NEBRASKA
Good Life. Great Opportunity.
DEPT. OF ECONOMIC DEVELOPMENT

2024 Nebraska Affordable Housing Trust Fund (NAHTF) Technical Assistance Application

Opportunity Details

Opportunity Information

Title

2024 Nebraska Affordable Housing Trust Fund (NAHTF) Technical Assistance Application

Description

Important Notice: Applicant Organization must use their own AmpliFund account to submit applications. Third Party Application Preparers must request to be added as a user to the Applicant's own AmpliFund account in order to submit an application under the Applicant's AmpliFund account. Please contact support@dednebraska.zendesk.com for assistance.

The Nebraska Affordable Housing Trust Fund (NAHTF) was established by the 1996 Nebraska Affordable Housing Act (Neb. Rev. Stat. §§58-701 through 58-711). The Act was adopted to address the state's affordable housing needs and called for a portion of the documentary stamp tax from Nebraska real estate transactions to be transferred to the NAHTF providing a resource to increase the supply and improve the quality of affordable housing in Nebraska and to encourage economic development and promote the general prosperity of all Nebraskans.

Awarding Agency Name

Nebraska Department of Economic Development

Fund Activity Categories

Housing

Category Explanation

NAHTF provides funding for housing projects and technical/capacity building assistance to stimulate development of safe, decent and affordable housing.

Opportunity Manager

Barb Pierce

Public Link

https://ne.amplifund.com/Public/Opportunities/Details/9028d481-b243-44c9-9228-768b5bbe50b7

Award Information

Other Funding Requirement

Submission Information

Submission Window

02/08/2024 5:00 AM - 05/09/2024 5:00 PM

Submission Timeline Additional Information

APPLICATION SUBMISSION DUE DATE IS THURSDAY, MAY 9, 2024, BY 5:00PM (CENTRAL TIME)

Pre-recorded Application Workshop:
A pre-recorded application workshop will be available for viewing. See Application Guidelines for details.

Open Office Hours: Check Application Guidelines for Timeline. Only Applicants and/or the Application Preparers with Pre-Applications submitted will be invited to attend.

Other Submission Requirements

No additional requirements for Technical Assistance Awards

Question Submission Information

Question Submission Additional Information

A Pre-Application must be completed in order to be eligible for the full application.

Housing Program Representative Regions:
Please contact your Housing Program Representative for questions.

To view the map of the Housing Representatives, visit https://opportunity.nebraska.gov/nahtf and click "Contact DED Regional Housing Staff".

Application Guidelines will give guidance on accessing resources and submitting questions regarding the Application or use of AmpliFund.

Eligibility Information

Eligibility Type

Public

Additional Eligibility Information

Who is eligible to apply?
1. Local and Governmental subdivisions
2. State and federally recognized local or regional Public Housing Authorities or Agencies
3. Community Action Agencies
4. Community-based, Neighborhood-based, or Reservation-based nonprofit 501(c)(3) or 501(c)(4) organizations

Applicants designated as 501(c)(3) or 501(c)(4) must upload their Federal Tax-exempt Letter of Determination to both the pre-application and full application. Applicants may be asked prior to award to submit their most recent Form 990 to verify they were an active tax-exempt organization at time of application submission. The Department uses Guidestar.org to verify non-profit active status and Form 990 submissions. Applicants are encouraged to keep their Form 990 submissions up to date so as not to risk losing their non-profit status.

Additional Information

Additional Information URL

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

Additional Information URL Description

For Assistance with the Grant Management System, AmpliFund, go to DED Grants Help Center:
https://dednebraska.zendesk.com/hc/en-us/articles/7931736146715-How-to-Request-Help

Resources:
General and Program specific user guides are found at https://opportunity.nebraska.gov/amplifund/

Weekly open office hours are provided by AmpliFund Support Team for AmpliFund specific questions. These are held every Thursday from 2:00-3:00PM (CT). See bottom of DED Grants Help Center page for Zoom Meeting Details.

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.

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

Form 01: Applicant, Preparer, and Local Contact Information

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APPLICATION SUBMISSION DUE DATE IS THURSDAY, MAY 9, 2024, BY 5:00 PM (CENTRAL TIME)

Applicant Information

The Applicant's Primary Contact Information was entered in previous section titled Project Information. The person identified must be on staff with the Applicant Organization and not a third party preparer. The Application Preparer will be identified below under the section titled "Preparer Information."

Applicant Organization

Fill in the legal name of organization below. If awarded, this is the organization that will enter a contract with DED.

Name of Applicant Organization

Federal Tax ID (000000000)

Applicant Type
- ○ Unit of Local Government
- ○ Public Housing Authority
- ○ Nonprofit 501(c)(3)
- ○ Nonprofit 501(c)(4)

UPLOAD: Letter from IRS for 501(c)(3) designation.

