



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 (select one)

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 DESCRIBING THE FOLLOWING

- a) Community entities you are working with to accomplish housing goals
- b) Population you will serve with this partnership
- c) Expected outcome of the NIFA Outreach Partnership
- d) Evidence of need for service area
- e) How the partnership with NIFA will assist you in your goals/outcomes
- f) 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) Non-profit/501(c)(3) status – in good standing
- b) Most recent tax return
- c) Most recent annual operating budget
- d) 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) Board of Director’s liability insurance in an amount acceptable to NIFA (minimum of \$1,000,000)

- h) Documentation of match contribution(s)
- i) Non-refundable program application fee of \$300 (contact NIFA for payment instructions)

SUBMISSION AND CERTIFICATION:

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

To be considered for an Outreach Partnership, one copy of the Application must be submitted to outreach@nifa.org no later than 5:00 p.m. on the published due date set forth on NIFA's website (www.nifa.org). The signed Application package must be filled out completely with all questions answered and spaces completed (Sections #1-6) and all required exhibits labeled and attached.

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