

ED Advisory Board Meeting
Thursday, June 11, 2020 12:15 PM
Crete Library/Community Center
1515 Forest Ave.
Crete, NE 68333

1. Open Meeting

2. In accordance with Nebraska law, a copy of the Open Meetings Act can be found in the back of the council chambers. Items listed on the agenda may be considered in any order.

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3. Roll Call

4. Attendance of Advisory Board members will be recorded to determine the presence of a quorum for official actions.

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5. Consent Agenda

The Advisory Board will consider approval of the following items. Explanation may occur for each item and the council may approve and or amend and approve the items listed.

- [Error! Hyperlink reference not valid.](#)

A. Meeting Minutes

Review the minutes from the previous meeting

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1. Economic Development Advisory Board meeting minutes of March 12, 2020

- [Error! Hyperlink reference not valid.](#)

B. Financial Report

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6. Special Order of Business

7. The Advisory Board may take action to hear testimony in favor of or in opposition to, discuss/limit discussion and take action to approve or disapprove a recommendation to the City Council on any matter presented under this title.

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A. Consider Lincoln Partnership for Economic Development annual membership dues of \$2,500.

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B. City of Crete Economic Development Plan

C. Review activities within the scope of the City of Crete Economic Development Plan adopted in 2011 and amended from time to time

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1. Status of Investments with Performance Requirements
2. Review the grant awards with performance requirements
- [Error! Hyperlink reference not valid.](#)
3. Housing
4. Review housing activities within the scope of the Crete Economic Development Plan
- [Error! Hyperlink reference not valid.](#)
- D. Applications for Consideration
Review applications that have been processed and ready for consideration of recommendations to the City Council
- [Error! Hyperlink reference not valid.](#)
- E. Application Introductions
Review and discuss applications that have been submitted for staff review
- [Error! Hyperlink reference not valid.](#)
1. Chamber of Commerce request for tourism/marketing funds for downtown street event to be held June 26, 2020.
- [Error! Hyperlink reference not valid.](#)
2. Elles on Main request for funds to assist with purchasing their building.
- [Error! Hyperlink reference not valid.](#)
3. Nick Dice Promotions request for funds for the Cornhusker State Games event.
- [Error! Hyperlink reference not valid.](#)

8. Officers' Reports

9. Reports may be given by Department Heads, other Committees and Advisory Board members concerning current operations of the City. Questions may be asked and answered. No action can be taken by the Advisory Board on matters presented under this title except to answer any question posed and to refer the matter for further action.
- [Error! Hyperlink reference not valid.](#)

10. Adjournment

11. The Advisory Board will review the above matters and take such actions as they deem appropriate. The Advisory Board may enter into closed session to discuss any matter on this agenda when it is determined by the Advisory Board that it is clearly necessary for protection of the public interest or the prevention of needless injury to the reputation of an individual and if such an individual has not requested a public meeting, or as otherwise allowed by law. Any closed session shall be limited to the subject matter for which the closed session was called. If the motion to close passes, then the presiding officer immediately prior to the closed session shall restate on the record the limitation of the subject matter of the closed session. The City of Crete assures that no person shall on the grounds of race, color, national origin, age, disability, handicap or sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity of the City receiving Federal financial assistance. To report discrimination, contact the City Clerk's office.

- [Error! Hyperlink reference not valid.](#)
- The Council may enter into closed session to discuss any matter on this agenda when it is determined that a closed session is clearly necessary for the protection of the public interest or the prevention of needless injury to the reputation of an individual (if such individual has not requested a public meeting) or as otherwise allowed by law. Any closed session shall be limited to the subject matter for which the closed session was called. If the motion to close passes, then immediately prior to the closed session the Mayor shall restate on the record the limitation of the subject matter of the closed session.
- The City of Crete assures that no person shall on the grounds of race, color, national origin, age, disability, handicap or sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity of the City receiving Federal financial assistance. To report discrimination, contact the City Clerk's office.
- The complete agenda with attachments is available at www.crete.ne.gov.

**CITY OF CRETE, NEBRASKA
ECONOMIC DEVELOPMENT ADVISORY BOARD
MINUTES OF MARCH 12, 2020**

Notice of the meeting was given by posting, the appointed method for giving notice as shown by the attached notice, at the following locations:

City Hall, 243 East 13th

Street Post Office, 1242

Linden Avenue

City Bank and Trust, 1135 Main Avenue

Advance notice of the meeting was also given to committee members. Pursuant to Section 84-1412(8) of the Nebraska Open Meetings Act, the City has posted a current copy of the Open meetings Act, Laws of the State of Nebraska, in the back of the council chambers. All proceedings shown were taken while the meeting was open to the attendance of the public.