UPLOAD: Letter from IRS for 501(c)(4) designation.

Applicant - Phone Number (0000000000)

Applicant - Address Line 1

Applicant - Address Line 2

Applicant - City

Applicant - State
Select an item... ▼

Applicant - Postal Code

Authorizing Individual

Authorizer is the individual authorized to sign contracts and other legal documents on behalf of the Applicant Organization.

Authorizer - First Name

Authorizer - Last Name

Authorizer - Title

Authorizer - Email Address

_____

Preparer Information

If Applicant is not the Preparer Organization, double check to make sure the Primary Contact listed on the Project Information page lists a member of the *Applicant* staff and NOT the Preparer staff.

Preparers who are not on staff with the Applicant Organization should be using the Applicant's own AmpliFund account to submit this application.

Contact support@ne-amplifund.zendesk.com for assistance if unable to create or access Applicant's AmpliFund account.

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
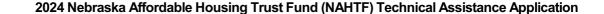
Application Preparer - Phone Number (0000000000)

Application Preparer - Extension

Application Preparer - Address Line 1

Application Preparer - Address Line 2

Application Preparer - City

Application Preparer - State
Select an item... ▼

Application Preparer - Postal Code

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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. This can be the same individual listed as Primary Contact on the Project Information page.

NOTE: This should not be the third party preparer.

Local Contact - First Name

Local Contact - Last Name

Local Contact - Title

Local Contact - Email Address

Local Contact - Phone Number (0000000000)

Local Contact - Extension

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Multiple Applications

NOTE: If applying for multiple projects, Applicant will need to submit one application for each project.

Will Applicant be applying for more than one project?
○ Yes
○ No

_____

Pre-Application

Enter the date that Pre-Application was submitted for this project.

DED Eligibility Milestones

NOTE: At time of pre-application, an Applicant with open awards that did not meet milestones was required to submit a detailed plan for how they will achieve milestone compliance in advance of the full application deadline.

During Pre-Application, did Applicant identify any current awards that did not meet required milestones?

○ Yes
○ No

Will the award(s) be compliant with the required milestones, by May 9, 2024?

○ Yes
○ No

Applicant is not eligible to submit 2024 NAHTF application.

_____

District Indicator

Choose the Congressional District where the applicant organization is located.

○ Congressional District 1
○ Congressional District 2
○ Congressional District 3

Follow this link to Congressional District Map:

https://nebraskalegislature.gov/about/congress_map.php

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Project Service Area

Instructions for Selecting Project Service Area

Instructions for Selecting Project Service Area

Complete ONLY ONE of the project service area boxes below; EITHER the County or the Community box. DO NOT FILL IN BOTH. [The only exception is if there are communities being served by the project that will be located outside the counties that have already been selected.]

Important - Contact a Housing Program Representative if you have questions regarding Project Service Area.

Hint: Typically a Technical Assistance Project will benefit all communities within the counties of their organization's service area.

If project does not plan to serve every community in a county, do NOT fill in the _County Selection box_, but instead skip the County Selection box and proceed to the Community Selection box.

If project will serve all communities in an entire county or multiple counties, select all counties project will serve in the County Selection box below.

NOTE: If selecting a county, Applicant is indicating that the program will serve ANY community within that county.

Select all applicable Counties. (Hold down the ctrl (Windows) or cmd (Mac) button to select multiple items).

If project will serve only a select community or several communities, but not all communities within a county, select only the communities to be served by this project in the community Selection box below.

DED may use its discretion when determining the service location to be served if awarded.

Select all applicable Communities. (Hold down the ctrl (Windows) or cmd (Mac) button to select multiple items).

Housing Region Selection

Instructions for Finding Region: To find the project's housing region, view the map of the Housing Representatives here:

https://opportunity.nebraska.gov/nahtf and click "Contact DED Housing".

Using the map, identify which region the Project is in and select region below. If it covers multiple regions, consult with member of Housing Team to identify applicable region.

Select your Project's Housing Region.
- ○ Western Region
- ○ Central Region
- ○ Northeast Region
- ○ Southeast Region
- ○ Metro Douglas/Sarpy Region

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NAHTF Program Legislation First Priorities

See Application Guidelines for Nebraska Revised Statutes pertaining to the following officially designated zones.

Application Guidelines can be found here:

https://opportunity.nebraska.gov/nahtf

Does your organization serve any areas with these official designations? (Select all that apply)
- ☐ Enterprise Zone
- ☐ Opportunity Zone
- ☐ Extremely Blighted Area
- ☐ Project will not serve any areas with the above official designations.

Disaster Recovery

Disaster Recovery projects are designed as a long-term recovery effort from a natural disaster. The project design needs to be central to Disaster Recovery. The project must be designed to benefit those located in a declared county to qualify. Disaster Recovery 4420-DR counties are designated by the following map link: https://www.fema.gov/disaster/4420

Is the proposed project designed for Disaster Recovery 4420-DR?

