

**City of York**  
**Economic Development Block Grant**  
**Economic Development Loan Funds for Business Assistance**

**Fund Overview:** The City of York, Nebraska, under the direction of the City Council will consider applications for assistance to businesses owners to retain jobs which will benefit lower income persons (51% of the jobs being retained must be held by, or be available to, LMI\* persons). These funds are derived from a federal grant so the city must comply with meeting HUD's National Objectives for CDBG Economic Development Revolving Loan Funds (CDBG ED RLF) activities and ensure compliance of all CDBG ED RLF federal rules and regulations including but not limited to public hearings, environmental reviews, and Davis-Bacon wage requirements. The application is attached as Attachment #1.

\*Note: LMI is an acronym for low-to-moderate income and is defined as persons/families whose Gross Annual Income is less than 80% of the Median Household Income by family size and county of residence as determined by the Department of Housing and Urban Development (HUD). Income limits are included in the Employee Certification Form described below. Jobs that are "retained" (and not lost due to CDBG assistance) are considered held by a LMI person if at the time of assistance, the family (household) income falls at or below the program's income limits.

Federal guidelines allow for \$35,000 of assistance for every job created or retained. However, in order for the city to assist as many businesses as possible, the city will prioritize and review applications requesting working capital to cover monthly payroll, bills, and expenses for **three (3) months** during this National Emergency. The maximum grant amount will be \$20,000. Applications will be compared to the business's financial statements to ensure the requests are appropriate to each business owners' situation. \$210,000 of funds from the City of York's CDBG Economic Development Reuse Fund will be conditionally granted by the city to for-profit businesses.

**Job Retention Documentation:** There must be clear and objective evidence that permanent jobs\* will be lost without CDBG assistance. Projects for retained employees (documented as the national objective) are required to submit the following documents which is considered "clear and objective evidence" with the your application:

1. Evidence that the business has issued a notice to affected employees or made a public announcement to that effect; OR,
2. Analysis of relevant financial records which clearly and convincingly shows that the business is likely to have to cut back employment in the near future without the planned intervention.
3. Most recent certified payroll records to establish a baseline of existing employees.
4. Completed income surveys from retained employees (Employee Certification Form, Attachment #2). Additional forms form employees living outside of York County will be provided upon request.
5. At least 51% of the positions being retained are held by an LMI individual.

\*Note: Jobs will be considered to be available to LMI person if special skills that can only be acquired with substantial training or work experience beyond high school are not a prerequisite to fill the jobs and LMI person are given first consideration for such jobs. If jobs are not currently held by LMI individuals but are jobs that are likely to turnover within two years and be offered to LMI persons. This

"available to" standard is a less satisfactory choice, and compliance with the "available to" standard requires compliance with fairly rigorous regulatory standards.

**Jobs That Can Be Counted:** Full-time (40 hrs. per week) will count as 1 full-time equivalent (FTE). Part-time jobs will be converted to FTEs (hrs. per week/40), and only permanent jobs count (temporary positions may not be included). Seasonal jobs are considered permanent only if the season is long enough for the job to be considered the employee's permanent occupation. All jobs retained by the activity must be counted.

**Explanation of Retained Jobs:** The applicant will provide a letter that includes the following details about the jobs being retained (Attachment #3):

- A written commitment by the business to meet the standard for retained jobs involving the employment of low- and moderate-income persons.
- A listing by job title, race, ethnicity, gender and handicapped status of the employees at the time the assistance is provided.
- Identify each such job by type and whether the job will be full- or part-time. Part-time jobs must be defined in full-time equivalency status (noting hours etc.), i.e. 20 hrs. per week.
- Identify job titles and job types following the EDA (Economic Development Administration) job descriptions included in the Attachment #2, and include job prerequisites (which includes, for semi-skilled jobs, any special education or experience required).
- Attach all completed Employee Certification Forms to the letter.

