

Required Fields are denoted with an asterisk (\*)

## Opportunity Details

### Opportunity Information

Title

Nebraska Rural Projects Act Application

Description

The Nebraska Rural Projects Act will provide matching funds to Nebraska nonprofit economic development organizations with projects to build new rail access business parks in counties of less than 100,000 people. No more than \$50 million dollars of matching funds will be paid in total under this act. No more than \$30 million of matching funds will be paid for any one project.

Awarding Agency Name

Nebraska Department of Economic Development

Agency Contact Name

Benjamin Goins

Agency Contact Phone

402-471-0822

Agency Contact Email

Benjamin.Goins@nebraska.gov

Opportunity Manager

Ben Goins

Public Link

<https://ne.amplifund.com/Public/Opportunities/Details/8049fd1b-667b-47f7-8fc2-dd6df3acdd06>

### Funding Information

Total Program Funding

\$0.00

Funding Sources

State

### Award Information

Award Range

\$30,000,000.00 Ceiling

Award Type

Competitive

Matching Requirement

Yes

### Submission Information

Submission Window

10/29/2021 12:00 AM - 11/12/2021 11:30 PM

Allow Multiple Applications

No

#### Other Submission Requirements

Additional information: <https://opportunity.nebraska.gov/program/rural-projects-act/>

Please see Program Guidelines for the amount of matching funds you are entitled to receive based on your investment.

In this application, "Matching Funds" as defined in LB40 will be referred to as "Grant Funds". "Investment" as defined in LB40 will be referred to as "Cash Match".

#### Eligibility Information

##### Additional Eligibility Information

A Nebraska nonprofit economic development corporation with a project to develop a new industrial rail access business park in a Nebraska county with less than 100,000 people.

#### Additional Information

##### Additional Information URL

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

##### Additional Information URL Description

###### Resources:

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

###### Statewide Relay System:

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

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

SAMPLE

Required Fields are denoted with an asterisk (\*)

**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

SAMPLE

## Project Description

### Rural Projects Act Application Form

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Primary Contact - Organization\*

Primary Contact - Title\*

Primary Contact - Phone Number\*

#### Applicant Contact Information

*\*The Applicant Primary Contact Information is on the previous page, Project Information section.*

Name of Applicant Organization\*

Applicant - Phone Number (0000000000)\*

Applicant - Extension

#### Principal Office Address

Applicant - Address Line 1\*

Applicant - Address Line 2

Applicant - City\*

Applicant - State\*

Select an item... ▼

Applicant - Postal Code\*

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#### Applicant Information

Website\*

State Where Incorporated or Registered\*

Select an item... ▼

Secretary of State Account Number\*

Employer Identification Number (EIN) (000000000)\*

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### Award Information

If your application is approved, who will be the main contact to manage the Post-Award process? This main contact is referred to as the Recipient Grant Manager.

Recipient Grant Manager - First Name\*

Recipient Grant Manager - Last Name\*

Recipient Grant Manager - Email Address\*

Recipient Grant Manager - Phone Number (0000000000)\*

Recipient Grant Manager - Extension

Does this Recipient Grant Manager, who will be managing the award, work at the Applicant organization?\*

- Yes  
 No

Recipient Grant Manager - Organization Name\*

### 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 - Email Address\*

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### Applicant Threshold

Applicant is a tax-exempt entity under § 501(c) of the Internal Revenue Code\*

- Yes  
 No

Do you have an IRS 501(c) determination letter?\*

- Yes  
 No

UPLOAD: IRS 501(c) determination letter\*

**You will not qualify without an IRS 501(c) determination letter.**

Applicant is a nonprofit economic development corporation:\*

- Yes
- No

**If you answered "No", you do not meet eligibility requirements.**

UPLOAD: Applicant's articles of incorporation or by laws\*

Applicant is enrolled in E-Verify:\*

- Yes
- No

E-Verify Number(s) to be used by Applicant for employees at Project Location (use N/A if not applicable):\*

Proposed project location is in a county with less than 100,000 inhabitants:\*

- Yes
- No

**If you answered "No", you do not meet eligibility requirements.**

Address of proposed project location, including parcels or longitude/latitude as necessary\*

Legal Description of location\*

Has Applicant secured all land purchase options necessary for the Project?\*

- Yes
- No

OPTIONAL UPLOAD: Land purchase option agreement(s) as one file

Has Applicant secured proper zoning for the Project?\*

- Yes
- No

OPTIONAL UPLOAD: Zoning approval

Applicant's proposed project will (select all that apply):\*

- Add rail access to an existing business park
- Add a new business park to a currently served rail site
- Create a new business park and create new rail access to serve the new business park

Has Applicant secured access to the primary rail carrier serving the Project?\*

- Yes
- No

OPTIONAL UPLOAD: Letter demonstrating applicant has secured access to primary rail carrier

Current use of proposed location:\*

Please provide a description of the proposed project:\*

UPLOAD: Project Schedule Template (template is found on DED's website):\*

OPTIONAL UPLOAD: Studies/survey results conducted regarding the proposed project

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### Projected Amount of Applicant Resources

**For each source listed below, please enter the amount of resources the applicant anticipates. If the applicant has no resources from a certain source, enter zero.**

Individual Donations\*

\$0.00

501(c) Tax Exempt Organization Donations\*

\$0.00

Nongovernmental Organization Donations\*

\$0.00

Direct or Indirect Funding from federal, state, or local government (Not including anticipated funds from the Nebraska Rural Projects Act)\*

\$0.00

Total from all sources\*

\$0.00

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### Application Fee

#### NOTE:

*Applicant must submit a nonrefundable application fee of one thousand dollars (\$1,000.00). To complete the application process and establish the Applicant's date of application, DED must be in receipt of both the application and the application fee.*

Applicant has pre-submitted its application fee of \$1,000.00:\*

- Yes
- No

Mode of Transmittal:\*

- First Class Mail
  - Certified Mail
  - Hand Delivery
  - Electronic Transfer
  - Other
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### Terms of Acceptance

To the best of my knowledge and belief, data and information in this application are true and correct. The applicant will comply with all requirements in the Nebraska Rural Projects Act. I understand that the Department of Economic Development (“DED”) will consider applications in the order in which they are received and that DED may approve the application within the limits of available funding. 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.

Electronic Signature: Please type First and Last Name\*

Date Signed\*

Terms of Acceptance.\*

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

SAMPLE



SAMPLE