



## 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: Crete Housing & Commmunity Development Corporation

Business Address: 243 East 13th Street Crete NE 68333  
(City) (State) (Zip Code)

Contact Person: Tom Ourada Telephone Number: 4028269758

Fax Number: \_\_\_\_\_ Email Address: tom.ourada@crete.ne.gov

Federal Tax ID Number: 47-6006154

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

If Existing, Number of Years in Business in Crete: 4

### Business Classification: (Please Choose One)

- |   |   |   |
|---|---|---|
| <input 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 checked="" 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
David A. Bauer	Board Member	
Tom Ourada	Board Member	
Justin Kozicek	Board Member	
Tom Sorensen	Board Member	
Anna Burge	Board Member	

Which type of assistance is the entity applying for?

☒ Grant    ☐ Loan Guarantee If so, Lender? \_\_\_\_\_ ☐ Other

Explain: \_\_\_\_\_

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: Yes, none involving Nebraska Advantage, or other tax deferring programs.

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

Number of Existing Full-Time Equivalent Employees: NA

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

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: NA

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

If Yes, How Many: NA  
 (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:**

CHCDC is applying for a Nebraska Department of Economic Development Workforce Housing grant that, if successful will leverage any funds raised toward housing on a 3 to 1 basis.

The last grant application that was awarded was a 1 to 1 grant. With that grant, CHCDC leveraged \$285,000 and as a result was able to direct \$570,000 toward building four new residences that were sold to Crete residents under the HUD Workforce Housing guidelines and threshold.

It is our hope that we can leverage \$510,000 (\$10,000 has already been committed) to create a program fund of \$2,550,000 for workforce housing activities. We will be targeting the housing range from \$200,000 to \$250,000 in order to provide more housing availability for more residents.

Use of Funds	Total Project Cost	Econ Dev Funds Requested
Land or Building Acquisition	\$ 500,000.00	\$ 75,000.00
Renovation/Rehabilitation	\$	\$
New Construction	\$ 2,000,000.00	\$ 400,000.00
Machinery / Equipment Acquisition	\$	\$
Business / Employee Recruitment Activities	\$	\$
Technology Costs	\$	\$
Small Business Development	\$	\$
Working Capital (Includes Inventory)	\$	\$
Job Training	\$	\$
Other	\$ 50,000.00	\$
Total Project Cost	\$ 2,550,000.00	
	Total LB840 Funds Requested:	\$ 475,000.00

## C. FUNDING SOURCES AND EQUITY INJECTION:

If Borrowing, Name of Lender: \_\_\_\_\_

Loan Amount: \_\_\_\_\_ Loan Term (Years): \_\_\_\_\_

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

\_\_\_\_\_

Other Funding Source(s) and Amount(s): State of Nebraska Department of Economic Development





# United States Citizenship Attestation Form

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



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.

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

PRINT NAME

Tom F. Ourada

(first, middle, last)

SIGNATURE

Tom Ourada

DATE

1-10-2025

1/19/2010

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PRINT