**Documentation Required at Time of Application:**

**1. Job Retention Letter with Employee Certification Forms and Certified Payrolls**

**2. SAM Registration ([sam.gov](http://sam.gov))** (Attachment #4). The System for Award Management, or SAM, is a government-wide portal that is consolidating the capabilities of multiple systems and information sources used by the Federal government in conducting the acquisition and financial assistance (which includes grants and cooperative agreements) processes. An active registration is required prior to an application being considered.

**3. Certificate of Good Standing**

**4. Past Two Years Tax Returns**

**5. 2019 & 2020 (YTD) Balance Sheet and Profit and Loss Statements**

**6. Project Description:** 2-3 paragraphs explaining your business history, current situation, and how these funds will assist in the retention of employees.

**Future Reporting Requirements:**

1. After the three (3) month period, recipients will submit an updated certified payroll report to track if the position is still held by an LMI individual. If it is no longer held by an LMI individual, provide documentation that the position is expected to be filled by or made available to, LMI persons.

**ATTACHMENT #1  
YORK, NEBRASKA  
CDBG ECONOMIC DEVELOPMENT RE-USE PLAN AND PROGRAM  
APPLICATION FOR FINANCING ASSISTANCE**

APPLICANT NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street City State Zip

TELEPHONE: (\_\_\_\_) \_\_\_\_-\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_-\_\_\_\_

CONTACT PERSON (If different than applicant): \_\_\_\_\_

TELEPHONE: (\_\_\_\_) \_\_\_\_-\_\_\_\_ E-MAIL: \_\_\_\_\_

\*\*\*\*\*

**BUSINESS TYPE:** \_\_CORPORATION \_\_PARTNERSHIP \_\_SOLE PROPRIETORSHIP  
IF CORPORATION OR PARTNERSHIP LIST OFFICERS/PARTNERS:

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ OWNERSHIP: \_\_\_\_%

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ OWNERSHIP: \_\_\_\_%

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ OWNERSHIP: \_\_\_\_%

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ OWNERSHIP: \_\_\_\_%

**PROJECT TYPE:** \_\_\_\_ BUSINESS START-UP \_\_\_\_ BUSINESS EXPANSION

**BUSINESS ACTIVITY (PRODUCT OR SERVICE):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ YEARS IN BUSINESS: \_\_\_\_\_

CURRENT EMPLOYMENT: \_\_\_\_\_ (FULL-TIME EQUIVALENT)

PROPOSED EMPLOYMENT: \_\_\_\_\_ (NEW/ADDED JOBS RELATED TO PROJECT)

PROJECT NARRATIVE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Attached additional pages if necessary)

**TYPE OF ASSISTANCE REQUESTED:**

\_\_\_ FINANCING AMOUNT: \$ \_\_\_\_\_ TERM: \_\_\_ YEARS RATE: \_\_\_ %

USE OF FUNDS: (Check all that apply)

\_\_\_ PURCHASE LAND                      \_\_\_ PURCHASE BUILDING

\_\_\_ CONSTRUCTION                      \_\_\_ RENOVATION

\_\_\_ MACH/EQUIP                      \_\_\_ WORKING CAPITAL

\_\_\_ OTHER (Describe) \_\_\_\_\_

**SOURCES AND USES OF ALL PROJECT FUNDS**

<u>ACTIVITY DESCRIPTION</u>	<u>TOTAL COST</u>	<u>(Breakdown)</u>		<u>EQUITY</u>
		<u>LENDER</u>	<u>CITY</u>	
LAND/BUILDING	\$ _____	\$ _____	\$ _____	\$ _____
MACH/EQUIP	\$ _____	\$ _____	\$ _____	\$ _____
WORKING CAPITAL	\$ _____	\$ _____	\$ _____	\$ _____
INTERIM FINANCE	\$ _____	\$ _____	\$ _____	\$ _____
ADMINISTRATION	\$ _____	\$ _____	\$ _____	\$ _____
OTHER: _____	\$ _____	\$ _____	\$ _____	\$ _____
<b>PROJECT TOTALS:</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>

