

NOTE: This SAMPLE document is best used with the 2023 Application Checklist and 2023 Shovel-Ready Program Guidelines. Some fields are required for all applicants while other prompts will vary depending upon responses entered by the applicant.

Opportunity Details

Opportunity Information

Title

2023 Shovel-Ready Capital Recovery and Investment Act Application

Description

LB818 and LB531 updated existing provisions of the Shovel-Ready Capital Recovery and Investment Act program, further described within Neb. Rev. Stat. §81- 12,221 et seq. The Nebraska Department of Economic Development (DED) will provide grants to qualified nonprofit organizations to assist such organizations with capital projects that have been delayed due to COVID-19 or that will provide a positive economic impact in the State of Nebraska.

Fund Activity Categories

Community Development

Departments

Shovel Ready

Subjects

2023

Opportunity Manager

Ashley Drake

Public Link

<https://ne.amplifund.com/Public/Opportunities/Details/fe01722e-ed26-49a2-b079-61e5d44b1749>

Is Published

Yes

Award Information

Matching Requirement

Yes

Cash Match Requirement

100.00 %

Submission Information

Submission Window

07/01/2023 9:00 AM - 07/01/2024 5:00 PM

Submission Timeline Type

One Time

Allow Multiple Applications

Yes

Question Submission Information

Question Submission Additional Information

For program guidelines, please refer to: <https://opportunity.nebraska.gov/programs/business/shovel-ready-grants/>

Eligibility Information

SAMPLE

Additional Eligibility Information

A qualified nonprofit organization means a tax-exempt organization under section 501(c)(3) of the Internal Revenue Code that:

(a) Is related to arts, culture, or the humanities, including any organization formed for the purpose of developing and promoting the work of artists and the humanities in various visual and performing forms, such as film, sculpture, dance, painting, horticulture, multimedia, poetry, photography, performing arts, zoology, or botany;

(b) Operates a sports complex;

(c) Is a postsecondary educational institution in a city of the metropolitan class and partners with an organization hosting a regional or national event for purposes of infrastructure development related to furnishing and equipment for a health sciences education center, enhanced mobility by vacation of a public street, pedestrian safety, and construction of a community athletic complex; or

(d) Is a county agricultural society with facilities located within the boundaries of a city of the primary class.

Additional Information

Additional Information URL

<https://opportunity.nebraska.gov/program/shovel-ready-grants/>

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

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

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

Applicant - Postal Code (00000)

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

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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) (0000000000)

Date Nonprofit Organization Established

UPLOAD: Articles of Incorporation or By-Laws which demonstrate the purpose of the organization.

UPLOAD: 2020 or most recent IRS Form 990

UPLOAD: 2021 or most recent IRS Form 990

UPLOAD: 2022 or most recent IRS Form 990

UPLOAD: 2020 Income Statements, Cash Flow, and Balance Statements

UPLOAD: 2021 Income Statements, Cash Flow, and Balance Statements

UPLOAD: 2022 Income Statements, Cash Flow, and Balance Statements

UPLOAD: Nebraska Secretary of State - Certificate of Good Standing

UPLOAD: Evidence of Board Approval for grant request

Does your organization currently have a tax exemption under Internal Revenue Code Section 501(c)(3)?

- Yes
- No

UPLOAD: IRS 501(c)(3) designation letter

You may not be eligible for this grant. Please consult the application guidelines for more information.

Is your organization a postsecondary educational institution?

- Yes
- No

Link to Nebraska Revised Statute §81-12,225(2)(a)

<https://nebraskalegislature.gov/laws/statutes.php?statute=81-12,225>

SAMPLE

Are you applying for funding for a capital project that meets Nebraska Revised Statute §81-12,225(2)(a)?

- Yes
- No

You may not be eligible for this grant. Please consult the application guidelines for more information.

Applicant is an organization that:

- Is related to arts, culture, the humanities, or an organization formed for the purpose of developing or promoting the work of artists and the humanities.
- Operates a sports complex.
- Is a postsecondary educational institution in a city of the metropolitan class and partners with an organization hosting a regional or national event for purposes of infrastructure development related to furnishing and equipment for a health sciences education center, enhanced mobility by vacation of a public street, pedestrian safety, and construction of a community athletic complex
- Is a county agricultural society with facilities located within the boundaries of a city of the primary class.
- Is none of the above

Type of Activity: please specify

Select an item...

