Or Start Up Venture

Select an item...

Duration of Commitment to Maintaining the Created/Retained Jobs

Select an item...

**Economic Development/Leadership Certified Community**

Points will be awarded in this section for applicants that are designated as:

1. Economic Development Certified Community
  - <https://opportunity.nebraska.gov/programs/community/edcc/>
2. DED Leadership Certified Community
  - <https://opportunity.nebraska.gov/programs/community/lcc/>

Is the applicant an Economic Development or Leadership Certified Community?

- ☐ Economic Development Certified Community
- ☐ Leadership Certified Community
- ☐ Neither

UPLOAD: Certifications or other documentation provided by DED that recognizes status

## Part 05: Project Financing and Use of Loan Proceeds

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### Project Financing and Use of Loan Proceeds

**INSTRUCTIONS:** Enter the dollar amount budgeted by funding source. Round amounts to the nearest hundred dollars. Identify the sources of matching or other funds and the related details of the financing. Be certain that the figures are correctly added and are the same as provided in AmpliFund.

CDBG Local Program Income

\$0.00

Financial Institution

\$0.00

Other Federal Sources

\$0.00

Total from Other Sources (should match table below)

\$0.00

Equity Injection

\$0.00

Total Financing Amount

\$0.00

Total Financing Annual Debt Service

\$0.00

Project Financing

	Source	Amount	Percent Project Cost	Annual Debt Service	Maturity	Interest Rate	Lien Position
Other 1							
Other 2							
Other 3							
Other 4							
Other 5							
Other 6							
Other 7							
Other 8							
Other 9							
Other 10							



## Part 06: Pre-Application Upload (ED only)

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### Pre-Application Upload (ED only)

UPLOAD: Completed Pre-Application

## Part 07: Program Income Certification

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### Part 07: Program Income Certification

Does the city, village, or county have CDBG Economic Development Program Income Revolving Loan Funds (or “Re-Use” funds)?

- ☐ Yes  
☐ No

### Local CDBG Economic Development Revolving Loan Fund (“RLF”) Program Income - Reconciliation

Beginning Balance (account balance to date):

\$0.00

Total Committed Funds Not Yet Disbursed

\$0.00

Uncommitted Funds on Hand

\$0.00

The template can be found on the Department’s Website

UPLOAD: Completed Program Income Certification

## Part 08: Employee Certification Form (LMJ Projects Only)

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### Part 08: Employee Certification Form (LMJ Projects Only)

Does the project include national objective LMJ?

- ☐ Yes
- ☐ No

The template can be found on the Department's Website under Forms and Templates. Job categories must conform to the EDA job category descriptions (as shown). This category will agree with the proposed job creation summary found in Exhibit E4.

UPLOAD: Employee Certification Form (LMJ Projects Only)

## Part 09: Economic Development Documentation

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### Part 09: Economic Development Documentation

#### Business and Financial Analysis Documentation

- Business plan-Business Strategy
- Resumes of key business personnel Business financials: balance sheet, income statement, and cash flow statements (3 years historical/2 year pro forma)
- Guarantors' financial statements Project cost documentation, including vendor quotes or engineering estimates for equipment purchases
- Borrowing resolution authorizing business representative to borrow funds from the local government
- Environmental Review Record

UPLOAD: Business plan-Business Strategy

UPLOAD: Resumes of key business personnel Business financials: balance sheet, income statement, and cash flow statements (3 years historical/2 year pro forma)

UPLOAD: Guarantors' financial statements Project cost documentation, including vendor quotes or engineering estimates for equipment purchases

UPLOAD: Borrowing resolution authorizing business representative to borrow funds from the local government

UPLOAD: Environmental Review Record if available

## Exhibits A, B, C1, C2, and D

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To access the templates and guidance for all Application Exhibits, refer to the Department's CDBG Application Guidelines page.

<https://opportunity.nebraska.gov/programs/community/cdbg/>

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### Exhibit A: Public Hearing Documentation

**This is a required exhibit for all applications.**

Date of Notice of Public Hearing

UPLOAD: Public notice providing the date/time of the public hearing.

UPLOAD: Verification that the notification was published (Proof of Publication) or that the notification was posted within the community (Certificate of Posting).

Date Public Hearing Occurred

UPLOAD: Official Meeting Minutes (As recorded by the appropriate local official.)

Were public comments received?

- ☐ Yes
- ☐ No

**If no comments were received, this should be recorded in the Meeting Minutes upload.**

UPLOAD: Summary of Public Comments Received

### Exhibit B: Authorizing Resolution

**This is a required exhibit for all applications.**

Date when Authorizing Resolution was Signed

UPLOAD: Signed CDBG Authorizing Resolution

### Exhibit C1: Statement of Assurances and Certifications

**This is a required exhibit for all applications.**

Date when Statement of Assurances and Certifications was Signed

UPLOAD: Signed Exhibit C1\_Statement of Assurances and Certifications

### **Exhibit C2: Citizen Participation Plan**

**This is a required exhibit for all applications.**

Date when Citizen Participation Plan was Signed

UPLOAD: Signed Exhibit C2\_Citizen Participation Plan

### **Exhibit D: Residential Anti-Displacement and Relocation Assistance Plan**

**This is a required exhibit for all applications.**

Date when Residential Anti-Displacement and Relocation Assistance Plan was Signed

UPLOAD: Signed Exhibit Residential Anti-Displacement and Relocation Assistance Plan

## Exhibit E: LMA - Area Basis (LMA), Census Data

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To document that the CDBG activity meets the national objective of LMA, complete one of the following processes or forms: Exhibit E, Exhibit E1, or Exhibit E2.