\*\*\*\*\*

**ACKNOWLEDGEMENTS and ATTACHMENTS:**

- A. A signed Certification of Assurances (Attachment A – included with application)
- B. Job Retention Letter with Employee Certification Forms and Certified Payrolls
- C. Cost Estimates with Documentation
  - a. Project Budget (Payroll, Rents, Expenses, etc.)
  - b. Past Two Years Tax Returns
  - c. 2019 & 2020 YTD Balance Sheet
  - d. 2019 & 2020 YTD Profit and Loss Statements

The Applicant hereby certifies that all information in this application, and all information furnished in support of this application is given for the purpose of obtaining assistance under the Economic Development Plan and is true and complete to the best of the Applicant's knowledge and belief. Verification may be obtained from any source named herein, provided that any and all information related to the financial status of the business shall be held confidential and not subject to review by the public.

Signature of the Applicant: \_\_\_\_\_

Title: \_\_\_\_\_

Date signed: \_\_\_\_\_

**REFERRED TO REUSE COMMITTEE:**

\_\_\_\_\_ Date

**RECOMMENDATIONS – REUSE COMMITTEE:**

\_\_\_APPROVAL Letter of Recommendation:\_\_\_\_\_

\_\_\_DISAPPROVAL (Reasons):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#####

**CITY ACTION:** \_\_\_\_\_  
Date

\_\_\_APPROVAL Resolution: \_\_\_\_\_

\_\_\_DISAPPROVAL (REASONS):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ATTACHMENT A**

**CERTIFICATION OF ASSURANCES**

To the best of my knowledge and belief, as a condition of obtaining assistance through the **Economic Development Loan Fund**, the applicant will, if assistance is approved, comply with all Federal and State requirements, including the following:

- A. The Civil Rights Act of 1964 (PL 88-352) and Title VIII of the Civil Rights Act of 1968 (PL 90-284);
- B. Housing and Community Development Act of 1974, as amended;
- C. Age Discrimination Act of 1975
- D. Section 504 of the Rehabilitation Act of 1973
- E. Davis Bacon Act, as amended (40 U.S.C. 276a-276a-5), where applicable under Section 110 of the Housing and Community Development Act of 1974, as amended;
- F. Fair Labor Standards Act of 1938, as amended, (29 U.S.C., 102 et, seq);
- G. Preservation of Historical and Archaeological Data Act of 1974 (PL 93-291);
- H. National Historic Preservation Act of 1966, Section 106 (PL 89-665);
- I. National Environmental Policy Act of 1969;
- J. Uniform Relocation Assistance and Real Property Acquisition Policy Act of 1979, Title II and Title III;
- K. Nebraska Community Development Law, Section 18-2101 to 18-2144, Revised Statutes of Nebraska, 1943.
- L. Steps will be taken to ensure that at least 51% of the jobs which can reasonably be expected to become available through turnover within the following two years will be filled by or made available to, LMI persons.
- M. Traditional or private financing could not be obtained for the project at like terms and CDBG funds are not being substituted for other funds.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Typed Name and Title

Date Signed: \_\_\_\_\_

Company: \_\_\_\_\_

**UNITED STATES CITIZENSHIP ATTESTATION FORM**

For the purpose of complying with Neb. Rev. Stat. §§ 4-108 through 4-114, I attest as follows:

**Applicant**

I am a citizen of the United States.

**OR**

I am a qualified alien under the federal Immigration and Nationality Act, my immigration status and alien number are as follows:

\_\_\_\_\_, and I agree to provide a copy of my USCIS documentation upon request.

Applicant's Printed Name: \_\_\_\_\_  
(first, middle, last)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Co-Applicant**

I am a citizen of the United States.

**OR**

I am a qualified alien under the federal Immigration and Nationality Act, my immigration status and alien number are as follows:

\_\_\_\_\_, and I agree to provide a copy of my USCIS documentation upon request.

Applicant's Printed Name: \_\_\_\_\_  
(first, middle, last)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**I/We hereby attest that my/our response and the information provided on this form and any related application for public benefits are true, complete and accurate and I/we understand that this information may be used to verify my/our lawful presence in the United States**



**ATTACHMENT #2**  
**Nebraska Department of Economic Development – CDBG Program**  
**EMPLOYEE CERTIFICATION FORM**

<b>NAME OF EMPLOYER</b>	
This form is for use by the Employer identified above to meet the requirements of the Nebraska Department of Economic Development (DED) and U.S. Department of Housing and Urban Development (HUD).	

