

Nebraska Investment Finance Authority

Application for Outreach Partnership Program

Date of Application: _____

1. APPLICANT INFORMATION

Applicant Name: _____

Mailing Address: _____

City, State, Zip: _____

Person to Contact about this Application: _____

Phone: _____ Email: _____

2. APPLICANT CLASSIFICATION: (check one – please refer to the Outreach Partnership Program Guidelines for eligible applicants)

☐ Nonprofit 501(c)(3) entity

☐ Local Housing Authority

☐ Other: Please explain: _____

3. AREA OF PARTNERSHIP ACTIVITY:

☐ City

☐ County

☐ Region

List area(s) of service: _____

4. POSITION/STAFF EMPLOYMENT: (This position will be)

☐ New

☐ Existing position with additional duties

5. MATCHING FUNDS: (The Partner shall provide equal matching funds from sources acceptable to NIFA throughout the term of the funding agreement.)

Source of matching funds: _____

Source of matching funds: _____

Source of matching funds: _____

6. ATTACH A WORD DOCUMENT AND ADDRESS THE FOLLOWING

- a) Describe the need for the NIFA Outreach Partnership
- b) Describe the expected outcome of the NIFA Outreach Partnership
- c) Describe how the NIFA Outreach Partnership will assist the partner in accomplishing items detailed in this application
- d) Describe the Key Performance Indicators (KPIs) with which you will measure progress with the NIFA Outreach Partnership within your community/organization (i.e. community impact), as well as how often you plan to measure or assess progress

ADDITIONAL DOCUMENTATION TO SUBMIT WITH APPLICATION

- a) A copy of the Applicant's Non-profit/501(c)(3) status – in good standing
- b) A copy of the Applicant's most recent tax returns
- c) A copy of the Applicant's most recent annual operating budget
- d) A copy of the Applicant's Strategic Plan
- e) Evidence of experience of the Applicant's work in community and/or housing development.
- f) A list of the Applicant's Board of Directors and all paid staff stating their position and title
- g) Documentation of Board of Director liability insurance in an amount acceptable to NIFA (minimum of \$1,000,000)
- h) Documentation of the match contribution(s) and source(s) thereof
- i) Non-refundable program application fee of \$300 (fee can be paid by check or contact NIFA for electronic payment instructions)

INSTRUCTIONS AND CERTIFICATION:

The undersigned Applicant hereby makes application to the Nebraska Investment Finance Authority for an Outreach Partnership in the amount set forth above.

To be considered for an Outreach Partnership, one copy of the Application (hard copy or e-mail in .pdf file) must be submitted at the address and to the person indicated below no later than 5:00 p.m. on the published due date set forth on NIFA's website (www.nifa.org). The Application package must have all original signatures. The Application must be filled out completely with all questions answered and spaces completed (Sections #1-6) and all required exhibits labeled and attached.

Applications should be submitted to:

Nebraska Investment Finance Authority
ATTN: Outreach Partnership Program
200 Commerce Court
1230 O Street
Lincoln, NE 68508

OR submitted electronically to:

outreach@nifa.org

The undersigned hereby certifies that the information set forth in this Application and in any exhibits in support thereof, is true, correct and complete. The undersigned understands that any misrepresentation may result in the cancellation of any resources allocated or reserved. The undersigned also agrees that NIFA may request additional information to evaluate this Application.

Applicant Signature

Title

Date