### Exhibit E: LMA - Area Basis: How to Pull Current Census Data

Please note that Exhibit E is not a template; it is a reference guide for accessing and downloading Low- and Moderate-Income Summary Data (LMISD). Use the data set to respond to application questions and upload it as part of your application. Be sure to include the specific data source used for qualification (e.g., ACS Census Data, block groups, etc.). The data sets are based on 2016-2020 ACS.

Does the CDBG Activity meet the national objective of LMA through ACS Data?

- ☐ Yes
- ☐ No

Which best describes the project's service area?

- ☐ Place: County
- ☐ Place: Village
- ☐ Place: City
- ☐ Portion(s) of a Place

Is the service area primarily residential and meet identified needs of LMI persons?

- ☐ Yes
- ☐ No

For proposed beneficiaries, enter the number of persons. Column names are in parentheses.

Total Population "Universe" in Area (LOWMODUNIV)

0

Total Number of LMI Persons in Area (LOWMOD)

0

LMI Percentage (LOWMOD\_PCT)

0

UPLOAD: Census documentation verifying numbers provided above, confirming that at least 51% of residents will be served by the CDBG activity within the service area are LMI

## Exhibit E1: LMI - Area Basis (LMA), Census Income Survey

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### Exhibit E1: LMI - Area Basis (LMA), Census Income Survey

**Complete Exhibit E1 if the service area qualifies based on the completion of a census income survey.**

Does the CDBG Activity meet the national objective of LMA through the completion of a census income survey?

- ☐ Yes  
☐ No
- 

### Part I. Information Contained In Your Survey

1. Total number of families (including single person families) in the activity service area.

0

2. Total number of families in the service area that were contacted (include those not reachable, refused to answer, incomplete interview/questionnaire)

0

3. Total number of families with completed interviews.

0

*To calculate MOE, use the available calculator at <https://www.surveymonkey.com/mp/margin-of-error-calculator/>.*

4. Margin of error (must be lesser of 10% or the HUD-provided MOE).

0.00%

UPLOAD: Copy of the MOE calculator output (e.g., screen print).

5. Total number of persons in the families interviewed.

0

6. Total number of persons in the families interviewed who are LMI persons.

0

7. Total number of persons in the service area (use number of persons from census survey).

0

8. Divide line 6 by line 7 and enter that decimal number to determine the LMI percentage. For example, if the percentage is 57.2%, enter .572 in the field below.

0.00%

### Tabulated Income Survey Results



**Family Size: 1 Person**

Income Limit  
\$0.00

Number of Families Above Income Limit  
0

Number of Families Below Income Limit  
0

**Family Size: 2 Person**

Income Limit  
\$0.00

Number of Families Above Income Limit  
0

Number of Families Below Income Limit  
0

**Family Size: 3 Person**

Income Limit  
\$0.00

Number of Families Above Income Limit  
0

Number of Families Below Income Limit  
0

**Family Size: 4 Person**

Income Limit  
\$0.00

Number of Families Above Income Limit  
0

Number of Families Below Income Limit  
0

**Family Size: 5 Person**

Income Limit  
\$0.00

Number of Families Above Income Limit

0

Number of Families Below Income Limit

0

#### Family Size: 6 Person

Income Limit

\$0.00

Number of Families Above Income Limit

0

Number of Families Below Income Limit

0

#### Family Size: 7 Person

Income Limit

\$0.00

Number of Families Above Income Limit

0

Number of Families Below Income Limit

0

#### Family Size: 8 Person

Income Limit

\$0.00

Number of Families Above Income Limit

0

Number of Families Below Income Limit

0

### Part II. Survey Analysis and Documentation

Date Survey Conducted: From

Date Survey Conducted: To

Effective Date of Income Limits Used

Area Surveyed

- ☐ Target Area
- ☐ Entire Community
- ☐ Community and Surrounding Area

Does the area surveyed include the entire service area of the CDBG activity proposed?

- ☐ Yes
- ☐ No

**Character limit: 300**

List source(s) of information used to develop the complete list of families in the service area.

UPLOAD: Copy of the list used to compile families/households in the service area.

**Character limit: 3,300 (about 1 page)**

Describe the survey delivery method and follow-up plan. Include any potential sources of bias from the non-respondents and what efforts were made to secure their response.

**Character limit: 1,100 (about 1/3 page)**

List all organizations and individuals conducting and analyzing the survey.

Provide a reason for the current survey. Have there been significant demographic or economic changes to the area since the last survey or decennial census?

Most Current U.S. Census Data LMI Percentage. For example, if the percentage is 48.25%, enter .4825 in the field below.