1. Open Meeting

Board Chair Cody Vance called the meeting to order at 12:15pm.

2. Roll Call

Paul Heath: Absent

Manny Dimas: Present

Scott Kuncl: Present

Ken Marvin: Present

Lizeth Umana: Present

Cody Vance: Present

Present: 5, Absent: 1.

Also present: City Administrator Tom Ourada, City Clerk Judi Meyer, Finance Director Jerry Wilcox, City Attorney Kyle Manley, City Councilmember Ryan Hinz.

3. Meeting Minutes

3.A. Economic Advisory Board Meeting Minutes of 02/13/2020

Approve the meeting minutes of February 13, 2020. Carried with a motion by Scott Kuncl and a second by Ken Marvin.

Manny Dimas: Aye, Scott Kuncl: Aye, Ken Marvin: Aye, Lizeth Umana: Aye,
Cody Vance: Aye

Aye: 5, No: 0

4. Financial Report

Approve the financial report of March 12, 2020. Carried with a motion by Ken Marvin and a second by Manny Dimas.

Manny Dimas: Aye, Scott Kuncl: Aye, Ken Marvin: Aye, Lizeth Umana: Aye,
Cody Vance: Aye

Aye: 5, No: 0

5.Items of Business

5.A. City of Crete Economic Development Plan

5.B. Applications for Funding

5.B.1. Discuss and provide a recommendation to the City Council on the use of LB840 funds for the Wildwood Splashpad.

Table the City's request for LB840 funds for the Wildwood Pool splashpad until the City re-bids it and submits a revised application. Carried with a motion by Ken Marvin and a second by Scott Kuncl.

Manny Dimas: Aye, Scott Kuncl: Aye, Ken Marvin: Aye, Lizeth Umana: Aye, Cody Vance: Aye

Aye: 5, No: 0

Tom Ourada reported that the City received one bid for the splashpad construction, which was \$60,000 over cost estimates. He recommended the board table the project as the City will likely be re-opening the bid in Fall 2020.

6.Officers' Reports

7.Adjournment

Motion to adjourn. Carried with a motion by Scott Kuncl and a second by Ken Marvin.

Manny Dimas: Aye, Scott Kuncl: Aye, Ken Marvin: Aye, Lizeth Umana: Aye, Cody Vance: Aye

Aye: 5, No: 0

The meeting was adjourned at 12:22pm.

Recorded by City Clerk Judi Meyer

April 9, 2020

March 31, 2020 Financial Statement

		<u>CASH</u>	<u>LOAN GUARANTEE</u>
ECONOMIC DEVELOPMENT FUNDS <i>ACTUAL</i>	3/31/2020	\$846,448.89	\$318,650.55
AVERAGE MONTHLY INCOME (QUARTERLY)			
SALES TAX	\$39,373.00		
ESTIMATED INCOME APR-JUN	3	\$106,307.10	\$11,811.90
TOTAL FUNDS <i>ESTIMATED</i>			
TOTALS FOR THIRD QUARTER FY20		\$952,755.99	\$330,462.45
			\$495,693.68
OBLIGATIONS			
LOAN GUARANTEES		-	\$0.00
OPERATIONS (1/4 OF \$41,500)		\$10,375.00	
POOL BOND PAYMENTS (1/4 OF \$157,409)		\$39,352.25	
TOTALS FOR THIRD QUARTER FY20		\$49,727.25	
FINANCIAL ASSISTANCE FUNDS <i>ESTIMATED</i>			
TOTALS FOR THIRD QUARTER FY20		<u>\$903,028.74</u>	
*LOAN AMOUNT TO GUARANTEE (150%) <i>ESTIMATED</i>			<u>\$495,693.68</u>

*ED Plan Section VII

E. At no time may the City pledge more than 150% of the current balance of the funds retained for approved loan guarantees or projects.