Dear Employee or Applicant:

Please provide the information requested in Parts 1-3 below so that we can verify to the Nebraska Department of Economic Development (DED) that your employment here is achieving the goals of the Nebraska Community Development Block Grant (CDBG) Program. This information is voluntary. Information reported in this form is retained in your confidential personnel file and is available to only a limited number of company officials. The information is subject to verification by representatives of DED and officials from York, Nebraska

<b>HUD Income Guidelines for {YORK COUNTY, NE}</b>								
<i>EMPLOYERS: complete this table for appropriate county. See accompanying sheet for additional guidelines.</i>								
<i>INSTRUCTIONS FOR EMPLOYEE/APPLICANT: use the information within the table to respond to Question 1.</i>								
Family Size	<b>1 PERSON</b>	<b>2 PERSONS</b>	<b>3 PERSONS</b>	<b>4 PERSONS</b>	<b>5 PERSONS</b>	<b>6 PERSONS</b>	<b>7 PERSONS</b>	<b>8 PERSONS</b>
Row A	15,200	17,350	21,330	25,750	30,170	34,590	39,010	43,430
Row B	25,250	28,850	32,450	36,050	38,950	41,850	44,750	47,600
Row C	40,400	46,200	51,950	57,700	62,350	66,950	71,550	76,200

1) **Using the table above**, find your family size and household income level. Count all family members including yourself living at home. **My household size is \_\_\_\_\_ persons.**

Please check the box below that represents your **TOTAL** household income for **LAST YEAR** in relation to the income levels in rows A, B, and C above. **LAST YEAR my total income was:**

- AT or BELOW** THE AMOUNT IN ROW A
- ABOVE** ROW A AND **AT OR BELOW** THE AMOUNT IN ROW B
- ABOVE** ROW B AND **AT OR BELOW** THE AMOUNT IN ROW C
- MORE THAN** THE AMOUNT IN ROW C

2) **From the appropriate column below, please check the box(es) that best identify your race:**

- |  |   |
|--|---|
| <p><i>Column A. Single Race Identifiers:</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> White</li> <li><input type="checkbox"/> Black/African American</li> <li><input type="checkbox"/> Asian</li> <li><input type="checkbox"/> American Indian/Alaskan Native</li> <li><input type="checkbox"/> Native Hawaiian/Other Pacific Islander</li> <li><input type="checkbox"/> Other</li> </ul> | <p><i>Column B. Multi-Racial Identifiers:</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> American Indian/Alaskan Native <b>and</b> White</li> <li><input type="checkbox"/> Asian <b>and</b> White</li> <li><input type="checkbox"/> Black/African American <b>and</b> White</li> <li><input type="checkbox"/> American Indian/Alaskan Native <b>and</b> African/American</li> <li><input type="checkbox"/> Other Multi-Racial</li> </ul> |
|--|---|

3) **Please answer the following questions:**

- |  |                                 |                               |
|--|---------------------------------|-------------------------------|
| Do you consider yourself as being of Hispanic ethnicity? | <input type="checkbox"/> Yes    | <input type="checkbox"/> No   |
| What sex are you?  | <input type="checkbox"/> Female | <input type="checkbox"/> Male |
| Do you have a disability that is a substantial handicap? | <input type="checkbox"/> Yes    | <input type="checkbox"/> No   |
| Are you unemployed prior to taking this job?             | <input type="checkbox"/> Yes    | <input type="checkbox"/> No   |
| Are you a female head of household?                      | <input type="checkbox"/> Yes    | <input type="checkbox"/> No   |

Employee Printed Name \_\_\_\_\_ Employee Signature \_\_\_\_\_  
 Date of Signature \_\_\_\_\_