0.00%

Is the difference between the U.S. Census data LMI and the income survey results LMI 10% or greater?

- ☐ Yes
- ☐ No

**Character limit: 1,100 (about 1/3 page)**

If the difference between the U.S. Census data LMI and the income survey results LMI are 10% or greater, provide an explanation for the difference.

**Using the Exhibit E1-E2 template found on the Department's CDBG Application Guidelines page, complete the Certification of Completion of an Income Survey and upload it below.**

UPLOAD: Signed Certification of Completion of an Income Survey

Is the LMI between 51% and 54%?

- ☐ Yes
- ☐ No

## Exhibit E2: LMI - Area Basis (LMA), Random Sample Income Survey

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### Exhibit E2: LMI - Area Basis (LMA), Random Sample Income Survey

Complete Exhibit E2 if the service area qualifies based on the completion of a random sample income survey.

Does the CDBG Activity meet the national objective of LMA through the completion of a random sample income survey?

- ☐ Yes  
☐ No
- 

### Part I. Information Contained In Your Survey

1. Total number of families (including single person families) in the activity service area.

0

2. Margin of Error (lesser of 10% or the HUD-provided data MOE). For example, if the percentage is 12.52%, enter .1252 in the field below.

0.00%

Provide sample size below as determined by <https://www.surveymonkey.com/mp/sample-size-calculator/>.

3. Sample Size

0

UPLOAD: Copy of completed sample size calculator (e.g., screen print).

4. Total number of families in the service area that were contacted (include those not reachable, refused to answer, incomplete interview/questionnaire).

0

5. Total number of families with completed interviews.

0

6. Total number of persons in the families interviewed.

0

7. Total number of persons in the families interviewed who are LMI persons.

0

8. Divide Line 7 by Line 6 and enter that decimal number to determine the LMI percentage. For example, if the percentage is 57.86%, enter .5786 in the field below.

0.00%

9. Total number of persons in the service area (MUST USE CENSUS DATA).

0

10. Total number of LMI persons benefiting (Multiply line 8 by line 9).

0

***Tabulated Income Survey Results***

**Family Size: 1 Person**

Income Limit  
\$0.00

Number of Families Above Income Limit  
0

Number of Families Below Income Limit  
0

**Family Size: 2 Person**

Income Limit  
\$0.00

Number of Families Above Income Limit  
0

Number of Families Below Income Limit  
0

**Family Size: 3 Person**

Income Limit  
\$0.00

Number of Families Above Income Limit  
0

Number of Families Below Income Limit  
0

**Family Size: 4 Person**

Income Limit  
\$0.00

Number of Families Above Income Limit  
0

Number of Families Below Income Limit  
0

**Family Size: 5 Person**

Income Limit  
\$0.00

Number of Families Above Income Limit  
0

Number of Families Below Income Limit  
0

**Family Size: 6 Person**

Income Limit  
\$0.00

Number of Families Above Income Limit  
0

Number of Families Below Income Limit  
0

**Family Size: 7 Person**

Income Limit  
\$0.00

Number of Families Above Income Limit  
0

Number of Families Below Income Limit  
0

**Family Size: 8 Person**

Income Limit  
\$0.00

Number of Families Above Income Limit  
0

Number of Families Below Income Limit  
0

**Part II. Survey Analysis and Documentation**

Date Survey Conducted: From

Date Survey Conducted: To

Effective Date of Income Limits Used

**Confidence Level: 90%**

Confidence Interval

Margin of Error (%)

0.00%

Area Surveyed

- ☐ Target Area
- ☐ Entire Community
- ☐ Community and Surrounding Area

Does the area surveyed include the entire service area of the CDBG activity proposed?

- ☐ Yes
- ☐ No

**Character limit: 300**

List source(s) of information used to develop the complete list of families in survey area.

UPLOAD: Copy of the list used to compile families/households in the service area.

Explain how a systematic representative sample was selected.

**In addition to sampling an adequate portion of the population, the surveyor must ensure that the responses correspond to a geographic cross section of the service area benefiting. Essentially, the northern, eastern, southern, western and central areas of the service area should be represented with completed surveys. If the uploaded map of the service area indicates any gaps by street or block, also include explanation below.**

**Character limit: 3,300 (about 1 page)**

Detail how the sample accurately reflects the total population and geographic cross-section of the survey area and, if there was a bias or gap in responses, how was it dealt with.

**Character limit: 1,100 (about 1/3 page)**

List all organizations and individuals conducting and analyzing the survey.

**Character limit: 3,300 (about 1 page)**

Summarize the survey process detailing the method of delivery (mail, door to door, telephone or other) and collection including time(s) of day/week, number of and follow-up efforts, and provisions for replacement of un-reachable and non-respondents. Explain how possible bias was avoided.

Most current U.S. Census data LMI (%)

0.00%

Is the difference between the U.S. Census data LMI and the income survey results LMI 10% or greater?

- ☐ Yes  
☐ No

**Character limit: 1,100 (about 1/3 page)**

If the difference between the U.S. Census data LMI and the income survey results LMI are 10% or greater, provide an explanation for the difference.

