FORM 1: APPLICATION COVER PAGE

Instructions: This form must be signed and returned, along with the application materials, before the Application Due Date, to the POC or designated email address, as applicable.

RFA #	RELEASE DATE
7571	September 14, 2026
APPLICATION DUE DATE	**POINT OF CONTACT**
October 26, 2026	DHHS.DDCouncil@nebraska.gov

CERTIFICATION AND GUARANTEE OF COMPLIANCE

By signing this Application Cover Sheet, the Applicant guarantees compliance with the provisions stated in this Request for Application and certifies that all information contained in this Application is accurate. This Application is submitted pursuant to the terms of the RFA, and if the Applicant is awarded funding, it will be incorporated into the Subaward between the parties. I understand that if anything in this Application conflicts with the RFA or with the subsequent Subaward, the Subaward and RFA shall govern as set forth in the Subaward.

Application Requirements The following information **must** be included in the application in order for it to be considered for review:

- The target population - individuals with developmental disabilities
- Must address one of the four goals in the Council's 2022-2026 5-year State Plan of the applicant's choice
- Applicants who have been disbarred by the US Federal government are not eligible to receive funding under this RFA

ORGANIZATION LEGAL NAME*: _____

ORGANIZATION DBA NAME (IF APPLICABLE): _____

ORGANIZATION UEI NUMBER: _____ ORGANIZATION EIN NUMBER: _____

ORGANIZATION TYPE: ☐ Non-Profit Organization ☐ Institution of Higher Learning
☐ For- Profit Organization ☐ State, Local, or Tribal Government
☐ Other: _____

COMPLETE ADDRESS: _____

CONGRESSIONAL DISTRICT: _____

TELEPHONE NUMBER: _____ EMAIL ADDRESS: _____

_____ I CERTIFY THAT THIS ORGANIZATION IS AN "ELIGIBLE ORGANIZATION" AS DEFINED BY THIS RFA

_____ I CERTIFY THAT THIS ORGANIZATION IS NOT PRESENTLY DEBARRED OR SUSPENDED.

SIGNATURE: _____

TYPED NAME & TITLE OF SIGNER: _____

**Name must match UEI Number*