

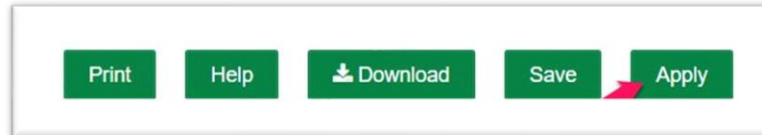
Application Guide

Nebraska Department of Health and Human Services

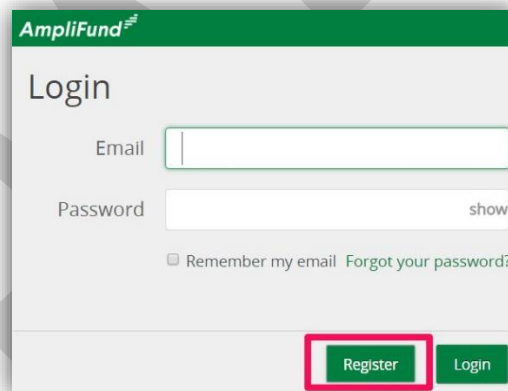
How to Create an Account in the Applicant Portal

The first time you access an opportunity through the Applicant Portal, you will be prompted to create a login and password.

1. Locate and click on the **Apply** button in the top right-hand corner



2. You will be brought to a page that asks you to either **Register** or **Log In**
 - a. If you do not already have an AmpliFund username and password, click **Register**
 - b. If you have already started an application or have an existing AmpliFund username and password, click **Log In**

A screenshot of the AmpliFund login page. The page has a green header with the AmpliFund logo. Below the header, the title 'Login' is displayed. There are two input fields: 'Email' and 'Password'. The 'Password' field has a 'show' link to its right. Below the input fields, there is a checkbox labeled 'Remember my email' and a link 'Forgot your password?'. At the bottom right, there are two buttons: 'Register' (highlighted with a red box) and 'Login'.

3. Upon clicking **Register**, you will be brought to a Registration page, with three basic sections allowing you to input your email, password, and basic contact and organization information
4. In the User Information section, please enter your **Email Address**, and create a **Password**. Once you enter a Password you will have to type it again to confirm

Create New Account

If you have already registered, please click [here](#) to login.

User Information

Email Address*

Role Administrator

Password*

Confirm Password*

5. In the Contact Information section, only the **First Name** and **Last Name** fields are required, however feel free to include as much information as desired.

Contact Information

First Name*

Middle Name

Last Name*

Suffix

Title

Address Line 1

Address Line 2

City

State/Province

Postal Code

Phone Number

6. In the Organization Information section, please complete any required fields pertaining to your organization or the organization you are applying on behalf of

Organization Information

Same as above

Organization Name*

Organization Type*

Email Address*

Website

Address Line 1*

Address Line 2

City*

State/Province*

Postal Code*

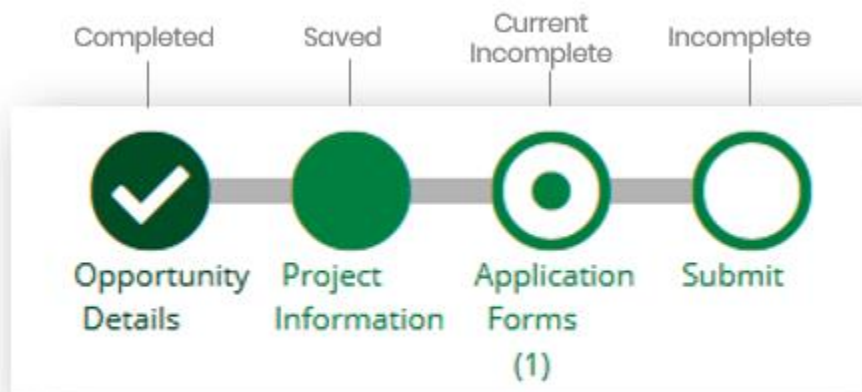
Phone Number

7. Once all required fields are completed in all three sections, please click the green Register button to proceed to apply!

Register

Note: If you chose **Register**, you will be brought back to the Nebraska Department of Health and Human Services program page upon completing registration. Once again, click the Apply button to begin the application

The application progress is displayed at the top of every page. You can also navigate to any page in the application by clicking the icon above the page's name in the progress bar. If a page is required for submission, an asterisk will appear next to the page name in the progress bar.