**Using the template found on the Department's CDBG Application Guidelines page complete the Certification of Completion of an Income Survey and upload it below.**

UPLOAD: Signed Exhibit E2\_Certification of Completion of an Income Survey

UPLOAD: Copy of the list used to determine which families were parts of the random sample, the oversample, and indicate which of those families responded, which families had to be replaced, which families from the oversample were used as a replacement and which families they replaced.

UPLOAD: Copies of 5 COMPLETED Survey Responses

UPLOAD: Copy of random number table used.

UPLOAD: Copy of ALL publications/advertisements/letters directed towards citizens to publicize the income survey.

UPLOAD: Map of the service area indicating which households responded to the survey.

Is the LMI between 51% and 54%?

- ☐ Yes  
☐ No

**If the LMI is between 51% and 54%, attach additional analysis of the distribution curve of family sizes "above", family sizes "below", and family size percentages. See CDBG Administration Manual Appendices for additional information.**

UPLOAD: Additional Analysis of the Distribution Curve of Family Sizes "Above", "Below", and Percentages



## Exhibit E3: LMI - Limited Clientele (LMC)

### LMC

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### Exhibit E3: LMI - Limited Clientele (LMC)

To qualify under Limited Clientele criteria, the activity must benefit clientele who are generally presumed by HUD to be principally low- and moderate-income (LMI) persons ([24 CFR 570.483\(b\)\(2\)\(ii\)](#)).

Does the CDBG activity qualify under the National Objective of LMC?\*

- ☐ Yes
- ☐ No

LMC-People: Proposed Total Number of Beneficiaries

0

LMC-People: Proposed Number of LMI Beneficiaries

0

Which recommended method will you choose to qualify this project activity?

- ☐ Method 1: Census Data
  - ☐ Method 2: Family Size and Income
  - ☐ Method 3: Limit the Activity Exclusively to LMI Persons
- 

### Method 1: Census Data

Which one of the following groups — that are generally presumed by HUD to be principally LMI persons — will benefit from this project? Choose one; if an additional presumed group is involved, you will be able to identify the second group in a later question.

- ☐ Abused Children
- ☐ Battered Spouses
- ☐ Elderly Persons (Aged 62 and Older)
- ☐ Homeless Persons
- ☐ Illiterate Adults
- ☐ Persons Living with AIDS
- ☐ Migrant Farm Workers
- ☐ Severely Disabled Adults

Describe how the local unit of government will ensure the activity will benefit the clientele generally presumed to consist principally of LMI persons.

UPLOAD: Census data documentation that contains the calculation information.

---

### Method 2: Family Size and Income.

Describe how the activity will benefit this group.

UPLOAD: Preliminary sample blank Income Certification Form that will be used to determine Family Size and Income

---

### Method 3: Limit the Activity Exclusively to LMI Persons.

Describe how the local unit of government will obtain this information to ensure 51 percent are LMI.

UPLOAD: Supporting Documentation for Exclusivity

Is there another group generally presumed by HUD to be principally LMI persons for this project?

- ☐ Yes
- ☐ No

Additional Group of Proposed Beneficiaries

Please select another one of the following groups that are generally presumed by HUD to be principally LMI persons for this project.

- ☐ Additional Group: Abused Children
- ☐ Additional Group: Elderly Persons (aged 62 and older)
- ☐ Additional Group: Battered Spouses
- ☐ Additional Group: Homeless persons
- ☐ Additional Group: Illiterate Adults
- ☐ Additional Group: Persons Living with AIDS
- ☐ Additional Group: Migrant Farm Workers
- ☐ Additional Group: Severely Disabled Adults

UPLOAD: Supporting Documentation (as per above)

## Exhibit E4: LMI - Job Creation/Retention (LMJ) Information

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### Exhibit E4: LMI - Job Creation/Retention (LMJ) Information

To document that the CDBG activity meets the national objective of LMJ, complete the Exhibit E4. The form is to be signed by the business representative.

Does the CDBG Activity meet the national objective of LMJ?

- ☐ Yes  
☐ No

UPLOAD: Exhibit E4 form with the business representative signature.

Identify the total current full-time equivalent positions (baseline) at the business.

0

What date was the above baseline determined?

Are jobs being created?

- ☐ Yes  
☐ No

How many total new full-time equivalent positions are being created from the project?

0

Is seasonal hiring occurring?

- ☐ Yes  
☐ No

(For seasonal hiring only). Total new full-time equivalent positions being created from the project that will be filled for 3 months or longer.

0

LMJ: Proposed Total Number of Jobs Created

0

LMJ: Proposed LMI Jobs Created

0

Are jobs being retained?

- ☐ Yes  
☐ No

UPLOAD: Supplemental Information Documenting a Public Announcement

LMJ: Proposed Total Number of Jobs Retained

0

LMJ: Proposed LMI Jobs Retained

0

### Instructions

**The total number of retained FTEs that will result from the project for which notification of layoff or termination has occurred, or is apt to occur (provide explanation) if the project is not carried out. Classify retained FTEs as follows in the next two questions:**

Total jobs known to be currently held by lower-income people. For each employee, submit the Employee Certification Form or acceptable record.

