

**NOTE: This sample application is best used in conjunction with the "Application User Guide" that has step-by-step instructions and examples. See <https://opportunity.nebraska.gov/program/shovel-ready-grants/#resources>.**

## Opportunity Details

### Opportunity Information

Title

2021 Shovel-Ready Capital Recovery and Investment Act Application

Description

The purpose of the Shovel-Ready Capital Recovery and Investment Act is to partner with the private sector by providing grants to qualified nonprofit organizations to assist such organizations with capital projects that have been delayed due to COVID-19 and that will provide a positive economic impact in the State of Nebraska.

Fund Activity Category

Community Development

Opportunity Manager

Thomas Saltzman

Public Link

<https://ne.amplifund.com/Public/Opportunities/Details/35cf5307-a3b6-4a8e-938a-7d2025ac30df>

Is Published

Yes

### Award Information

Award Range

\$15,000,000.00 Ceiling

Matching Requirement

Yes

Cash Match Requirement

100.00 %

### Submission Information

Submission Window

07/01/2021 9:00 AM - 07/15/2021 5:00 PM

Submission Timeline Type

One Time

Allow Multiple Applications

No

### Question Submission Information

Question Submission Email Address

Thomas.Saltzman@nebraska.gov

### Eligibility Information

Additional Eligibility Information

A qualified nonprofit organization that is 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; or

(b) Operates a sports complex

AND

The qualified nonprofit organization must also have a capital project that was delayed due to COVID-19 and provides a positive economic impact in the state of Nebraska.

## **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

*Beginning of Application*

**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

### Shovel-Ready Application

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Primary Contact - Organization

Primary Contact - Title

Primary Contact - Phone Number

#### Applicant Information

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

Name of Applicant Organization

Applicant - Phone Number (0000000000)

Applicant - Extension

Applicant - Address Line 1

Applicant - Address Line 2

Applicant - City

Applicant - State

Select an item... ▾

Applicant - Postal Code

Employer Identification Number (EIN) (000000000)

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#### Applicant Eligibility Thresholds

Applicant is a tax-exempt organization under section 501(c)(3) of the Internal Revenue Code

Yes

No

UPLOAD: Provide a copy of the Applicant's IRS Determination Letter

Applicant is an organization:

Related to arts, culture, the humanities, or an organization formed for the purpose of developing or promoting the work of artists and the humanities.

That operates a sports complex.

That is not related to arts, culture, the humanities, or an organization formed for the purpose of developing or promoting the work of artists and the humanities AND does not operate a sports complex.

Please select your Activity Code or NTEE Core Code *\*Will answer only if you are an arts, culture, or humanities organization*

Select an item...

Please identify your Activity Code or NTEE Code and explain why you believe you qualify *\*Will answer only if you choose 'Other' on Activity Code or NTEE Core Code*

UPLOAD: a copy of organization's Articles of Incorporation or By-Laws which demonstrate the purpose of the organization.

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

- Yes
- No - I have my documentation (such as agreement, lease, etc.) demonstrating the organization's legal entitlement to possession and/or control of the property.
- No - I do not have my documentation (such as agreement, lease, etc.) demonstrating the organization's legal entitlement to possession and/or control of the property. I will email it to Thomas.Saltzman@nebraska.gov by 5 PM CT on July 15, 2021.

UPLOAD: Please provide a document such as agreement, lease, etc., demonstrating the organization's legal entitlement to possession and/or control of the property. *\*Will answer only if you chose "No - I have my documentation..."*

Applicant had a capital project delayed due to Covid-19

- Yes
- No

Private funding for the capital project:

- Has been secured.
- Will be secured through a written pledge or payment by December 31, 2021.

Will Applicant begin or resume construction on the capital project by June 30, 2022?

- Yes
- No

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### Project Information

Name of Facility or Project (Project Name)

Is your capital project located in Nebraska?

- Yes
- No

In which county or counties is your Shovel-Ready capital project located? (Hold down Ctrl (Windows) or cmd (Mac) button to select multiple items.) *\*Will answer only if you chose that your project is located in Nebraska.*

**Capital Project Description:** Provide a summary of the capital project. In the description of your Capital Project, please include:

- A description of the facility or facilities your organization plans to build, expand, or develop as part of the project;
- The location of the facility or facilities. If a street address is not currently available, provide a general description of the location;
- A description of how the facility or facilities will economically benefit your organization and the State of Nebraska;
- The project costs that grant funds will cover.

*Character limit: 1,850 (about 2 paragraphs)*

**Sample Capital Project Description:**

ABC is a non-profit dedicated to promoting the arts for children. On January 1, 2020, ABC launched a capital campaign to build a state of the art theater to promote the performing arts. The theater will be a 20,000 sq ft facility that will have a stage, orchestra pit, stadium seating, and classrooms. Currently ABC owns property on 123 Main Street, in Omaha, Nebraska, where the theater will be located. The theater is advantageous for several reasons. 1) It is a facility that can be used to host educational classes and seminars. 2) It will generate revenue through ticket sales and facility rentals. 3) It will help the State of Nebraska because it will generate tourism dollars. This grant will cover the cost of construction for the theatre.

Capital Project Description:

**Timeline and Delay Narrative**

**Provide a summary of the project timeline, including how/when it was delayed due to COVID-19.**

*Character limit: 1,850 (about 2 paragraphs)*

**Sample Timeline and Delay Narrative:**

As of March 20, 2020, ABC had raised 40% of the funds to complete the project. Fundraising slowed significantly due to Covid-19. ABC cancelled classes for the 2020 year and was not able to raise any revenue through classes. Additionally ABC was not able to host any planned fundraising events in person because of pandemic related restrictions. Those funders who had committed money also lowered their prior contribution amounts.

Timeline and Delay Narrative

Estimated cost of capital project

\$0.00

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

- 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 or more

In whole or in part, have matching funds been secured?

Yes

No

Amount of secured private funding from payments for the capital project  
\$0.00

Amount of secured private funding from pledges for the capital project  
\$0.00

Amount of unsecured private funding for the capital project  
\$0.00

**Instructions for Match Documentation:**

Please download and complete the Match Ledger from <https://opportunity.nebraska.gov/program/shovel-ready-grants/>. You will upload it in the field below.

UPLOAD: Match Ledger

Date Capital Project was delayed due to Covid-19.

Date Capital Project resumed OR is expected to begin or resume. (Must be before 06/30/2022)

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**Preparer Information**

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

Is the Preparer organization different from the Applicant organization?

- Yes
- No

Preparer Type *\*Will only answer if Preparer organization is different from Applicant*

- Out State Consultant
- In State Consultant
- Nonprofit Organization
- Economic Development District
- Other

Preparer Type: please specify... *\*Will only answer if "Other" is chose as Preparer Type*

**Applicant 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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### 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 *\*Will only answer if Recipient Grant Manager does NOT work at the Applicant organization*

### 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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### Terms of Acceptance

To the best of my knowledge and belief, data and information in this application is true and correct, including any commitment of funds from private sources. The applicant will comply with all requirements in the Shovel-Ready Capital Recovery and Investment Act and any applicable requirements of the American Rescue Plan Act. I understand that DED will consider applications in the order in which they are received and that DED may approve 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.

Please type First and Last Name

Electronic Signature

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

Date Signed

SAMPLE