<b>TO BE COMPLETED BY THE EMPLOYER. Check the appropriate box below indicating the job category under consideration for this person.</b>				
<input type="checkbox"/> Official or Manager	<input type="checkbox"/> Professional	<input type="checkbox"/> Technician	<input type="checkbox"/> Sales	<input type="checkbox"/> Office or Clerical
<input type="checkbox"/> Craft Worker (Skilled)	<input type="checkbox"/> Operative (Semi-Skilled)	<input type="checkbox"/> Laborer (Unskilled)	<input type="checkbox"/> Service Worker	

## Economic Development Administration (EDA) Job Category Definitions

- 1. Official or Manager** - Occupants requiring administrative personnel who set broad policies, exercise overall responsibility of execution of these policies, and individual departments or special phases of a firm's operations. This includes: Officials, Executives, middle management, plant managers and superintendents, salaried supervisors who are members of management, purchasing agents and buyers, and kindred workers.
- 2. Professional** - Occupants requiring either college graduation or experience of such kind and amount as to provide a comparable background includes: accountants and auditors, airplane pilots and navigators, architects, artists chemists, designers, dietitians, editors, engineers, lawyers, librarians, mathematicians, natural scientists, registered professional nurses, professional and labor relations workers, physical scientists, physicians, social scientists, teachers, and kindred workers.
- 3. Technician** - Occupants requiring a combination of basic scientific knowledge and manual skill which can be obtained through about 2 years of post-high school education such as is offered in many technical institutions and junior colleges, or through equivalent on the job training. This includes: computer programmers and operators, drafters, engineering aides, junior engineers, mathematic aides, licensed practical or vocational nurses, photographers, radio operators, scientific assistants, surveyors, technical illustrators, technicians (medical, dental, electronic, physical science) and kindred workers.
- 4. Sales** - Occupants engaging wholly or primarily in direct selling. This includes: advertising agenda and sales workers; insurance agents and brokers; real estate agents and brokers; sales workers; demonstrators and retail sales workers; and sales clerks, grocery clerks and cashiers; and kindred workers.
- 5. Office or Clerical** - Includes all clerical-type work regardless of level of difficulty, where the activities are predominantly non-manual though some manual work not directly involved with altering or transporting the products is included. This includes: bookkeepers, cashiers, collectors (bills and accounts), messengers and office helpers, office machine operators, shipping and receiving clerks, stenographers, typists, and secretaries, telegraph and telephone operators, and kindred workers.
- 6. Craft Worker (skilled)** - Manual workers of relatively high level having a thorough and comprehensive knowledge of the processes involved in their work. Exercise considerable independent judgment and usually receive an extensive period of training. This includes: the building trades, hourly paid supervisors and lead operators (who are not members of management), mechanic and repairers, skilled machining occupations, compositors and typesetters, electricians, engravers, job setters (metal), motion picture projectionists, pattern and model makers, stationary engineers, tailors, and kindred workers.
- 7. Operative (semi-skilled)** - Workers who operate machines or other equipment or perform other factory-type duties of intermediate skill level which can be mastered in a few weeks and require only limited training. This includes: apprentices (auto mechanics, plumbers, electricians, machinists, mechanics, building trades, metal working trades, printing trades, etc.), operatives, attendants (auto service and parking), blasters, chauffeurs, delivery workers, dress makers and sewers (except factory), dryer's furnaces workers, heaters (metal), laundry and dry cleaning, operatives, milliners, mine operatives and laborers, motor operators, oilers and greasers (except auto), painters (except construction and maintenance), photographic process workers, boiler tenders, truck and tractor drivers, weavers (textile), welders and flame metals workers, and kindred workers.
- 8. Laborer (unskilled)** - Workers in manual occupations which generally require no special training perform elementary duties that may be learned in a few days and require the application of little or no independent judgment. This includes: garage laborers; car washers and greasers; gardeners (except farm) and ground keepers; stevedores; wood choppers; laborers performing lifting, digging, mixing loading, and pulling operations; and kindred workers.
- 9. Service Worker** - Workers in both protective and non-protective service occupations. This includes attendants (hospital and other institutions, professional and personal service, including nurses aides and orderlies), barbers, chairworkers and cleaners, cooks (except household), counter and fountain workers, elevator operators, firefighters and fire protection guards, door keepers, stewards, janitors, police officers and detectives, porters, waiters and waitresses, and kindred workers.