Fiscal year is 50% complete

Income at 59.52% of budget

Expense at 3.88% of budget

June 11, 2020

May 31, 2020 Financial Statement

		<u>CASH</u>	<u>LOAN GUARANTEE</u>
ECONOMIC DEVELOPMENT FUNDS <i>ACTUAL</i>	5/31/2020	\$906,296.06	\$325,742.54
AVERAGE MONTHLY INCOME (QUARTERLY)			
SALES TAX	\$39,977.00		
ESTIMATED INCOME APR-JUN	1	\$35,979.30	\$3,997.70
TOTAL FUNDS <i>ESTIMATED</i>			
TOTALS FOR THIRD QUARTER FY20		\$942,275.36	\$329,740.24
			\$494,610.36
OBLIGATIONS			
LOAN GUARANTEES		-	\$0.00
OPERATIONS (1/4 OF \$41,500)		\$10,375.00	
POOL BOND PAYMENTS (1/4 OF \$157,409)		\$39,352.25	
TOTALS FOR THIRD QUARTER FY20		\$49,727.25	
FINANCIAL ASSISTANCE FUNDS <i>ESTIMATED</i>			
TOTALS FOR THIRD QUARTER FY20		<u>\$892,548.11</u>	
*LOAN AMOUNT TO GUARANTEE (150%) <i>ESTIMATED</i>			<u>\$494,610.36</u>

*ED Plan Section VII

E. At no time may the City pledge more than 150% of the current balance of the funds retained for approved loan guarantees or projects.

Fiscal year is 66.67% complete

Income at 76.96% of budget

Expense at 4.27% of budget



Invoice

Invoice No. 4103191

Invoicing Date: 05/20/2020

P.O. Box 83006
Lincoln, NE 68501-3006

Mr. Tom Ourada
City of Crete
243 E 13th St
P.O. Box 86
Crete, NE 68333

Member ID: 12377

Invoice Due: 06/01/2020

Description	Qty	Rate	Amount
Lincoln Area Economic Development 06/01/2020 to 05/31/2021	1.00	2,500.00	2,500.00
Total:			2,500.00
Amt Paid:			0.00
Balance Due:			2,500.00



City of Crete
243 E 13th St
P.O. Box 86
Crete, NE 68333

Member ID: 12377
Invoice: 4103191
Due Date: 06/01/2020
Total Due: 2,500.00

Payment Enclosed: \$ _____

Make checks payable to:
Lincoln Chamber Economic Development
Corporation
P.O. Box 83006
Lincoln, NE 68501-3006

Convenient online payment option at:
<http://www.lcoc.com/>

Please verify address and provide corrections below:

Organization Name: _____

Primary Billing Person: _____

Mailing Address: _____

City, State, Zipcode: _____

Charge:

VISA American Express

Mastercard

Card No. _____ Exp. Date _____

Signature _____ Sec. Code _____

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: CRETE CHAMBER OF COMMERCE

Business Address: 1302 LINDEN AVE CRETE NE 68333
(City) (State) (Zip Code)

Contact Person: JACK COCHVAR Telephone Number: 402-826-2136

Fax Number: _____ Email Address: cretechamber@gmail.com

Federal Tax ID Number: 47-0369735

Type of Entity: Start-Up Buyout Existing

If Existing, Number of Years in Business in Crete: SINCE 1932 88 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 type="checkbox"/> LLC | <input type="checkbox"/> Governmental Entity | <input checked="" 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
PAUL HEATH	PRESIDENT	NA
SAM BARLEY	VICE PRESIDENT	NA
DEB POLACEK	TREASURER	NA
JACK COCHNAR	EXECUTIVE DIRECTOR	NA

Which type of assistance is the entity applying for?

- Grant
 Loan Guarantee If so, Lender? _____
 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: 1.5

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: _____

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:

*ADVERTISEMENT AND PROMOTION OF DOWNTOWN RESTAURANT OUTSIDE DINING.
 FUNDS WILL BE USED TOWARDS NEWSPAPER ANNOUNCEMENTS AND TO PROMOTE
 OUTSIDE DINING ONE NIGHT PER MONTH (JUNE, JULY, AUGUST).
 THIS WILL BE AN ECONOMIC BOOST FOR CRETE BUSINESSES.*

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	\$	\$
Small Business Development	\$	\$
Working Capital (Includes Inventory)	\$	\$
Job Training	\$	\$
Other	\$	\$
	500.00	
Total Project Cost	\$	500.00
	Total LB840 Funds Requested:	\$
		500.00

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): _____

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

6-9-2020
 Date

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.

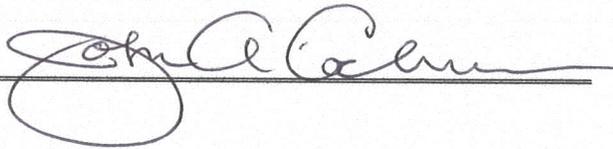
I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete, and accurate and I understand that this information may be used to verify my lawful presence in the United States.