0

Total number of jobs that can reasonably be expected to become available through turnover for lower-income persons within a two year period from an award of CDBG funds. The number of jobs should be based upon the historical turnover rate for each of the past two years converted to FTE positions.

0

## Instructions

**Describe training and recruitment opportunities that would make the retained jobs available to low-and moderate-income persons.**

- **All CDBG-funded projects may use Nebraska Department of Labor for their recruiting of new employees to assist in the documentation of first consideration being given to low-and moderate-income persons.**
- **The distance from residence and availability of transportation to the employment site should also be considered in determining whether a particular low-and moderate-income person can seriously be considered an applicant for the job.**

***Character limit: 3,300 (about 1 page)***

Training and Recruitment Opportunity Description

## Exhibit F1: Slum and Blight Area Basis (SBA) Documentation

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### Exhibit F1: Slum and Blight Area Basis (SBA) Documentation

To document that the CDBG activity meets the national objective of prevention or elimination of slum or blight, complete one of the following forms: Exhibit F1 or Exhibit F2.

Complete Exhibit F1 to document meeting the national objective of prevention or elimination of slum and blight on an area basis (SBA).

Does the CDBG Activity meet the national objective of SBA?

- ☐ Yes  
☐ No
- 

I. By official action, Area is designated by the local government as substandard or blighted in accordance with the applicable state statute.

Status of Designation

- ☐ Yes, the Area designation is complete or the Area RE-designation is complete.  
☐ No, the Area designation is underway and has never been designated.

**This application does not meet the SBA national objective, and therefore it is not eligible within the CDBG program.**

Has the area been designated or redesignated within the last 10 years?

- ☐ Yes  
☐ No

Date of most recent designation or redesignation of the area.

Description of the Area Designated in Accordance with NE Community Development Law

UPLOAD: Official Record Documenting the Designation or Redesignation of the Area and the Date

UPLOAD: Copy of Official Action Taken By Local Government, Such as Adoption Resolution

**This application does not meet the SBA national objective, and therefore it is not eligible within the CDBG program.**

II. Applicant maintains documentation on the boundaries of the area and the conditions, which qualified the area at the time of its designation.

Percentage Deteriorated Buildings/Qualified Properties at the Time of Designation (For example, if the percentage is 57.2%, enter .572 in the field below. Threshold minimum is 25%.)

0.00%

Boundary Description of the Designated Area

UPLOAD: Local government map, such as a municipal plat or block map with street names, outlining the boundaries of the designated blight/substandard area.

### Conditions for Designation

*Identify those specific conditions used to qualify the area at the date of designation and in accordance with the Community Development Law.*

Submit a list of properties located in the designated blighted/substandard area, which meet one or more of the conditions below and identify the conditions met for each property. Applicant must state the definitions used to determine what is deteriorated or deteriorating. Refer to Exhibit F1 for guidance in preparing this list.

UPLOAD: List of Properties Located in the Designated Blighted/Substandard Area

Submit a listing of all public improvements located in the designated blighted/substandard area. Provide the state of deterioration for each listed public improvement and the standard/determination for identifying the public improvement as deteriorating.

UPLOAD: Listing of All Public Improvements Located in the Designated Blighted/Substandard Area

### III. The assisted activity explicitly addresses one or more of the conditions which contributed to the deterioration of the area.

Describe how the activity for CDBG assistance meets the prevention/elimination of the identified deteriorating conditions of the blighted/substandard area

### IV. Proposed activities must be limited to those that address one or more of the identified conditions that contributed to the deterioration of the area.

State how the activity addresses condition(s) that contribute to the deterioration of the blight/substandard area.

Describe how the activity improves identified deteriorated conditions (NOTE: The CDBG assisted improvements undertaken must match the conditions that contribute to the stated deterioration or decline of the substandard/blighted area.)

## Exhibit F2: Slum and Blight Spot Basis (SBS) Documentation

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### Exhibit F2: Slum and Blight Spot Basis (SBS) Documentation

To document that the CDBG activity meets the national objective of prevention or elimination of slum blight, complete one of the following forms: Exhibit F1 or Exhibit F2.

**Complete Exhibit F2 to document meeting the national objective of prevention or elimination of slum and blight on a spot basis (SBS).**

Does the CDBG Activity meet the national objective of SBS?

- ☐ Yes  
☐ No
- 

### Identify CDBG Project Property Address

Address Line 1

Address Line 2

City

State

Select an item... ▼

Postal Code

**I. The assisted activity explicitly eliminates identified conditions of blight or physical decay not located in a designated slum or blighted area.**

UPLOAD: Submit a local government map, such as a municipal plat or block map with street names, which delineates the location of the building or other improvement activity.

**II. The project is limited to one of the following activities: acquisition, clearance, relocation, historic preservation, or rehabilitation of buildings.**

***Character limit: 3,300 (about 1 page)***

List the activity the project is undertaking, describe the substandard conditions, and provide a description of the improvements.

UPLOAD: Submit documentation that demonstrates the substandard conditions described in the narrative.