Completing the Project Information Section

Nebraska Department of Health and Human Services



Application Information section

1. Enter a name for your application in the **Application Name** field. The Application Name can be the name of your proposed program and/or the name of the organization you are applying with
2. Enter an amount in the **Total Amount of Award Requested** field.
 - a. *Note: Award Amount entered here will not be indicative of final award. That will be determined by the Nebraska Department of Health and Human Services.*

Application Information

Application Name*	<input type="text"/>
Total Amount of Award Requested*	<input type="text" value="\$0.00"/>

Primary Contact section

The fields in the Primary Contact section will auto-fill with the details provided from when you registered. If you are completing this application on behalf of an organization or if the Primary Contact person is someone other than yourself, populate the correct Name and details in the required fields.

*Fields marked with an asterisk are required

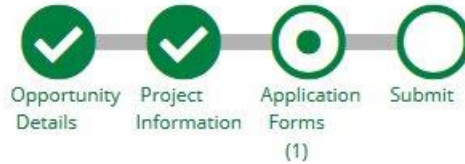
1. Enter the first and last name of the Primary Contact person in the **Name** field
2. Enter the email address of the Primary Contact person in the **Email Address** field
3. Enter the number and street name in the **Address Line 1** field
4. Populate the **City, State/Province** and **Postal Code** fields accordingly
5. Once all required fields are populated, please click **Mark as Complete**

Note: In order to successfully submit an application, all sections must be marked as Complete

6. To move on to the next section of the application, click **Save and Continue**

Completing the Application Forms Section

Nebraska Department of Health and Human Services



The Application Forms section contains one (1) form:

Forms

Help
Download
Save & Continue

Name	Status	Print
Application For 2020 Community CARES Stabilization Grant	New	

◀ 1 ▶
25 items per page

1 - 1 of 1 items

Save & Continue

Note: Screenshots are samples. The form name will be representative of the application that you are submitting.


- Click on the form and complete the application per the instructions, and then **Mark as Complete** when finished
- If you have partially completed an application form and wish to save changes and return later, please click the **Save** button on the bottom of the form you are working on

The **'Status'** column indicates the progress of each application form


- **New:** Application Form has not yet been clicked on. All forms will appear as 'New' the first time you access the application
- **In Progress:** Application Form has been partially completed, and Saved
- **Complete:** All required fields have been entered on an Application Form, and the form has been Marked as Complete


The Application Form must be “*Marked as Complete*” in order to successfully submit an application

Eligible to Submit Application:

Forms 

[Help](#) [Download](#) [Save & Continue](#)

Name	Status	Print
Application For 2020 Community CARES Stabilization Grant	Complete	


 25 items per page 1 - 1 of 1 items


[Save & Continue](#)

Not Eligible to Submit Application:

Forms

[Help](#) [Download](#) [Save & Continue](#)

Name	Status	Print
Application For 2020 Community CARES Stabilization Grant	In Progress	

 25 items per page 1 - 1 of 1 items

[Save & Continue](#)

Submitting your Application

Nebraska Department of Health and Human Services



When you are ready to submit your application, click on the Submit button at the top of the page

From the Submit page, you will be able to:

- Download and Review your completed application before or after submission

- Jump to any of the application sections to review your answers by utilizing the timeline at the top of the page
- Submit your application

How to Download and Review your Application

- Click the green **Review** button to download a PDF of your completed application

How to Submit Application

- In order to Submit your application to the Nebraska Department of Health and Human Services, all sections and application forms must be **Marked as Complete**.
- You can verify that all sections and application forms have been Marked as Complete by referencing the timeline at the top of page and ensuring there is a check in each section
- When all sections have been Marked as Complete, submit your application by clicking on the green **Submit** button

NOTE: ONCE AN APPLICATION HAS BEEN SUBMITTED, NO CHANGES CAN BE MADE TO ANY PART OF THE APPLICATION OR THE APPLICATION FORMS

Successful Submission

- Once you have successfully submitted your application, a success message will appear on your screen and you will receive an email notifying you of the date and time of your submission
- Once the application has been submitted, no changes can be made to the application, but it can be accessed and viewed at any time by logging back into the Applicant Portal at <https://ne-pub.amplifund.com>

Success!

You have submitted your application.

Download your completed application by selecting the "Application" button below.

To return to the main screen with all of your applications, select the "Exit" button.