LETTERHEAD

I (Owner/CEO Name), (Title) of (Business Name), confirm that the intended use of the Community Development Block Grant funds are to be used in part for the retention of \_\_\_ full time employees and \_\_\_ part-time employees at our business located at \_\_\_\_\_, York, NE 68467.

This request for funding comes because of the recent economic impacts to COVID-19 and the effect it has had on our business. Due to limited hours and decrease in sales, we have been forced to explore drastic measures to ensure the future sustainability of our business.

Without this funding mechanism, (Business Name) will be unable to retain the following positions:

Job Title	Hours Per Week (HPW)	LMI (Y/N)
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The Employee Certification Forms form(s) for these employees are attached to this letter.

Thank you for your assistance facilitating this funding request.

Sincerely,

Owner/CEO Name

Title

Business Name

## SAM Registration Guide

### STEP 1

#### Obtain an E-mail Address

If you do not already have a valid e-mail address, you can obtain a free one by going to [www.gmail.com](http://www.gmail.com). Create a new account and follow the steps to obtain an e-mail address.

### STEP 2

#### Obtain a DUNS Number

To obtain a Data Universal Numbering System (DUNS) number, **register online** at <https://fedgov.dnb.com/webform>.

**Have the following information** prepared when requesting a DUNS Number:

- Name of your organization
- Organization address
- Phone number of your organization
- Name of the CEO or organization owner
- Legal structure of the organization (corporation, partnership, proprietorship)
- Year the organization started
- Primary line of business/NAICS Code (see attached list for codes)
- Total number of employees (full time and part time)

**Note:** *Obtaining a DUNS number places your organization on a Dun & Bradstreet marketing list that is sold to other companies. You can request not to be added to this list during your application. Dun & Bradstreet should not charge you a fee for requesting a DUNS number. You are also not obligated to purchase any of their products.*

It takes one to two business days to obtain a DUNS number. **For assistance obtaining your DUNS, call 1-866-705-5711.**

### STEP 3

#### Gather Information

Before registering in the System for Award Management (SAM), you'll need to **gather the following information:**

- DUNS Number (including EXACT legal business name and physical address from your DUNS profile)
- Bank Information
  - Bank's routing number
  - Your organization's bank account number
  - Your bank account type (checking or savings)
  - Bank's phone number
- Taxpayer Identification Number (TIN) and Taxpayer Name



# STEP 4

## Begin SAM Registration

### First

- Go to [www.SAM.gov](http://www.SAM.gov).
- Create an **Individual User Account** by clicking **“Create an Account.”**
- **Enter your personal information** and click **“Submit”** followed by **“Done”** to create your account.
- You will receive an e-mail that will contain a link you must click on to **activate this individual account.**

### Second

- **Log in** to the account you just created.
- Using the left-side menu, click **“Register/Update Entity,”** then click **“Register New Entity.”**
- **Select your type of Entity** (Business or Organization).
- **Select “No”** to “Do you wish to bid on contracts?”
- **Select “Yes”** to “Do you want to be eligible for grants and other federal assistance?”
- **Complete “Core Data.”**
  - Validate your DUNS information (company name and address entered in SAM must be an exact match to the information housed in DUNS or you cannot continue with your registration).
  - Enter Business Information (TIN, etc.). Information entered in this section must match your IRS documentation (such as your W2 or most recent tax return).
  - Select “No” when it asks if you have a CAGE code. If you already have a CAGE code, that means you are already registered in SAM (previously known as CCR—Central Contractor Registration) and you need to either migrate and/or update your entity in SAM.
  - Enter General Information (business type, organization structure, etc.).
  - Enter Financial Information (Electronic Funds Transfer Information).
  - Enter Executive Compensation (if applicable).
  - Enter Proceedings Details (if applicable).
  - Information Opt Out—Select the first option in order for government officials to search for your SAM registration.
- **Complete “Points of Contact.”**
- Your entity will become active after the IRS has verified your TIN information and the DOD has assigned you a CAGE code. You will receive an e-mail when your registration has become active.



