



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/58fa7907ccebfc. 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)

- | | | |
|---|---|---|
| <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 |
|--------------------|------------------|----------------------|
| Josue D. Gutierrez | Owner, Physician | 100 |
| | | |
| | | |
| | | |

Which type of assistance is the entity applying for?

- Grant
 Loan Guarantee If so, Lender? Pinnacle Bank
 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: _____

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: 4-6

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 Project Summary in attachments)

Saline Medical Specialties is an independent Family Medicine clinic that has been in our community for more than 20 years and more recently became independent in 2019. Since becoming an independent clinic we have tried to innovate and bring resources to the community that will strengthen its health in general.

Several programs have been initiated in order to satisfy and continue providing high quality care, these include employee retention and education, technology upgrades as well as clinician recruitment planning.

Our community is quite diverse and we identified there were several individuals in our community that are foreign trained physicians in other countries but that lacking the language to practice and train here, this was limiting their growth and forcing them to be employed in non healthcare related areas. Partnering with the school system a program was set in place, allowing SMS to hire 6 individuals to work as CMA's in the clinic. The clinic would pay for their medically focused English curriculum, provide training on the US healthcare system including clinic workflow and insurance processes. Continuous one on one training with Dr. Gutierrez teaching them different ways to approach entry into the US school system and advising on next steps to achieve this goal. The end goal of this program is for these foreign trained doctors have a way to learn the medical system in the United States, learn medical level English, and in the future apply or continue the road to becoming independent clinicians in the US. This can be achieved by NP, PA or MD schooling. Ultimately have these individuals return or stay in our community providing care for everyone.

| Use of Funds | Total Project Cost | Econ Dev Funds Requested |
|--|------------------------------|--------------------------|
| Land or Building Acquisition | \$ | \$ |
| Renovation/Rehabilitation | \$ | \$ |
| New Construction | \$ | \$ |
| Machinery / Equipment Acquisition | \$ 75,000.00 | \$ 75,000.00 |
| Business / Employee Recruitment Activities | \$ 350,000.00 | \$ 350,000.00 |
| Technology Costs | \$ 100,000.00 | \$ 100,000.00 |
| Small Business Development | \$ | \$ |
| Working Capital (Includes Inventory) | \$ | \$ |
| Job Training | \$ 75,000.00 | \$ 75,000.00 |
| Other | \$ | \$ |
| Total Project Cost | \$ 600,000.00 | |
| | Total LB840 Funds Requested: | \$ 600,000.00 |

C. FUNDING SOURCES AND EQUITY INJECTION:

If Borrowing, Name of Lender: Pinnacle Bank

Loan Amount: CHF 600,000.00 Loan Term (Years): 10

Amount Injected Into the Project by Business/Partners/Owners:
\$ 0.00

Other Funding Source(s) and Amount(s): None

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 checked="" type="checkbox"/> Yes | <input 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

7/15/2025

Date

Checklist for Local Economic Development Program Application

For a qualifying business to be considered for direct or indirect financial assistance under the Crete Local Economic Development Program an applicant must provide to the City Administrator or Program Administrator:

- A completed and signed application with all required support documents including, but not limited to:
 - A detailed description summary of the proposed project which clearly states what assistance the business is requesting from the program, including evidence that the project qualifies for assistance under the Local Option Municipal Economic Development Act and is consistent with the goals of the Crete Local Economic Development Program.
 - Use of Funds – Total project costs and financing requirement; include copies of any preliminary bids (if applicable/available).
 - A review of key management and employees and their experience as related to the proposed project.

- Start Up Business
 - Current Business Plan for the project and the company, including employment and financial projections;
 - Three (3) Years Financial Projections
 - Past three years personal tax returns

- Existing Business:
 - Most Current Business Plan
 - Three (3) Yearly Financial Statements: Profit & Loss Statements, Cash Flows and Income Statements covering the last three years of business operation, or if a new business, personal income statements.
 - List of Current Obligations (include company Names and Amounts)
 - Past three years personal tax returns

- Letter from Lending Institution(s) (if applicable): Evidence of private financing commitments for investors or lenders.

- If a Corporation, LLC or Other Legal Entity - Copy of Organizational Documents (Articles, ByLaws)

- Resume(s) of all owners/co-owners/directors/partners/stockholders: Necessary entity or personal financial information about the Applicant(s), including name, address, past experience, work history, and related information.

- Other information or financial documentation as requested.

Questions: Contact City Administrator, Tom Ourada, at 402-826-4313 or email tom.ourada@crete.ne.gov. **Return** application and supporting documentation to City Administrator, at City Hall, 243 E. 13th Street, Crete, NE 68333

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 | Josue D. Gutierrez, M.D. <hr/> <small>(first, middle, last)</small> |
| SIGNATURE |  <hr/> |
| DATE | 7/15/2025 <hr/> |