**III. The project activity can only eliminate specific conditions detrimental to public health and safety.**

***Character limit: 3,300 (about 1 page)***

Describe each proposed activity improvement and identify and document how it eliminates public health and safety conditions.



## Exhibit K1: Waiver of Procurement Process and Narrative

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### Exhibit K1: Waiver of Procurement Process and Narrative

Is the Local Unit of Government requesting a waiver from the Department due to officials acting in the official capacity of the applicant?

- ☐ Yes  
☐ No
- 

### Exhibit K1a: Waiver of Procurement Process and Narrative (Appointee)

#### WAIVER OF PROCUREMENT PROCESS DUE TO OFFICIALS OF THE LOCAL UNIT OF GOVERNMENT ACTING IN THEIR OFFICIAL CAPACITY

Is the Local Unit of Government requesting a waiver from the Department due to officials acting in the official capacity to provide engineering services?

- ☐ Yes  
☐ No

UPLOAD: Signed Exhibit K1a\_Waiver of Procurement Process

**Character limit: 1,100 (about 1/3 page)**

Please describe how the project activity directly relates to the official capacity of the appointee.

UPLOAD: Copy of meeting minutes documenting the appointment of this position for **\*\*CURRENT\*\*** year.

UPLOAD: Copy of meeting minutes documenting the appointment of this position for the **\*\*PREVIOUS\*\*** year.

UPLOAD: Copy of meeting minutes documenting the appointment of this position for **\*\*TWO\*\*** years ago.

UPLOAD: Signed Exhibit K1a\_Waiver of Procurement Process

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Is the Local Unit of Government requesting a waiver from the Department due to an interlocal agreement in place with the development district?

- ☐ Yes  
☐ No

### Exhibit K1b: Waiver of Procurement Process and Narrative (Development District)

#### WAIVER OF PROCUREMENT PROCESS DUE TO OFFICIALS OF THE SUBRECIPIENT ACTING IN THEIR OFFICIAL CAPACITY THROUGH INTERLOCAL AGREEMENT WITH THE DEVELOPMENT DISTRICT

Select One of the Following Items for Verification

- ☐ Letter from Development District
- ☐ Copy of Paid Membership Dues

UPLOAD: Letter from Development District or Copy of Paid Membership Dues

Due to the interlocal agreement in place, will the development district be providing General (grant) Administration services?

- ☐ Yes
- ☐ No

Due to the interlocal agreement in place, will the development district be providing Construction Management services?

- ☐ Yes
- ☐ No

UPLOAD: Signed Exhibit K1b\_Waiver of Procurement Process

## Exhibit K2: Procurement Process Completed Prior to Application

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### Exhibit K2: Procurement Process Completed Prior to Application

Exhibit K2 shall be completed if the procurement process is completed prior to submission of application. Review 2 CFR Part 200 Subpart D to ensure that the procurement process is in compliance with federal regulations.

Was the procurement process completed prior to submission of application?

- ☐ Yes  
☐ No
- 

UPLOAD: Signed Exhibit K2\_Procurement Process Completed Prior to Application

**Character limit: 3,300 (about 1 page)**

Please provide a narrative to the process(es) undertaken.

**Please indicate the type of services procured and upload appropriate documentation based on method(s) of procurement (i.e., direct negotiation, competitive negotiation, non-competitive negotiation, small purchase, micro purchase).**

General Administration

- ☐ Yes  
☐ No

UPLOAD: Procurement Documentation for General Administration

Construction Management

- ☐ Yes  
☐ No

UPLOAD: Procurement Documentation for Construction Management

Equipment

- ☐ Yes  
☐ No

UPLOAD: Procurement Documentation for Equipment

Engineering Services

- ☐ Yes  
☐ No

UPLOAD: Procurement Documentation for Engineering Services

Architectural Services

- ☐ Yes

☐ No

UPLOAD: Procurement Documentation for Architectural Services

## Exhibit M: Map of Proposed Project Area

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### Exhibit M: Map of Proposed Project Area

**This is a required exhibit for all applications.**

Does the project qualify under the national objectives of LMA or SBA?

- ☐ Yes
- ☐ No

UPLOAD: Aerial map of the service area with clearly identified project location and boundaries.

Descriptions with project location highlighted

UPLOAD: FEMA Supplemental Map with project location highlighted

UPLOAD: Nebraska Department of Natural Resources Supplemental Map

Identify the resource used for the maps (include the available year).

UPLOAD: Additional Maps and Information

Additional Maps and Information Description

## Exhibit N: System for Award Management Documentation

### Non-Profit Entity Information

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### Exhibit N: System for Award Management Documentation

This is a required exhibit for all applications. Each applicant must obtain a Unique Entity Identifier (UEI) generated by sam.gov. For more information on obtaining a UEI refer to <https://www.sam.gov/>.

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### Applicant: Local Unit of Government

UPLOAD: SAM - Registration Documentation - for Local Unit of Government

UPLOAD: SAM - Exclusion Status - for Local Unit of Government

### Joint Applicant (with another Unit of Local Government)

Is this a joint application with another Unit of Local Government??

