

ECONOMIC DEVELOPMENT PROGRAM APPLICATION FOR FUNDS

Please Type or Print Clearly and Answer Each Question (If Question Does Not Apply – Mark N/A).

Please Note: The Information Contained in this portion of the document is Public Information and will **NOT** be Considered Confidential.

A. APPLICANT INFORMATION:

Name of Entity Applying for Assistance: ROUNDABOUT ENERGY LLC DBA- GROW WITH THE FLOW

Business Address: 2000 FAIRWAY DR. CRETE NE 68333
(City) (State) (Zip Code)

Contact Person: JEFF SIROUEC Telephone Number: 402-890-4388

Fax Number: — Email Address: CONTACT @ GWTFAQUARONICS.COM

Federal Tax ID Number: 46-3662592

Type of Entity: ☐ Start-Up ☐ Buyout ☒ Existing

If Existing, Number of Years in Business in Crete: 10 YRS (FARM NORTH OF CRETE)

Business Classification: (Please Choose One)

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Retail | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Research & Development |
| <input type="checkbox"/> Headquarter | <input type="checkbox"/> Telecommunications | <input type="checkbox"/> Tourism |
| <input type="checkbox"/> Warehouse/Distribution | <input type="checkbox"/> Government | <input type="checkbox"/> Other |

Business Type: (Please Choose One)

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Proprietorship | <input type="checkbox"/> Corporation | <input type="checkbox"/> Partnership |
| <input checked="" type="checkbox"/> LLC | <input type="checkbox"/> Governmental Entity | <input type="checkbox"/> Other |

Does the Company have a Parent or Subsidiaries? ☐ Yes ☒ No

If Yes, Please List Name: _____

Address: _____
(City) (State) (Zip Code)

Ownership Identification: Please List all Officers, Directors, Partners, Owners, Co-owners and Stockholders.

Full Name	Title	Ownership Percentage
JEFF SIROVEL	OWNER	100 %

Which type of assistance is the entity applying for?

☒ Grant ☐ Loan Guarantee If so, Lender? _____ ☐ Other

Explain: ASSISTANCE IN PURCHASING A BUILDING

What is the general purpose of the request (must be an allowed LB840/Economic Dev. Plan Project)?

☒ New Development ☐ New Business Startup ☒ Building Renovation ☐ Public Works
☐ Professional/Employee Recruitment ☒ Promotion/Tourism ☐ Job Training
☐ Working Capital ☐ Low - Moderate Income Housing ☐ Workforce Housing
☐ Technology ☐ Plan Management ☐ Technical Assistance ☐ Equity Investment

Does the business qualify to receive any incentives from the State of Nebraska? ☒ Yes ☐ No ☐ DK

Has the business applied for any incentives from the State of Nebraska? ☐ Yes ☒ No

If yes, please explain: _____

Employee Information: (FTE = Full-Time Equivalent = 2,080 Hours/Per Year)

Number of Existing Full-Time Equivalent Employees: 3

Number of Full-Time Equivalent Positions to Be Created: 2

Will all of the Full-Time Equivalent Positions be Physically Located within the City of Crete, their Two- Mile Extraterritorial Jurisdiction or on Land Held in the Name of the City of Crete?

☒ Yes ☐ No

If no, please explain: _____

Does the Company Employ Any Seasonal Employees? ☒ Yes ☐ No

If Yes, How Many: 4-6 SEASONAL EMPLOYEES
 (Seasonal employees must work for at least three continuous months and the position must reoccur annually)

B. PROJECT INFORMATION:

Please provide a Brief Project Summary Description:

Use of Funds	Total Project Cost	Econ Dev Funds Requested
Land or Building Acquisition	\$ 300,000	\$ 150,000
Renovation/Rehabilitation	\$	\$
New Construction	\$	\$
Machinery / Equipment Acquisition	\$	\$
Business / Employee Recruitment Activities	\$	\$
Technology Costs	\$	\$
Small Business Development	\$	\$
Working Capital (Includes Inventory)	\$	\$
Job Training	\$	\$
Other	\$	\$
Total Project Cost	\$ 0.00	
	Total LB840 Funds Requested:	\$ 0.00

C. FUNDING SOURCES AND EQUITY INJECTION:

If Borrowing, Name of Lender: PINNACLE BANK

Loan Amount: 400,000 Loan Term (Years): 20

Amount Injected Into the Project by Business/Partners/Owners:

Other Funding Source(s) and Amount(s):

C. PROJECT LOCATION:

Within the Crete City Limits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Within the Crete Two-Mile Jurisdiction?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Land Owned by the City of Crete?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Not Located in Crete but for area benefit?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

If Not in City Jurisdiction, please explain local benefit:

D. ATTACHMENTS: - Please Include the Attachments that Apply to Your Entity – See *checklist Page 5.*

Please Note: The Information provided pursuant to this Section **Will** be Deemed Confidential and will not be Available for Public Disclosure.

- ☒ Business Plan: Brief Description of the Business
- ☒ Resumes of all Owners/Co-Owners/Directors/Partners/Stockholders
- ☒ For Existing Businesses – Three (3) Yearly Financial Statements
- ☒ For Existing Businesses – Current Financial Statements (Less Than Sixty (60) Days Old)
- ☒ For Existing Businesses - List of Current Obligations (Include Company Names and Amounts)
- ☒ For Start-Up Businesses – Current Business Plan
- ☒ For Start-Up Businesses – Three Year Projections
- ☒ Tax Returns – Previous Three (3) Years – Personal Tax Returns May be Required for Proprietorship
- ☒ Letter from Lending Institution if applicable
- ☒ If a Corporation, LLC or Other Legal Entity - Copy of Organizational Documents (Articles, Bylaws)
- ☒ Please Note that Other Financial Documents May Be Required

E. APPLICANT SIGNATURE:

I certify that the information contained in this application and all attachments are correct to the best of my knowledge. By signing below, I authorize the City of Crete or their contracted representative to check my credit and the credit of all who are listed within this application. I understand that I must update my credit information if my financial situation changes.

Applicant's Signature

Date

4-2-24