

2017 CDBG Owner Occupied Rehabilitation Pre-Application

Forms and Instructions

Generally, there are more applicants requesting funds than there are funds available. Applicants must carefully read and review the 2017 Housing and Community Development Annual Action Plan, 2017 NAHTF Qualified Allocation Plan, and the NAHP 2017 Application Guidelines Chapters to develop a competitive application.

As part of the application process, each applicant can submit an optional Pre-Application. The Optional Pre-Application provides the Department with information about potential award recipients prior to submitting the final full application.

Please refer to Chapter 1 for the appropriate Cycle Timeline and corresponding due dates. The CDBG Owner Occupied Rehab (OOR) Cycle have specific due dates for the Optional Pre-Application. Upload scanned copy of the original signed hard copy of the Optional Pre-Application by the specified due date to:

<https://negov.sharefile.com/r-r32d8fe62d8b48499>

- **The Pre-Application for the CDBG Owner Occupied Rehab (OOR) Cycle consists of the Optional Pre-Application Part I.**

For assistance with your Pre-Application contact your designated Regional Housing Representative.

Region	Housing Representative	Phone Number	Email Address
Northeast	Rachel Meredith	402-471-2843	rachel.meredith@nebraska.gov
Western and Central	Kristi McClung	308-889-3420	kristi.mcclung@nebraska.gov
Southeast	Bob Jones	402-471-3742	bob.jones@nebraska.gov

Individuals who are hearing and/or speech impaired and have a TTY, may contact the Department through the Statewide Relay System by calling (711) INSTATE (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. Additional information is at the Nebraska Relay website <http://www.nebraskarelay.com/>. Nebraska Relay offers Spanish relay service for our Spanish-speaking customers. Spanish-to-Spanish (711) or 1-888-272-5528/ Spanish-to-English (711) or 1-877-564-3503. Nebraska le ofrece el servicio de relevo a nuestros clientes en español. Los consumidores de TTY pueden escribir por máquina en español y las conversaciones serán retransmitidas en español y inglés.

I. Eligibility

A. Eligible Applicants

Eligible applicants are:

Except as provided in *Section 1.03* of the Application Guidelines, Eligible Applicants include every Nebraska incorporated municipality (i.e. City or Village). No joint applications or County-wide applications are eligible within the CDBG OOR Cycle, but would be eligible to apply within the NAHTF Annual Cycle.

B. Eligible Activities

The following activities are eligible within the CDBG OOR Program. If any activity is not noted within the list below, please consult a Housing Program Representative in order to determine if any other proposed activities are eligible for the program.

- Rehabilitation (including rehabilitation which promotes energy efficiency) of residential owner-occupied homes.
- Special projects directed to the removal of material and architectural barriers, which restrict the mobility and accessibility of elderly and handicapped persons.
- Payment of reasonable administrative costs related to implementing the program.
- Activities eligible for assistance under these guidelines are authorized in *Section 105(a)* of the amended 1974 HCD Act for the CDBG Program.

II. Application Submittal Instructions

Please refer to Chapter 1 for the appropriate Cycle Timeline and corresponding due dates. The CDBG Owner Occupied Rehab (OOR) Cycle have specific due dates for the Optional Pre-Application. Upload scanned copy of the original signed hard copy of the Optional Pre-Application by the specified due date to:

<https://negov.sharefile.com/r-r32d8fe62d8b48499> and email a copy to the Application Coordinator at: ded.housing@nebraska.gov

In submitting your Optional Pre-Application, these instructions must be followed:

Upload scanned copy of the signed original (PDF, Microsoft Word, or Excel only) to <https://negov.sharefile.com/r-r32d8fe62d8b48499>; and

Be sure to print and keep a copy of the original, including necessary signatures for the Applicant file.

III. Pre- Application Part I. General Information Instructions

(For use within the Annual and CDBG Cycles only.)

Type all information except where signatures are required.

Box 1: Provide the requested information.

Box 2: Provide the requested information. Check the appropriate application preparer status box.

Box 3: Enter the **number of households** to be served by the proposed project at the **maximum** income for the total program or project. Add any additional details that describe the households being served as needed.

Box 4: Select the **primary Congressional District** (check only one box) where your project will *primarily* be located in for purposes of determining proper Congressional District allocation. Each applicant must designate a single Congressional District.

Box 5: Check the appropriate box(es) for the type of activity(ies) for which the application is made, including proposed activities to be funded with both NAHP funds and non-NAHP other funds.

Box 6: Check the appropriate box to indicate the applicant type under which funds are being requested.

Box 7: Indicate the area where the program will take place. Enter the municipalities (i.e. Village or City) that will primarily be served by the project and the counties where those primary municipalities will be located. Also, enter the appropriate Congressional and Legislative District(s) information.

Box 8: Indicate the amount of CDBG Funds requested.

Box 9: Type the name and title of the Certifying Official and date. **Sign in blue ink.** The Certifying Official for a unit of general local government is the chief elected official.

SUBMIT THE ORIGINAL PRE-APPLICATION TO:

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**2017 PRE-APPLICATION FOR THE CDBG
NEBRASKA AFFORDABLE HOUSING PROGRAM**
Nebraska Department of Economic Development (DED)
PART I. GENERAL INFORMATION

DED USE ONLY Date Stamp Below

DED USE ONLY Pre-Application Number 17-

TYPE OR PRINT ALL INFORMATION

<p>1. APPLICANT IDENTIFICATION</p> <p>Name: _____</p> <p>Contact: _____</p> <p>Address: _____</p> <p>City/State/Zip: _____</p> <p>Phone: _____</p> <p>Fax: _____</p> <p>Email: _____</p> <p>Tax ID: _____</p> <p>Duns #: _____</p>	<p>2. APPLICATION PREPARER INFORMATION</p> <p>Name: _____</p> <p>Address: _____</p> <p>City/State/Zip: _____</p> <p>Phone: _____</p> <p>Fax: _____</p> <p>Email: _____</p> <p>Application Preparer (check one)</p> <p><input type="checkbox"/> Local Staff <input type="checkbox"/> Out-of-State Consultant</p> <p><input type="checkbox"/> In-State Consultant <input type="checkbox"/> Non-Profit Organization</p> <p><input type="checkbox"/> Economic Development District</p> <p><input type="checkbox"/> Other _____</p>
<p>3. HOUSEHOLD BENEFICIARIES</p> <p># _____ at or below 80% of the Area Median Family Income</p> <p># _____ Total</p>	<p>4. DISTRICT INDICATOR-(Select only ONE)</p> <p><input type="checkbox"/> Congressional District 1</p> <p><input type="checkbox"/> Congressional District 2</p> <p><input type="checkbox"/> Congressional District 3</p>
<p>5. HOUSING ACTIVITIES</p> <p><input type="checkbox"/> Owner-Occupied Rehabilitation</p>	<p>7. SERVICE AREA</p> <p>Area to be served [each municipality and each county]. Please list:</p> <p>Nebraska Legislative District(s) _____</p> <p>Nebraska Congressional District(s) _____</p>
<p>6. TYPE OF APPLICANT</p> <p><input type="checkbox"/> Unit of Local Government</p>	<p>8. Grant Request Amount</p>

9. CERTIFYING OFFICIAL:

To the best of my knowledge and belief, data and information in this application is true and correct, including any commitment of local or other resources. The governing body of the applicant has duly authorized this application. This applicant will comply with all Federal and state requirements governing the use of NAHP funds.

Signature in blue ink: _____

Typed Name and Title: _____ Date Signed: _____

Address/City/State/Zip: _____

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