- ☐ Yes
- ☐ No

UPLOAD: SAM - Registration Documentation for Joint Applicant

UPLOAD: SAM - Exclusion Status for Joint Applicant

### For-Profit Business

Does this project include a for-profit business?

- ☐ Yes
- ☐ No

UPLOAD: SAM - Registration Documentation for the for-profit business.

UPLOAD: SAM - Exclusion Status for the for-profit business

### Non-Profit Entity

Does this project include a non-profit entity?

- ☐ Yes
- ☐ No

UPLOAD: SAM - Registration Documentation for the non-profit entity.

UPLOAD: SAM - Exclusion Status for the non-profit entity.

**Non-Profit Development Organization (NDO)**

UPLOAD: SAM - Registration Documentation for the NDO

UPLOAD: SAM - Exclusion Status for the NDO

## Exhibit O: Four Factor Analysis Assessing Limited English Proficiency

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### Exhibit O: Four Factor Analysis Assessing Limited English Proficiency (LEP)

This is a required exhibit for all applications.

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#### Census Data

Please visit [data.census.gov](https://data.census.gov) and follow directions provided in Exhibit O.

UPLOAD: Census Data Exported from Website

Number of LEP Individuals in the Eligible Service Population

0

Total Population

0

Percentage of LEP Individuals in the Eligible Service Population

0.00%

1st Non-English Language Spoken (most common)

Does the 2nd or 3rd Non-English Languages Spoken meet threshold (i.e. 1,000 persons, 5%, etc.)

- ☐ Yes  
☐ No

Date of Four Factor Analysis Completion

UPLOAD: Completed Exhibit O\_Four Factor Analysis

As a result of the Four Factor Analysis has it been determined that a Language Assistance Plan is needed?

- ☐ Yes  
☐ No



## Exhibit Q: Local Cost-Share Documentation

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### Exhibit Q: Local Cost-Share Documentation

This is a required exhibit for all applications. Provide written documentation of commitment of source matching funds as identified in the application. The documentation must include a specific amount and identify the use of the funds.

#### Match from Local Unit of Government

Is the local unit of government committing a specific amount from the local unit of government's budget or does the local unit of government currently retain local CDBG program income?

- ☐ Yes  
☐ No

If answered yes, upload a letter (on letterhead) from the local unit of government identifying 1) the match amount being provided by the local unit of government and 2) the amount of Local CDBG program income.

If the local unit of government does have program income, the letter must identify the balance as of the date of the letter and state that the CDBG program income will be committed to the project activities identified in this project, if awarded.

Enter the amount being committed from local unit of government's budget.

\$0.00

Enter the balance of local CDBG Program Income as of the date of the letter.

\$0.00

UPLOAD: Letter from the local unit of government.

#### Match from Other Sources

Is Match being provided from Other Sources (Examples: Grant Funds, Financial Institution, Donation of In-Kind Materials/Labor, Foundations)?

- ☐ Yes  
☐ No

Identify the type of funding being provided towards project (match). Select all that apply.

- ☐ Other Federal Funds  
☐ State Funds  
☐ Local Funds  
☐ Private Funds  
☐ In-Kind Materials/Labor  
☐ Other

UPLOAD: Letters of Match commitment from Other Sources.

### Non-Match Commitment (other sources)

Is additional funding (not match) being provided from Other Sources to complete the project (Examples: Grant Funds, Financial Institution, Donation of In-Kind Materials/Labor, Foundations)?

- ☐ Yes
- ☐ No

UPLOAD: Letters of Non-Match commitment from Other Sources

### Gap Financing

Will this project include resources to help with gap financing?

- ☐ Yes
- ☐ No

**If the project is dependent upon financing (bond, USDA, etc.) you must include proof of commitment to the loan and approval from the lender to provide the additional financing.**

UPLOAD: Commitment letter, on entity letterhead, signed by a business representative, which outlines amount and timing of availability of funds

After ALL financing options above are accounted for, does your project still have a funding gap remaining?

- ☐ Yes
- ☐ No

## Budget

### Proposed Budget Summary

#### Expense Budget

	Grant Funded	Non-Grant Funded	Total Budgeted
Acquisition of Real Property (01)			
Subtotal	\$0.00	\$0.00	\$0.00
Commercial/Industrial: Infrastructure Development (17B)			
Subtotal	\$0.00	\$0.00	\$0.00
Construction Management			
Subtotal	\$0.00	\$0.00	\$0.00
Economic Development: Direct Financial Assistance to For-Profit Business (18A)			
Subtotal	\$0.00	\$0.00	\$0.00
General Program Administration (21A)			
Subtotal	\$0.00	\$0.00	\$0.00
Total Proposed Cost	\$0.00	\$0.00	\$0.00

#### Revenue Budget

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

### Proposed Budget Detail

### Proposed Budget Narrative

#### Acquisition of Real Property (01)

Category: Select HUD Matrix Code from drop down (ex. Commercial Rehabilitation) TIP: Refer to Application Guides, Part IV. Application Budget User Guide for HUD Matrix Codes/Project Activities and eligible . Item Type: Non-Personnel Name: Type HUD Matrix code as it appears in the top Category field (ex. Commercial

Rehabilitation) Direct Cost: Grant Funded Amount (this line item) + Cash Match (this line item) Change Calculate Match to YES if applicable. Enter your Match Dollar Amount. If your project has in-kind match and is selected, this will be incorporated into the budget at a later date. The Grant Funded value is the requested amount of CDBG funds for the HUD Matrix Code above. Non-Grant Funded: No Total Budgeted: Overall Project Total (self-calculates to include all line items; IMPORTANT: verify after you save all line items that this total is correct) Narrative: Estimated costs associated with the above HUD Matrix Code (ex. masonry, engineering, plumbing, electrical, etc.) Attachment(s): (Optional) To the above HUD Matrix Code, attach a proposed budget which includes the narrative cost estimates.