## SAM Registration Assistance

Call: 402-554-2521

E-mail: [NebraskaPtac@unomaha.edu](mailto:NebraskaPtac@unomaha.edu)

Visit: [nbdc.unomaha.edu/government-contracting/consultant](http://nbdc.unomaha.edu/government-contracting/consultant)

REGISTRATION  
ASSISTANCE

2017 NAICS and SIC Codes

NAICS #	Description	NAICS #	Description
111110	Soybean Farming	111991	Sugar Beet Farming
111120	Oilseed (except Soybean) Farming	111992	Peanut Farming
111130	Dry Pea and Bean Farming	111998	All Other Miscellaneous Crop Farming
111140	Wheat Farming	112111	Beef Cattle Ranching/Farming
111150	Corn Farming	112112	Cattle Feedlots
111160	Rice Farming	112120	Dairy Cattle and Milk Production
111191	Oilseed and Grain Combination Farming	112130	Dual-Purpose Cattle Ranching/Farming
111199	All Other Grain Farming	112210	Hog and Pig Farming
111211	Potato Farming	112310	Chicken Egg Production
111219	Other Vegetable (except Potato) and Melon Farming	112320	Broilers & Other Meat Type Chicken Products
111310	Orange Groves	112330	Turkey Production
111320	Citrus (except Orange) Groves	112340	Poultry Hatcheries
111331	Apple Orchards	112390	Other Poultry Production
111332	Grape Vineyards	112410	Sheep Farming
111333	Strawberry Farming	112420	Goat Farming
111334	Berry (except Strawberry) Farming	112511	Finfish Farming and Fish Hatcheries
111335	Tree Nut Farming	112512	Shellfish Farming
111336	Fruit and Tree Nut Combination Farming	112519	Other Aquaculture
111339	Other Noncitrus Fruit Farming	112910	Apiculture
111411	Mushroom Production	112920	Horses and Other Equine Production
111419	Other Food Crops Grown Under Cover	112930	Fur-Bearing Animal & Rabbit Production
111421	Nursery and Tree Production	112990	All Other Animal Production
111422	Floriculture Production	113110	Timber Tract Operations
111910	Tobacco Farming	113210	Forest Nurseries
111920	Cotton Farming	113210	Gathering of Forest Products
111930	Sugarcane Farming	113310	Logging
111940	Hay Farming	114210	Hunting and Trapping

## Template 1 – Single Entity (located in the U.S. or its outlying areas)

### Background

The System for Award Management (SAM) is a computer system accessed by the Internet managed by the U.S. Government. Entities must have an active registration in SAM to do business with the U.S. Government. An “entity” is the company, business, or organization registering in SAM. Each entity is represented by a nine-digit unique entity identifier, the Data Universal Numbering System (DUNS®) Number as issued by Dun & Bradstreet.

Only individuals who are authorized to represent a particular entity, or individuals representing themselves as an entity, may register an entity in SAM. Accessing or using SAM, or information contained therein, for any unauthorized or illegal purposes, may have civil and criminal penalties, and may negatively impact the status of the SAM registration maintained for the entity.

### Instructions to Entity

- 1. Single Entity.** Use this template to formally appoint an Entity Administrator for 1) a single, domestic entity located in the U.S. or its outlying areas, or 2) a single, international entity that uses banking information from a U.S. financial institution in their SAM entity registration.
- 2. Complete the template.** Fill in the blanks. Enter the highlighted information on the next two pages. Do not include this instruction page in your letter.
- 3. Print the letter on your entity’s letterhead.** If you don’t have letterhead, enter your entity’s legal business name and physical address at the top of the letter before printing.
- 4. Sign the completed letter in the presence of the notary.** Make sure the person who signs the letter is someone with signatory authority, i.e. who can make commitments on behalf of the entity like an executive, officer, partner, or other authorized signatory. The notary will confirm the signatory’s identity in accordance with your state’s notary procedures.
- 5. Mail the completed, signed, notarized letter.** Your letter will be reviewed for completeness upon receipt at the Federal Service Desk at:

FEDERAL SERVICE DESK  
ATTN: SAM.GOV REGISTRATION PROCESSING  
460 INDUSTRIAL BLVD  
LONDON, KY 40741-7285  
UNITED STATES OF AMERICA

If incomplete or incorrect, you will be contacted. Your registration will not be activated until an approved letter is on file.

