



ADDITIONAL PARTNER ENTITY INFORMATION

Fields marked with an asterisk* are REQUIRED.

Partner Entity - Organization Name*

Partner Entity Point of Contact - First Name*

Partner Entity Point of Contact - Last Name *

Partner Entity Point of Contact - Title *

Partner Entity Point of Contact - Email Address *

Partner Entity Point of Contact - Phone Number *

Partner Entity Point of Contact - Extension

Partner Entity Point of Contact - Address Line 1 *

Partner Entity Point of Contact - Address Line 2

Partner Entity Point of Contact - City *

Partner Entity Point of Contact - State *

Partner Entity Point of Contact - Postal Code *

Partner Entity Legal Name *

Partner Entity Doing Business As Name (DBA) *

Partner Entity Secretary of State Account Number *

Partner Entity Employer Identification Number (EIN) *

Partner Entity Date Established *

Partner Entity - Type of Entity *

Sole Proprietorship

LLC

Partnership

Corporation

Other

Partner Entity Other Type of Entity: please specify

Is Partner Entity a private entity, public entity or non-profit? *

Private Entity

Public Entity

Non-Profit

All Partner Entities – Required Attachments (combine into one document if possible)

- Partner Entity Current copy of Articles of Incorporation
- Partner Entity Current copy of By-Laws

Private Entities – Required Attachments (combine into one document if possible)

- Partner Entity 2020 Income Statements, Cash Flow, and Balance Statements
- Partner Entity 2021 Income Statements, Cash Flow, and Balance Statements
- Partner Entity 2022 Income Statements, Cash Flow, and Balance Statements
- Partner Entity Nebraska Secretary of State - Certificate of Good Standing

Non-Profit Entities – Required Attachments (combine into one document if possible)

- Partner Entity Nebraska Secretary of State - Certificate of Good Standing
- Partner Entity Letter from IRS for 501(c) designation
- Partner Entity 2020 IRS Form 990
- Partner Entity 2021 IRS Form 990
- Partner Entity 2022 IRS Form 990

Please specify the scope of the Partnership with the Partner Entity*

Has the Partner Entity ever been debarred, suspended, or otherwise excluded from Federal assistance programs or activities? *

- Yes
- No

Has the Partner Entity, its principles, or its employees been the subject of legal proceedings (civil or criminal) involving fraud, waste or misappropriation of funds or any bankruptcy/administrative proceedings within the last 10 years? *

- Yes
- No

If yes, please describe in detail the legal proceedings Partner Entity, its principles, or its employees have been involved in within the last 10 years. At a minimum, please include the date, case number, name and location of the Court, and the final disposition. *

Please list the names of all employees that hold a senior leadership position or have financial management responsibilities within Partner Entity’s organization. *

For each individual listed above, please have the individuals complete the Attestation of Legal Proceedings and upload each Attestation in addition to this form and all required attachments.

LINK:

<https://opportunity.nebraska.gov/programs/recovery/#resources>

Add any comments if necessary.

Application Preparer Signature

Date