1/19/2010

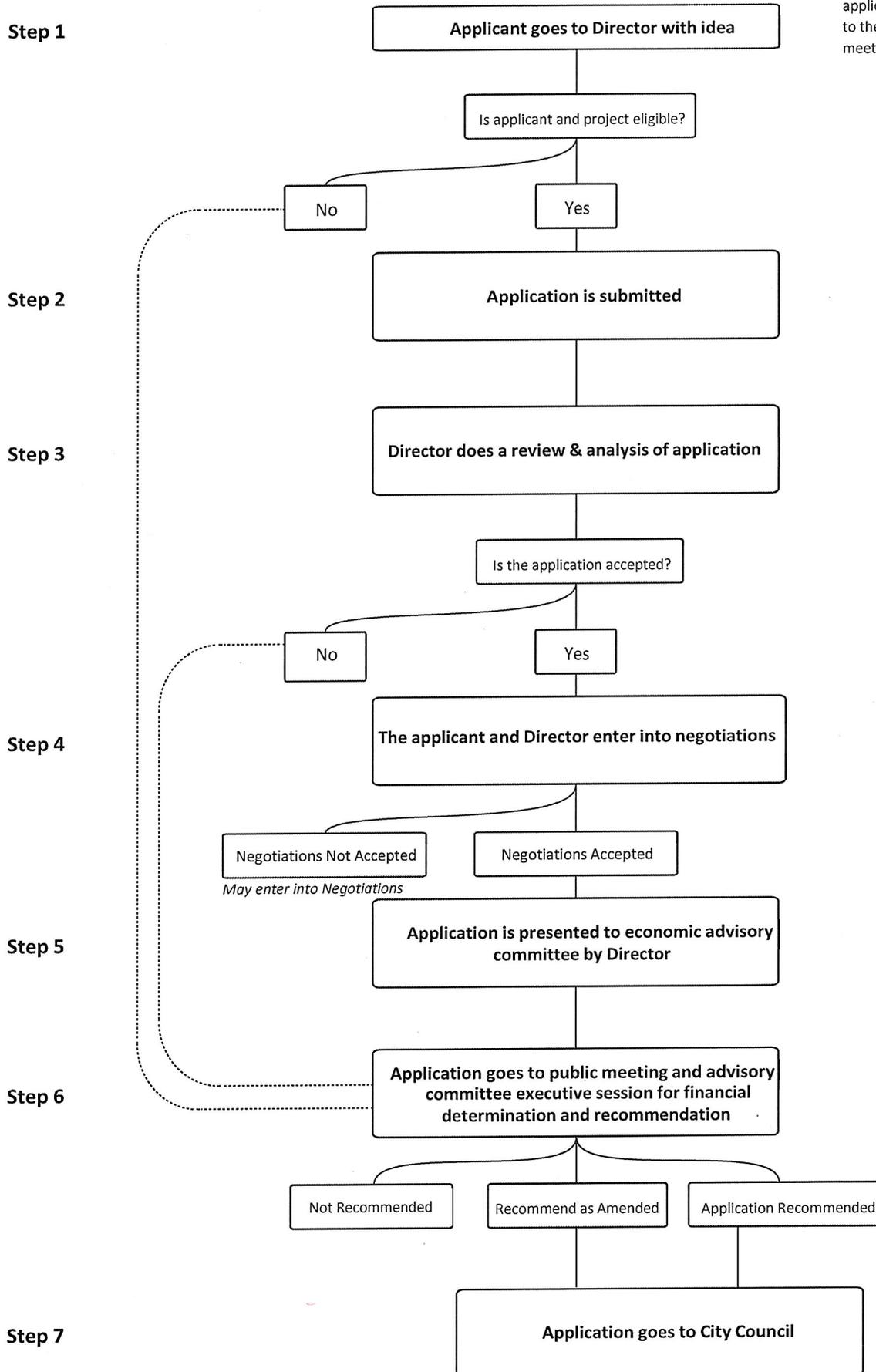
DOWNLOAD/SAVE

PRINT

LB 840 APPLICATION PROCESS

Next Step In Process

If application is denied, the applicant has the ability to appeal to the advisory board at a public meeting



Project Information

Saline Medical Specialties is an independent Family Medicine clinic that has been in our community for more than 20 years and more recently became independent in 2019. Since becoming an independent clinic we have tried to innovate and bring resources to the community that will strengthen its health in general.

Several programs have been initiated to satisfy and continue providing high quality care, these include employee retention and education, technology upgrades as well as clinician recruitment planning.

Our community is quite diverse, and we identified there were several individuals in our community that are foreign trained physicians in other countries but that lacking the language to practice and train here, this was limiting their growth and forcing them to be employed in non-healthcare related areas. Partnering with the school system a program was set in place, allowing SMS to hire 6 individuals to work as CMAs in the clinic. The clinic would pay for their medically focused English curriculum, provide training on the US healthcare system including clinic workflow and insurance processes. Continuous one-on-one training with Dr. Gutierrez teaching them different ways to approach entry into the US school system and advising on the next steps to achieve this goal. The end goal of this program is for these foreign trained doctors have a way to learn the medical system in the United States, learn medical level English, and in the future apply or continue the road to becoming independent clinicians in the US. This can be achieved by NP, PA or MD schooling. Ultimately, these individuals return or stay in our community providing care for everyone.

We would also like to use a portion of the loan for immediate clinician recruitment and retention. The competitive sign on bonuses and loan repayment programs offered in other health care facilities at times limit smaller clinics from high quality candidates. The extra revenue would be employed to expand clinic services in the future to include mental health counselor, a dietary clinician to assist patients with hypertension, diabetes, and weight loss. Resources that are truly needed in our community but need to be sustainable and that can only be done by expanding our ability to see more patients. Our community, all these additions would be extremely beneficial to patients. All in all these funds would be directly tied to further strengthening the healthcare system in our community and to provide a pipeline for high quality clinicians and care.

We thank you for your consideration in this matter and in partnering with us to improve our community.

Sincerely,

Saline Medical Specialties