○ Yes
○ No

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Instructions for Applicant Specific Uploads

Applicants may use optional upload fields located at the end of Form 02 in the application. Use these Applicant Specific Upload opportunities for adding graphs, charts, surveys, public meeting information, etc. that have been cited within the application and useful for providing clarifying information that leads to a greater understanding of the project. These are NOT required uploads.

Form 02: Technical Assistance Application

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Project Activities

Select below any of the eligible activities that applicant is requesting NAHTF funding for. Applicants should review Section 10 of the 2024 Application Guidelines before selecting activities below.

Technical Assistance Program Activities (Select all that apply)
- ☐ Salary support for a new hire filling a newly created position
- ☐ New Office Equipment, Software and Office Improvements
- ☐ Strategic Planning
- ☐ Housing Study Funding
- ☐ Staff Training/Education specific to Housing Development
- ☐ Other: Applicants may propose a capacity building activity not listed above that can be demonstrated to increase an organization's capacity to create affordable housing.

If choosing "Other" above, give brief description in box below. Applicant should review their project plan with a housing program representative prior to submitting an application to be sure it fits eligibility for a Technical Assistance award.

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Project Design

Project Description Summary

Reminder: If you would like to include graphs, pictures, or other data that will lead to greater understanding of this project, use the Applicant Specific Upload space at the bottom of this section. Be sure to cite within your answer the upload name and page number, if applicable, of any additional uploads being used as support.

Provide a description of the project below. See Section 10 of the Application Guidelines for specific items to address when completing the Project Description Summary. There are no character limits.

Organization Description Summary

Provide a description of Applicant organization and include why organization has a need for NAHTF as a resource to achieve the activity or activities selected above. See Section 10 of the Application Guidelines for items to address when completing the Organization Description Summary.

Performance Plan

Instructions:

The Performance Plan consists of goals the project will achieve with NAHTF funding if awarded. Each Performance Plan Goal should align with a Project Activity selected above and demonstrate how the funds will be used if awarded. Goals should be specific, measurable, and associated with corresponding costs.

If awarded, the Awardee and the Housing Program Representative will review the goals together. DED may choose to award some goals and not others and may need to suggest additional goals for attaining the

objectives.

Performance Plan Goals will be included in the DED contract as Appendix A.

Space is provided for seven goals. Applicant may complete as many as needed to address the project activities selected above. Keep goals concise, measurable and aligned with an activity requesting NAHTF funding.

See Application Guidelines for additional guidance.

First Technical Assistance Goal

1. TA Goal Name

1. Estimated Cost
   $0.00

1. Description of activity and all funding sources for this goal.

1. Describe Typical Expenses Related to this Goal, i.e., staff time, supplies, consultant, travel expense, etc.

Second Technical Assistance Goal

2. TA Goal Name

2. Estimated Cost
   $0.00

2. Description of activity and all funding sources for this goal.

2. Describe Typical Expenses Related to this Goal, i.e., staff time, supplies, consultant, travel expense, etc.

Third Technical Assistance Goal

3. TA Goal Name

3. Estimated Cost
   $0.00

3. Description of activity and all funding sources for this goal.

3. Describe Typical Expenses Related to this Goal, i.e., staff time, supplies, consultant, travel expense, etc.

Fourth Technical Assistance Goal

4. TA Goal Name

4. Estimated Cost
   $0.00

4. Description of activity and all funding sources for this goal.

4. Describe Typical Expenses Related to this Goal, i.e., staff time, supplies, consultant, travel expense, etc.

Fifth Technical Assistance Goal

5. TA Goal Name

5. Estimated Cost
$0.00

5. Description of activity and all funding sources for this goal.

5. Describe Typical Expenses Related to this Goal, i.e., staff time, supplies, consultant, travel expense, etc.

Sixth Technical Assistance Goal

6. TA Goal Name

6. Estimated Cost
$0.00

6. Description of activity and all funding sources for this goal.

6. Describe Typical Expenses Related to this Goal, i.e., staff time, supplies, consultant, travel expense, etc.

Seventh Technical Assistance Goal

7. TA Goal Name

7. Estimated Cost
$0.00

7. Description of activity and all funding sources for this goal.

7. Describe Typical Expenses Related to this Goal, i.e., staff time, supplies, consultant, travel expense, etc.

Total Project Cost funded by all sources.
$0.00

Applicant Specific Uploads for Project Design Section (Optional)

UPLOAD: Project Design Attachment 1

UPLOAD: Project Design Attachment 2

Impact, Sustainability, and Collaboration

Complete the below short answer questions:

Describe how successful completion of this project will assist organization in having a greater impact on creating new housing units and/or improving existing housing stock in the future.

