Opportunity Details

Opportunity Information

Title

2024 Nebraska Affordable Housing Trust Fund (NAHTF) Technical Assistance Pre-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/3632b5f4-e539-46a6-bcd0-f4f139f4ec55

Award Information

Other Funding Requirement

Submission Information

Submission Window

02/08/2024 5:00 AM - 03/07/2024 5:00 PM

Submission Timeline Additional Information

Pre-recorded Application Workshop:
Check 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

Part 01: Applicant, Preparer, and Local Contact Information

_____

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@dednebraska.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

_____

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

_____

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

_____

DED Housing Award Eligibility Milestones

Applicants with current DED Housing awards through NAHTF must meet the milestones outlined in the table below by due date of the pre-application (March 7, 2024). For any awards that will not meet required milestones by March 7, 2024, the Applicant must provide a detailed plan (uploaded below) outlining how the housing award will be compliant with the required milestone by the date of the full application May 9, 2024.

2020 and earlier	100% of funds drawn
2021	75% of funds drawn

| 2022 | 30% of funds drawn |
| 2023 | Must have received Notice of Release of Funds by May 9, 2024 |

Does Applicant have an open DED Housing Award through the NAHTF program? Include any awards that have not received Certificate of Completion.

○ Yes
○ No

Complete the open grants table if applicable.

Please complete Applicant's Open Grants table.

EXAMPLE:

Grant Number	Funds Awarded	Funds Drawn	% of Funds Drawn	Meets Required Milestone
17TFHO11111	$255,000	$248,000	97%	Yes
19TFRH55555	$475,000	$109,250	23%	No

Open Grants: Include the requested information in table below and identify if award meets milestone.

Grant Number	Funds Awarded	Funds Drawn	% of Funds Drawn	Meets Required Milestone

I have completed the table immediately above.

○ The table is filled out to the best of my knowledge and ability.
○ The table has been left blank because I do not have applicable information to fill it out.

For any awards that will not meet required milestones by March 7, 2024, the Applicant must provide a detailed plan outlining how the housing award will be compliant with the required milestone by the date of the full application, May 9, 2024.

Did Applicant identify any awards not meeting the required milestones?

○ Yes
○ No

Instructions

If multiple awards were identified, submit one PDF that includes a specific plan for each award.

UPLOAD: DED Housing Milestone Plan

_____

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

_____

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 an entire county, select the specific communities to be served by this project.

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

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

_____

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 housing projects are designed as a long-term recovery effort from a natural disaster. The project design, beneficiaries, and narratives need to be central to Disaster Recovery. The project must be 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

Part 02: Technical Assistance Pre-Application

_____

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.

_____

Project Design

Provide a summary of the technical assistance project below.

At the time of full Technical Assistance Application, Applicant will fill out a Performance Plan by providing measurable goals and the costs associated with them. The goals should demonstrate how the objectives listed in the summary will be achieved if awarded.

Applicant may also choose to include goals in the summary below. If included, the goals will be reviewed by a Regional Program Representative for purposes of providing technical assistance prior to full application submission.

Technical assistance Narrative

Describe all funding sources to be used for the project including the NAHTF request.

_____

Match and Leverage

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

- Match is considered cash available at the time of award. The cash may not be a loan or repaid to another organization.
- All cash match must be expended by the DED recipient during the contract period and must be

expended 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.**
- **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.**

Check all that apply:
- ☐ Cash Match is being committed.
- ☐ Leverage Sources are being committed.
- ☐ NAHTF award will be the only financial source for this project.

Part 03: Terms of Acceptance

_____

Electronic Signature

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 pre-application?
○ Yes
○ No

_____

Terms of Acceptance

To the best of my knowledge and belief, data and information in this pre-application are true and correct. The Applicant will comply with all requirements in the Nebraska Affordable Housing Trust Fund. By signing and submitting this form I affirm that I have been authorized to submit the pre-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