**End of instructions. Complete the template that follows.**

[Insert Date]

FEDERAL SERVICE DESK  
ATTN: SAM.GOV REGISTRATION PROCESSING  
460 INDUSTRIAL BLVD  
LONDON, KY 40741-7285  
UNITED STATES OF AMERICA

SUBJECT: Information Required to Activate SAM Entity Registration

### **Purpose of Letter**

The purpose of this letter is to formally appoint an Entity Administrator for the named Entity and to attest to the accuracy of the information contained in the entity registration.

### **Designation of Entity Administrator**

I, [Insert Name and Title of Signatory], the below signed individual, hereby confirm that the appointed Entity Administrator is an authorized officer, agent, or representative of the Entity. This letter authorizes the appointed Entity Administrator to manage the Entity's registration record, its associated users, and their roles to the Entity, in the System for Award Management (SAM).

### **Entity Covered by this Letter**

**DUNS® Number:** \_\_\_\_\_

**Legal Business Name:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_

### **Entity Administrator Contact Information**

**Full Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

*\*The Entity Administrator must have an individual user account in SAM associated with the email address listed.*

### **Account Administration Preference (ONLY CHOOSE ONE)**

You must choose **ONE** of the two following statements by checking the applicable box. Remember, there is no cost to register in SAM -- it is free. However, if you choose to have a third-party agent administer your SAM registration, with or without an associated fee, you must check the Third-Party Agent Designation box below.

#### **Self-Administration Confirmation**

For the purpose of registering with the United States Government through the online System for Award Management (SAM), I do not authorize any third party to act on



behalf of the Entity listed above. I have checked the Self-Administration Confirmation box to indicate that the designated Entity Administrator is not a third-party agent.

**Third-Party Agent Designation**

For the purpose of registering with the United States Government through the online System for Award Management (SAM), I do hereby authorize **[insert full name, phone number, address, and email address of the Third-Party Agent]** (Designated Third-Party Agent) to act on behalf of the Entity listed above. This authorization permits the Designated Third-Party Agent to conduct all normal, common business functions within SAM while binding the signatory to all actions conducted and representations made as a result of authorization granted herein. I have checked the Third-Party Agent Designation box and completed the above information to indicate that the designated Entity Administrator is a third-party agent.

**Attestation**

I, the below-signed, attest to the following:

- All information contained in this letter is complete and accurate.
- The designated Entity Administrator listed above has an individual SAM User Account created with the email address provided in this letter.
- The banking information provided for Electronic Funds Transfer on the Financial Information Page in the SAM.gov registration for the Entity above is correct and accurate.

Respectfully,

**[Insert Full Name of Signatory]**

**[Insert Title of Signatory, e.g. Director of Contracting, Managing Partner, Vice President for Research, etc.]**

**[Insert Email of Signatory]**

**[Insert Entity Legal Business Name]**

**[Insert Entity Physical Address]**

[PRINT LETTER ON ENTITY LETTERHEAD]

TO BE COMPLETED BY NOTARY  
(in accordance with State notary requirements)

State of \_\_\_\_\_

County of \_\_\_\_\_

This instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_ (month),  
\_\_\_\_ (year), by \_\_\_\_\_ (name of  
officer or agent, title or officer or agent) of \_\_\_\_\_  
(name of entity).

\_\_\_\_ Personally Known

\_\_\_\_ Produced Identification

Type of ID and Number on ID \_\_\_\_\_

(Seal)

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Name of Notary  
(Typed, Stamped or Printed)

Notary Public, State of \_\_\_\_\_