



2024 CRETE Downtown Revitalization Program Pre-Application

The City of Crete is applying to the Downtown Revitalization Program available through the Nebraska Department of Economic Development, for the purpose of funding commercial rehabilitation projects within the city's Historic Downtown District. Completion of this pre-application will place you on a list to determine the level of interest for this grant program.

Applicant Information:

Name: _____
Phone Number: _____
Email Address: _____
Mailing Address: _____
Business Name: _____
Business Address: _____
Business Type (Current Use): _____
Property Owner (if different from Applicant): _____

Project Information:

Total estimated improvement cost: _____

Type of eligible improvements planned (select all that apply):

- ☐ Facade Improvements (exterior repair/replacement, signage, awnings, windows, doors)
☐ Municipal Code Compliance Improvements*

**Formal documentation of building code violations will be required prior to project approval and receipt of funds*

Describe any and all planned improvements and approximate cost for each activity:

SIGNATURE OF PROPERTY OWNER

PRINTED NAME

DATE

SIGNATURE OF PROPERTY OWNER

PRINTED NAME

DATE

RETURN COMPLETED FORM TO THE CITY OF CRETE NO LATER THAN SEPTEMBER 1ST, 2024:

City of Crete, ATTN: Downtown Revitalization, 243 E 13th Street, PO Box 86, Crete NE 68333

OR email to Tom Ourada, tom.ourada@crete.ne.gov



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APPLICANT DECLARATIONS

I (We), the undersigned fee owner(s) of the property located at _____, Crete, Nebraska, hereby make a PRE-application to the Downtown Revitalization Program, sponsored by the City of Crete (Operating Agency), to be considered for funding by the Nebraska Department of Economic Development (DED).

I (We) agree to abide by all rules and regulations established for this rehabilitation program, including the right of the Operating Agency to inspect the property proposed for rehabilitation for the purpose of determining its suitability and condition.

I (We) also understand that the receipt of this PRE-application by the Operating Agency in no way implies approval of the application or acceptance of the applicant for rehabilitation assistance and that approval of the application will depend upon eligibility requirements and the availability of program funds.

I (We) understand that if funding becomes available for the Crete Downtown Revitalization Program, a full application for assistance will then be required.

I (We) hereby verify that the above stated information is true and accurate to the best of my (our) knowledge:

SIGNATURE OF PROPERTY OWNER	PRINTED NAME	DATE
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