Explain ways in which the Nonprofit interacts with the area it serves, level of support received from the community and how this impacts the Nonprofit's sustainability.

Does this project create a new long-term financial need, i.e., new salary, rent, etc., to be budgeted for in the future? If so, explain how the new financial need will be sustained in the future.

Will Applicant need to re-apply for additional NAHTF Nonprofit Technical Assistance funds to continue these project goals in future cycles?

○ Yes
○ No

If yes, provide an explanation.

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Applicant Specific Uploads for Sustainability and Collaboration Section (Optional)

UPLOAD: Impact, Sustainability and Collaboration Attachment 1

UPLOAD: Sustainability and Collaboration Attachment 2

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Financial Management

Provide brief description of the organization's policies and processes for internal controls and financial management.

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Match and Leverage

Non-profit Technical Assistance application does not require a commitment of match or leverage. Matching funds and Leverage are not scoring criteria, but both may be taken into consideration as one factor out of many considered during review of the application.

Leverage

- **Leveraged funds are other funding sources that are not part of a match commitment but are used to finance the project during the contract period. They are not included in the contract budget and are not submitted in payment requests.**

Enter Total amount of Leverage, if any (Other financial resources not including match used to complete above goals.)
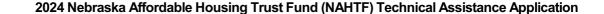
0

Briefly describe the leverage funding source below, if any.

Match

- **Match is considered unrestricted cash available upon award. The cash may not be a loan or repaid to**

- applicant or another organization and must remain in the project for the duration of the contract period.
- Only project related costs incurred by the Applicant are eligible as cash match.
- All cash match must be expended by the DED recipient during the contract period and must be expended either up front or in proportion to the amount of NAHTF-funded costs drawn in the DED contract budget.
- Organizations providing cash match will be required to show the cash match on payment requests including support documentation and proof of payment.

Instructions for Uploads

Found below are areas for uploading the following documents, if applicable.

   Match Documentation Form

- **Go to NAHTF website at https://opportunity.nebraska.gov/programs/housing/nahtf/.**
- **At Application Guidelines, download the Match Documentation Form.**
    - **Put onto Applicant's letterhead.**
    - **Have signed by Authorizing Individual.**
    - **Upload the completed and signed document.**

Match Documentation, if applicable

UPLOAD: Match Documentation Form

Financial Documentation

Upload required financial documentation below.

If financials are not board certified in time for application submission, the Application Preparer is certifying by uploading that the Authorized Individual named earlier in this application has reviewed the "unapproved" uploaded financial documents and has approved their submission for use in this application.

UPLOAD: Most Recent Balance Sheet (Board Approved or Approved by Authorized Individual)

UPLOAD: Income and Expense Statement (Recent Fiscal Year and Board Approved or Approved by Authorized Individual)

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Applicant Specific Uploads for Financial Management Section (Optional)

UPLOAD: Financial Management Attachment 1

UPLOAD: Financial Management Attachment 2

Part 03: Terms of Acceptance

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Electronic Signature

Note: The Department recognizes that figures given in this application are provided in good faith and may be subject to change due to various influences by the time the Department awards are announced. If the project is awarded, the Department and the NAHTF recipient will review and finalize the project budget together. A limited amount of revisions will be considered by the Department during the contract review phase. NAHTF funds are limited and DED does not anticipate any additional NAHTF funds invested in the project other than what is outlined in the Notice of Award letter.

Is the Application Preparer the Authorizing Individual?

○ Yes
○ No

If answer is no, Application Preparer is attesting below they have authority to submit on behalf of the Applicant.

BEFORE YOU SIGN AND CLICK SUBMIT

Did you download the application?

○ Yes
○ No

If a Third Party Preparer is submitting on behalf of the Applicant, has the Applicant reviewed the application prior to this submission?

○ Applicant has reviewed prior to submission.
○ The Applicant has not reviewed, however, I have been authorized to submit without review and Applicant understands they will be fully responsible for the application and will be the entity responsible for compliance if awarded.

_____

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 match resources. The governing body of the Applicant has duly authorized this application. This Applicant will comply with all State requirements governing the use of NAHTF funds. 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 of Application Preparer

Electronic Signature
○ 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
1. Technical Assistance			
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

1. Technical Assistance

Technical Assistance Projects. (TA only) Technical Assistance funds are resources used for Nonprofit Technical Assistance applications. Maximum allowed is $50,000. Name*: Enter Category Name. Enter the total amount in the "Direct Cost" field. If this Line Item has Match, change "Non-Grant Funded" to "Yes". Enter in your Match Dollar Amount or Match Percentage. After saving your line item, verify that the "Grant Funded", "Non-Grant Funded" and "Total Budgeted" columns are correct. Do not enter Ineligible Project Costs in this category. See NAHTF Application Guidelines for more information.