PRINT NAME

JOHN ALAN COCANAK (JACK)

(first, middle, last)

SIGNATURE



DATE

6-9-2020

1/19/2010

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**ECONOMIC DEVELOPMENT PROGRAM
 APPLICATION FOR FUNDS**

Please Type or Print Clearly and Answer Each Question (If Question Does Not Apply – Mark *NA*).

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: Elle's on Main

Business Address: 1103 Main Avenue Crete NE 68333
(City) (State) (Zip Code)

Contact Person: Lynnferd Begay Telephone Number: 4024187101

Fax Number: _____ Email Address: ellesonmain@gmail.com

Federal Tax ID Number: 47-1796035

Type of Entity: Start-Up Buyout Existing

If Existing, Number of Years in Business in Crete: 5.5 years

Business Classification: (Please Choose One)

- | | | |
|---|---|---|
| <input checked="" 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 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
Lynnferd Begay	owner	50
Sarah Begay	owner	50

Which type of assistance is the entity applying for?

Grant
 Loan Guarantee If so, Lender? _____
 Other

Explain: use for downpayment on purchase of building

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: COVID 19 - not all employees

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

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:

Elle's on Main LLC is in current negotiations for 1101 Main Avenue. The current offer pending is for \$140,000 and we are requesting 20% to finance this purchase. This building has substantial repairs that we are aware of due to a full inspection that will be Elle's expenditures in the future. Kingery has provided an estimate in regards to the issues that need to be addressed.

Use of Funds	Total Project Cost	Econ Dev Funds Requested
Land or Building Acquisition	\$ 140,000.00	\$ 28,000.00
Renovation/Rehabilitation	\$	\$
New Construction	\$	\$
Machinery / Equipment Acquisition	\$	\$
Business / Employee Recruitment Activities	\$	\$
Technology Costs	\$	\$
Small Business Development	\$	\$
Working Capital (Includes Inventory)	\$	\$
Job Training	\$	\$
Other	\$	\$
Total Project Cost	\$ 140,000.00	
	Total LB840 Funds Requested:	\$ 28,000.00

C. FUNDING SOURCES AND EQUITY INJECTION:

If Borrowing, Name of Lender: City Bank and Trust

Loan Amount: 112,000.00 Loan Term (Years): 30

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

Other Funding Source(s) and Amount(s): Elle's will be assuming costs for needed repairs/maintenan

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

6.10.20

Date

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	Lynnferd Begay <small>(first, middle, last)</small>
SIGNATURE	
DATE	6.10.20

1/19/2010

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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: Tuxedo Park Raceway - Team Dice Promotions LLC

Business Address: 6521 Monticello Dr Lincoln NE 68510
(City) (State) (Zip Code)

Contact Person: Nick Dice Telephone Number: 4028713423

Fax Number: 1 Email Address: nick.a.dice@gmail.com

Federal Tax ID Number: 82-5203568

Type of Entity: Start-Up Buyout Existing

If Existing, Number of Years in Business in Crete: 1 Year

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
Nick Dice	President	50
Tara Dice	Vice President	50

Which type of assistance is the entity applying for?

Grant Loan Guarantee If so, Lender? _____ 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: None

Number of Full-Time Equivalent Positions to Be Created: None

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:

(\$1,000) - Cornhusker State Games
 The Cornhusker State Games will be coming to Crete on July 25th 2020. This is the first motorsport event ever held in the CSG's history. There will be a new audience exposed to both Kart Racing and the City of Crete. We expect to see additional coverage via the local news media and the internet.

As part of the project, we are requesting \$500 in funds for awards (trophies) that will be acquired by Team Dice Promotions, LLC. The estimated total cost of the trophies is \$1,000.

Tuxedo Park Raceway will host approximately 12 events in 2020. Our participant count went from 40 to over 60 per week in 2019. We expect to have well over 70 entries at each event this year. On average, each participant brings 3-4 people with them to Crete. With spectators, we are expecting to bring in excess of 400 people to Crete every event. Tuxedo Park Raceway does not charge admission to spectators that are not in the pit area.

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	\$	\$
Small Business Development	\$	\$
Working Capital (Includes Inventory)	\$	\$
Job Training	\$	\$
Other	\$ 1,000	\$ 500
Total Project Cost	\$ 0.00	
	Total LB840 Funds Requested:	\$ 500.00

C. FUNDING SOURCES AND EQUITY INJECTION:

If Borrowing, Name of Lender: N/A

Loan Amount: _____ Loan Term (Years): _____

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

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

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 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

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

Nicholas A Rice

(first, middle, last)

SIGNATURE



DATE

11 Jun 2020

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