### **Commercial/Industrial: Infrastructure Development (17B)**

Category: Select HUD Matrix Code from drop down (ex. Commercial Rehabilitation) TIP: Refer to Application Guides, Part IV. Application Budget User Guide for HUD Matrix Codes/Project Activities and eligible . Item Type: Non-Personnel Name: Type HUD Matrix code as it appears in the top Category field (ex. Commercial Rehabilitation) Direct Cost: Grant Funded Amount (this line item) + Cash Match (this line item) Change Calculate Match to YES if applicable. Enter your Match Dollar Amount. If your project has in-kind match and is selected, this will be incorporated into the budget at a later date. The Grant Funded value is the requested amount of CDBG funds for the HUD Matrix Code above. Non-Grant Funded: No Total Budgeted: Overall Project Total (self-calculates to include all line items; IMPORTANT: verify after you save all line items that this total is correct) Narrative: Estimated costs associated with the above HUD Matrix Code (ex. masonry, engineering, plumbing, electrical, etc.) Attachment(s): (Optional) To the above HUD Matrix Code, attach a proposed budget which includes the narrative cost estimates.

### **Construction Management**

Category: Select HUD Matrix Code from drop down (ex. Commercial Rehabilitation) TIP: Refer to Application Guides, Part IV. Application Budget User Guide for HUD Matrix Codes/Project Activities and eligible . Item Type: Non-Personnel Name: Type HUD Matrix code as it appears in the top Category field (ex. Commercial Rehabilitation) Direct Cost: Grant Funded Amount (this line item) + Cash Match (this line item) Change Calculate Match to YES if applicable. Enter your Match Dollar Amount. If your project has in-kind match and is selected, this will be incorporated into the budget at a later date. The Grant Funded value is the requested amount of CDBG funds for the HUD Matrix Code above. Non-Grant Funded: No Total Budgeted: Overall Project Total (self-calculates to include all line items; IMPORTANT: verify after you save all line items that this total is correct) Narrative: Estimated costs associated with the above HUD Matrix Code (ex. masonry, engineering, plumbing, electrical, etc.) Attachment(s): (Optional) To the above HUD Matrix Code, attach a proposed budget which includes the narrative cost estimates.

### **Economic Development: Direct Financial Assistance to For-Profit Business (18A)**

Category: Select HUD Matrix Code from drop down (ex. Commercial Rehabilitation) TIP: Refer to Application Guides, Part IV. Application Budget User Guide for HUD Matrix Codes/Project Activities and eligible . Item Type: Non-Personnel Name: Type HUD Matrix code as it appears in the top Category field (ex. Commercial Rehabilitation) Direct Cost: Grant Funded Amount (this line item) + Cash Match (this line item) Change Calculate Match to YES if applicable. Enter your Match Dollar Amount. If your project has in-kind match and is selected, this will be incorporated into the budget at a later date. The Grant Funded value is the requested amount of CDBG funds for the HUD Matrix Code above. Non-Grant Funded: No Total Budgeted: Overall Project Total (self-calculates to include all line items; IMPORTANT: verify after you save all line items that this total is correct) Narrative: Estimated costs associated with the above HUD Matrix Code (ex. masonry, engineering, plumbing, electrical, etc.) Attachment(s): (Optional) To the above HUD Matrix Code, attach a proposed budget which includes the narrative cost estimates.

### **General Program Administration (21A)**

Category: Select HUD Matrix Code from drop down (ex. Commercial Rehabilitation) TIP: Refer to Application Guides, Part IV. Application Budget User Guide for HUD Matrix Codes/Project Activities and eligible . Item Type: Non-Personnel Name: Type HUD Matrix code as it appears in the top Category field (ex. Commercial Rehabilitation) Direct Cost: Grant Funded Amount (this line item) + Cash Match (this line item) Change Calculate Match to YES if applicable. Enter your Match Dollar Amount. If your project has in-kind match and is selected, this will be incorporated into the budget at a later date. The Grant Funded value is the requested amount of CDBG funds for the HUD Matrix Code above. Non-Grant Funded: No Total Budgeted: Overall Project Total (self-calculates to include all line items; IMPORTANT: verify after you save all line items that this total is correct) Narrative: Estimated costs associated with the above HUD Matrix Code (ex. masonry, engineering, plumbing, electrical, etc.) Attachment(s): (Optional) To the above HUD Matrix Code, attach a proposed budget which includes the narrative cost estimates.