CRETE NEBRASKA Community in Motion NEBRASKA ECONOMIC DEVELOPMENT CERTIFIED COMMUNITY

To LB840 Applicant:

CONGRATULATIONS on taking the first step to being awarded additional funds to help your business or event in Crete. The funds available for Economic Development, resulting from the citizen-approved sales tax increase that took effect April 1, 2011, are available first come to businesses, events and projects that meet the requirements of Crete's written Economic Development Plan, which can be found online at www.crete.ne.gov/vnews/display.v/ART/58fa7907ccebf. A written copy is also available from the City of Crete Economic Development Director.

Please review the Economic Development Plan and confirm that your project or business is eligible. Applications may be recommended for funding in full or in part or may be denied based upon the review of the Board. Final decisions regarding funding will be made by the City Council but according to the terms of the Plan, in no event may the City Council fund any Application not previously reviewed and approved by the citizen Board.

In this packet you will find an Application for Funds, a US Citizenship Attestation Form and a Check List of required items. As you will see, the Application is detailed and requires significant information and additional verification documents. If you need assistance with the application please contact any Economic Development Advisory Board member. *If you have questions, please call the Economic Development Office, at 402-826-4312 or email the City Administrator, tom.ourada@crete.ne.gov*

Please note that the first portion of the application will be open to the public and may be provided to the City Council for final funding review. The balance of the application and all supporting documentation including personal financial information is confidential and will only be shared with members of the Economic Advisory Board for purposes of considering your application. All confidential records will be maintained in the office of the Economic Development Board and will be kept separately and not be available for review by the public. Any questions or concerns regarding this process shall be directed to the City Administrator.

All Applicants will be required to attend a public hearing for presentation regarding their request for funding. Public hearings will be held at least quarterly and may be held more frequently at the request of the Board. All Applications presented within the three months preceding a Public Hearing will be set for presentation and consideration at the same meeting. The Board may make a recommendation for funding at the public hearing, or may vote to table an application for further information, but in no event shall an application be tabled more than once so that all decisions will be made not more than three months after the initial public hearing regarding an application. There is no guarantee that a determination will be made less than three months after submission so all applicants are urged to make timely requests for funding if projects or events have set timelines.

Mail or deliver completed application with all supporting documentation and forms to:
Economic Development Program Director
City of Crete City Hall
243 E. 13th Street, P.O. Box 86
Crete, NE 68333

We look forward to working with you through the application process.
Equal Opportunity and Fair Housing Provider and Employer

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: Saline Medical Specialties

Business Address: 830 E 1st Street, Ste. 200 Crete NE 68333
(City) (State) (Zip Code)

Contact Person: Josue Gutierrez, M.D. Telephone Number: 4028263222

Fax Number: 4028263228 Email Address: jgutierrez@smscrete.com

Federal Tax ID Number: 833424514

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

If Existing, Number of Years in Business in Crete: 6 years

Business Classification: (Please Choose One)

☐ Retail	☐ Manufacturing	☐ Research & Development
☐ Headquarter	☐ Telecommunications	☐ Tourism
☐ Warehouse/Distribution	☐ Government	☑ Other

Business Type: (Please Choose One)

☐ Proprietorship	☐ Corporation	☐ Partnership
☑ LLC	☐ Governmental Entity	☐ 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*
Josue D. Gutierrez	Owner, Physician	100

Which type of assistance is the entity applying for?

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

Explain: Grant funds for reimbursement of money we have already spent on our English Language L

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: 14

Number of Full-Time Equivalent Positions to Be Created: 4

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: _____
(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:

(See attached Plan of action)

Medical Pathways Program

At Saline Medical Specialties (SMS) we have identified an opportunity that would allow us to serve our community and foster growth in the medical community of Crete. Every year multiple individuals that have achieved their physician degrees from Cuba and, other countries, move to Crete and surrounding areas. The talent present is undeniable and the drive they bring palpable. To foster better communication with our patient population we have established a medical pathway program, which in essence teaches foreign medical graduates, medical grade English, teaches them how to navigate the health system and prepares them to apply for institutions for higher learning with final objective being graduating as an NP, PA or MD to practice medicine independently. With their medical training and advanced degrees these individuals are eligible for CMA licenses in Nebraska and that is what we hired these professionals to work as at SMS. The first cohort of students has included 5 individuals all Cuban nationals with advanced medical degrees. Multiple community resources were used including Crete Public Schools and two ESL instructors were hired. Thus far the first leg of training has been completed, these professionals had 2–3-hour classes 3x a week for the past semester. There was noticeable improvement in comprehension and writing as well as verbal scores. All the CMAs in SMS have been instructed on processes in our healthcare system.
The grant is to aid with paying for the program thus far, sizable investment was provided to include laptops, teacher

Use of Funds	Total Project Cost	Econ Dev Funds Requested
Land or Building Acquisition	$	$
Renovation/Rehabilitation	$	$
New Construction	$	$
Machinery / Equipment Acquisition	$	$
Business / Employee Recruitment Activities	$	$
Technology Costs	$ 20,000.00	$ 20,000.00
Small Business Development	$	$
Working Capital (Includes Inventory)	$	$
Job Training	$ 80,000.00	$ 80,000.00
Other	$	$
Total Project Cost	$ 100,000.00	
	Total LB840 Funds Requested:	$ 100,000.00

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): _____

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C. PROJECT LOCATION:

Within the Crete City Limits?	☑ Yes	☐ No
Within the Crete Two-Mile Jurisdiction?	☑ Yes	☐ No
Land Owned by the City of Crete?	☑ Yes	☐ No
Not Located in Crete but for area benefit?	☐ Yes	☑ 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.

_____ 7/12/2025

Applicant's Signature Date

Nestlé PURINA BUNGE Smithfield Good food. Responsibly. DOANE UNIVERSITY Bryan Health