

ECONOMIC DEVELOPMENT PROGRAM APPLICATION FOR FUNDS

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

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

A. APPLICANT INFORMATION:			
Name of Entity Applying for Assistance	e: Crete Housing & Co	mmmunity Develop	ment Corporation
Business Address: 243 East 13th S		NE	68333
Business Address.	(City)	(State)	(Zip Code)
Contact Person: Tom Ourada		Telephone Number:	4028269758
Fax Number:		Email Address: tom	.ourada@crete.ne.go
Federal Tax ID Number: 47-600615	4		
Type of Entity:	☐ Buyout	Existing	
If Existing, Number of Years in Busine	ess in Crete: 4		
Business Classification: (Please C	noose One)		
Retail	Manufacturing	Research & De	evelopment
Headquarter	Telecommunications	Tourism	
Warehouse/Distribution	Government	√ Other	
Business Type: (Please Choose Or	ie)		
Proprietorship	Corporation	Partnership	
✓ LLC	Governmental Entity	Other	
Does the Company have a Parent or	Subsidiaries?	√No	
If Yes, Please List Name: Address:			State) (Zip Code)





Ownership Identification: Please List all Officers, Directors, Partners, Owners, Co-owners and Stockholders. Ownership Percentage Title Full Name **Board Member** David A. Bauer **Board Member** Tom Ourada **Board Member** Justin Kozicek **Board Member** Tom Sorensen **Board Member** Anna Burge Which type of assistance is the entity applying for? Other Loan Guarantee If so, Lender? _____ Grant 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 Job Training Promotion/Tourism Professional/Employee Recruitment Workforce Housing Low - Moderate Income Housing Working Capital Equity Investment Technical Assistance Plan Management Technology 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 p	rovide a	Brief	Project	Summary	Descri	otion:
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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	\$ 100,000.00
Renovation/Rehabilitation	\$		\$
New Construction	\$	2,000,000.0	\$ 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 Co	ost \$	2,550,000.0	
		Total LB840 Funds	
		Requested:	\$ 500,000.00

C. FUNDING SOURCES AND EQUITY INJECTION:

If Borrowing, Name of Lender:	
Loan Amount:	Loan Term (Years):
Amount Injected Into the Project by Bu	usiness/Partners/Owners:
Other Funding Source(s) and Amount((s): State of Nebraska Department of Economic Development





C	PRO.	IECT	LOCA	TION:
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Within the Crete City Limits? Within the Crete Two-Mile Jurisdiction? Land Owned by the City of Crete? Not Located in Crete but for area benefit?	☑Yes ☑Yes □Yes □Yes	□No □No ☑No ☑No	
If Not in City Jurisdiction, please explain lo	cal benefit		

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

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

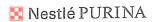
- Business Plan: Brief Description of the Business
- Resumes of all Owners/Co-Owners/Directors/Partners/Stockholders
- For Existing Businesses Three (3) Yearly Financial Statements
- For Existing Businesses Current Financial Statements (Less Than Sixty (60) Days Old)
- For Existing Businesses List of 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











United States Citizenship Attestation Form

For th		complying with Neb. Rev. Stat. §§ 4-108 through 4-114, I attest as			
\checkmark	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.				
any ro under	elated applica	t my response and the information provided on this form and ation for public benefits are true, complete, and accurate and I his information may be used to verify my lawful presence in the			
PRIN'	TNAME	Tom F. Ourada			
		(first, middle, last)			
SIGN	ATURE	ImDinada			
DATE	:	1-10-2025			