Please Specify

Please select all that describe your sports complex.

- Indoor
- Outdoor
- Indoor and Outdoor

Please select the primary use for sports complex

- Primarily used for competitive sports
- Primarily used for something other than competitive sports

Please describe the primary use of your sports complex.

Does your sports complex contain multiple separate sports venues.

- Yes
- No

Please select all the sports venues that apply to your sports complex:

- Baseball field
- Softball field
- Soccer field
- An outdoor stadium primarily used for competitive sports
- An outdoor arena primarily used for competitive sports
- An enclosed, temperature-controlled building primarily used for competitive sports
- Other

Describe the other sports venues available at your sports complex.

Please describe your organization's partnership(s) with an organization hosting a regional or national event for purposes of infrastructure development related to furnishing and equipment for a health sciences education center, enhanced mobility by vacation of a public street, pedestrian safety, and construction of a community athletic complex

You may not be eligible for this grant. Please consult the application guidelines for more information.

Has Applicant ever been debarred, suspended, or otherwise excluded from federal or state 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.

Please provide additional details to include a description of the circumstances and court case numbers and jurisdictions.

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

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

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 (00000)

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

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

Application Preparer - Postal Code (00000)

Part 02: Shovel-Ready Application

Organization

Does the qualified nonprofit own or lease the facilities or National Historic Landmark to be built, expanded, developed, or restored by its Capital Project?

- Yes, we have documentation demonstrating the organization's legal entitlement to possession and/or control of the property.
- No, we do not own or lease the capital project location.

UPLOAD: Please provide documentation such as agreement, lease, etc., demonstrating the organization's legal entitlement to possession and/or control of the property.

You may not be eligible for this grant. Please consult the application guidelines for more information.

Provide a summary of the capital project.

OPTIONAL: Upload documents related to the capital project

Capital Project Address Line 1

Capital Project Address Line 2

Capital Project Address - City

Capital Project Address - State

Select an item... ▾

Capital Project Address - Postal Code

Projects involving displacement of individuals must comply with the Relocation Assistance Act, Neb. Rev. Stat. §§ 76-1214 to 76-1242.

Does the project involve displacement?

- Yes
- No

Describe how the project will maintain compliance with the Relocation Assistance Act, Neb. Rev. Stat. §§ 76-1214 to 76-1242.

Economic Impact and Community Need

Do you have a capital project delayed due to COVID-19?

- Yes
- No

Please provide additional details regarding your project that was delayed by COVID-19

Does your capital project have a positive economic impact in the State of Nebraska?

- Yes
- No

Please provide a summary of the projected economic impact of the project on your organization and the State of Nebraska.

OPTIONAL: Upload documents related to the projected economic impact of your project

Project Rediness

Will Applicant begin or resume construction on the capital project by June 30, 2025?

- Yes
- No

Project End Date

Provide a narrative of the project's timeline.

Estimated cost of capital project

\$0.00

Choose the appropriate level associated with the estimated cost of your capital project:

- Less than \$500,000
- \$500,000 to less than \$5,000,000
- \$5,000,000 to less than \$25,000,000
- \$25,000,000 to less than \$50,000,000
- \$50,000,000 to less than \$100,000,000
- \$100,000,000 or more

Match funding for the capital project:

- Has been secured.
- Will be secured through a written pledge or payment by December 31, 2024.

Amount of secured match funding from payments for the capital project

\$0.00

Amount of secured match funding from pledges for the capital project

\$0.00

Amount of unsecured match funding for the capital project

\$0.00

Please complete the Match Ledger spreadsheet available here

<https://opportunity.nebraska.gov/program/shovel-ready-grants/>

UPLOAD: After saving the file, please upload it here.

Did your organization apply for first round funding from the Shovel-Ready program?

- Yes
- No

Was your organization awarded first round funding from the Shovel-Ready program?

- Yes
- No

Is the funding requested on this application being used for a capital project at the same location that received funding from the 2021 Shovel-Ready funding cycle?

