

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:

*

T

Name of Entity Applying for Assistance: Rebecca Hansmeyer (DBA Wool & Whimsy)							
Business Address:			Crete		NE	683	333
			(City)	•	State)		
Contact Person:	ecca Hansmeye	r	Т	Telephone Num	ber:	402-910-3	3131
Fax Number:				Email Address:	becky	/hansmeyer@g	gmail.com
Federal Tax ID Numb	er:99-1754190						ļ
Type of Entity:	✔ Start-Up	Buyout		Existing			
If Existing, Number of Years in Business in Crete:							
Business Classificat	tion: (Please Cho	ose One)					
Retail		Vanufacturing		Research	& De	evelopmen	ť
Headquarter	· 🛛	Felecommunicat	ions	Tourism			
Warehouse/	Distribution	Government		Other			
Business Type: (Plea	ase Choose One)					
Proprietorsh	ip 🗌 🗌	Corporation		Partnersh	ip		
		Governmental E	ntity	Other			
Does the Company have a Parent or Subsidiaries?			Yes	✓No			
lf Yes, Please List Na Address:							
			(City)		(5	State)	(Zip Code)



3

s'

Ownership Identification: Please List all O Full Name	Title	Ownership Percentage
Rebecca Lee Hansmeyer	Owner	100%
Which type of assistance is the entity	applying for?	
		Other
Grant Loan Guarantee If so	o, Lender?	
Explain: Assistance with business s	tart-up costs	
What is the general purpose of the re	equest (must be an allowed LB8	40/Economic Dev. Plan Project)?
New Development Vew Busine	ess Startup Building Renova	tion Public Works
Professional/Employee Recruitme	nt Promotion/Tourism [Job Training
Working Capital	erate Income Housing	rkforce Housing
Technology Plan Manageme	nt Technical Assistance	Equity Investment
Does the business qualify to receive an	y incentives from the State of Nebra	aska? Yes NdビDK
Has the business applied for any incent	ives from the State of Nebraska?	YeseNo
If yes, please explain:		
Employee Information: (FTE = Full-T	ime Equivalent = 2,080 Hours/P	Per Year)
Number of Existing Full-Time Equiva	alent Employees:	
Number of Full-Time Equivalent Pos	itions to Be Created:	
Will all of the Full-Time Equivalent P their Two- Mile Extraterritorial Jurisd ☑Yes☐No	ositions be Physically Located w iction or on Land Held in the Na	vithin the City of Crete, me of the City of Crete?
If no, please explain:		
Does the Company Employ Any Sea	asonal Employees?⊡Yes <mark>⊮</mark> No	
If Yes, How Many:		



B. PROJECT INFORMATION:

Please provide a Brief Project Summary Description:

I will be opening up a yarn and fabric shop in the space that is currently being renovated by Charpen Properties, LLC (owned by my husband, Lukas). In order to get the shop opened this year, I am requesting assistance with start-up costs including purchasing a computer, printer/copier, furniture, shelving/store displays, signage, point-of-sale equipment, and the hiring of a graphic designer to develop branding for the store. A detailed breakdown of the start-up costs can be found in the attached business plan. Yarn and fabric stores tend to be destination spots for hobbyists throughout the region; my hope is that this will attract many visitors to Crete.

Use of Funds				Econ Dev Funds Requested
			0	Requested
Land or Building Acquisition	\$		\$	
Renovation/Rehabilitation	\$		\$	
New Construction	\$		\$	
Machinery / Equipment Acquisition	\$		\$	
Business / Employee Recruitment Activities	\$		\$	
Technology Costs	\$	4,780.00	\$	4,780.00
Small Business Development	\$	11,750.00	\$	11,750.00
Working Capital (Includes Inventory)	\$	40,000.00	\$	10,000.00
Job Training	\$		\$	
Other	\$		\$	
Total Project Cost	\$	56,530.00		
		Total LB840 Funds		
		Requested:	\$	26,530.00

C. FUNDING SOURCES AND EQUITY INJECTION:

st State Bank of Nebraska
2

Loan Amount: ________Loan Amount: _______

Loan Term (Years): _____

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

\$0

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



C. PROJECT LOCATION:

Within the Crete City Limits?	rVes	□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. <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:

Nestlé PURINA

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.

Smithfield

Good food. Responsibly.

Velurra 7 9-24 Hansm Applicant's Signature

BÜNGE

DOANE

UNIVERSITY

Date

ECONOMIC DEVELOPMENT CERTIFIED COMMUNITY



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

Rebecca Lee Hansmeyer

(first, middle, last)

4-9-24

SIGNATURE

Rebecca Lee Hansmeyer

DATE

 	 na na ser se anna de la compañía de	1/