- Yes, additional funding is requested for the same project address.
- No, funding is requested for a capital project at a different address than the capital project that was awarded first round Shovel-Ready funding.

You may not be eligible for this grant. Please consult the application guidelines for more information.

Please provide narrative explaining how the capital projects are separate and include both project locations and their proximity to each other.

Have federal, state, local, and/or private funding sources been secured/pledged for this program?

- Yes
- No

If yes, please complete the chart below.

Duplication Review

Please fill out the table below to identify your total need and the amount you have received by Budget Line Item and the source of funds.

- **Budget Line Item:** The Budget Categories are found in the ‘Budget’ portion of the application. You will create applicable line items under each category. Use the line items to complete this section.
- **Source:** Whom is the funds from?
- Identify total need before assistance (the need of an applicant or a city/county) by Budget Category and Source.
- Identify the amount received by Budget Category and Source.
- Subtract all assistance found to be duplicative, resulting in the maximum potential award amount, or unmet need.

Duplication Table

Budget Category (What is the Funding For?)	Source (Who are the Funds From?)	Total Need Before Assistance (\$)	Amount Received (\$)	Unmet Need (\$) [Total Need – Amount Received]

I have completed the table immediately above

- The table is filled out to the best of my knowledge and ability.
- I did not fill the table out and understand that at least one row is required for a complete application.

Policies and Procedures

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

Describe the Applicant's ability and history for the management of state or federal grants of equal or similar size and complexity as the one being requested.

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

Describe Applicant's policies and procedures for sound financial management. Applicant is encouraged to upload a copy of its by-laws, financial procedures handbook, or any other document that outlines the Applicant's established financial policies and procedures.

UPLOAD: Policies and Procedures for Sound Financial Management

Please describe Applicant's experience with complying with statutory, regulatory, or other requirements, with examples, as it relates to state or federal grants.

UPLOAD: A copy of the most recent financial statement audit and/or single audit. Include any corrective action plans associated with the audit. If you have 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. If you have never had an audit, upload a statement to that effect.

Part 03: 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 all requirements in the Shovel-Ready Capital Recovery and Investment Act program. 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.

Check to confirm

I certify that by submitting this application, I, the Applicant, confirm that I will comply with all federal and state statutes, regulations, policies, guidance, and the terms and conditions of the state grant agreement.

Check to confirm

I certify that, by submitting this application, I agree upon award to permit the state and federal regulators to have access to all records and financial statements of the entity relevant to compliance evaluation and monitoring of the grant program.

Check to confirm

I consent to allow reasonable inquiries by the Department of Economic Development (DED) for the purpose of verifying the information in my application, including but not limited to, requests for further information and inquiries submitted to third-parties. If awarded funds, I agree to provide additional reports and expenditure information upon request.

Check to confirm

I authorize DED to use this acknowledgment and the information obtained in the application to administer and enforce rules and policies of the grant program.

Check to confirm

Any individual or organization, including any governmental agency, may be asked to release information. Information may be requested from, but is not limited to: courts, law enforcement state or federal agencies, or social service agencies. I authorize the above persons, firms, or corporations to make available any documents or record relevant to this grant program for inspection and copying.

Check to confirm

I authorize DED to publish aggregate information regarding the entity (individual or company) submitting the application (not including personally identifiable information) and any awards which I may receive on a searchable public website as part of its public transparency and accountability efforts.

Check to confirm

I certify that the grant funds requested in this application do not duplicate other covered assistance that has been previously received or is reasonably expected to be received by any federal or state government, county agencies, and private or nonprofit charity organizations.

Check to confirm

I agree to repay any assistance later received for the same purpose as the grant funds associated with this grant program.

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
Equipment			
Subtotal	\$0.00	\$0.00	\$0.00
Construction			
Subtotal	\$0.00	\$0.00	\$0.00
Architectural Planning			
Subtotal	\$0.00	\$0.00	\$0.00
Contract Services			
Subtotal	\$0.00	\$0.00	\$0.00
Engineering			
Subtotal	\$0.00	\$0.00	\$0.00
Land			
Subtotal	\$0.00	\$0.00	\$0.00
Materials			
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

Equipment

Equipment needed to complete capital project

Construction

Architectural Planning

Contract Services

Engineering

Land

Cost of Land

Materials