

Legislative/Development Committee Meeting
Tuesday, May 7, 2024 5:00 PM
Crete City Hall
243 E 13th Street
Crete, NE 68333

1. Open Meeting

- 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.

2. Roll Call

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

3. Items of Business

- The Committee may discuss or limit discussion on, hear testimony in favor of or in opposition to, or take action to provide a recommendation to the City Council on any matter presented under this title.

3.A. Consider Ordinance 2199 Amending Business Registration

3.B. Consider LB840 amended application from Old Main Bar and Grill

3.C. Consider LB840 application from Rebecca Hansmeyer

3.D. Consider LB840 application from Crete Housing & Community Development Corporation

3.E. Consider cemetery columbarium doors

3.F. Ordinance 2202 Amending Cemetery Board Ordinance 2-801 to change Secretary to Vice Chair

4. Officers' Reports

- Reports may be given by the Mayor, Officers, Departments, or Councilmembers concerning the current operations of the City.
- No action can be taken on matters presented under this title except to answer any questions or to refer the matter for further action.

5. Adjournment

Disclaimers & Notices

- 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.

ORDINANCE NO. 2199

AN ORDINANCE OF THE CITY OF CRETE, NEBRASKA RELATING TO BUSINESS REGISTRATION; TO AMEND SECTION 10-304 OF THE CRETE MUNICIPAL CODE TO REMOVE THE PRORATED RATE PROVISION IN THE CITY OF CRETE, NEBRASKA.

BE IT ORDAINED BY THE MAYOR AND CITY COUNCIL OF THE CITY OF CRETE, NEBRASKA:

Section 1. That Chapter 10, Article 3, Section 10-304 of the Crete Municipal Code shall be amended as follows:

10-304 Amount Of Fee; When Due

- (1) The required business registration fee shall be set forth in the City’s Master Fee Schedule and shall be paid for each business subject hereto on or before the 30th day of January in each year.
- (2) A separate registration and registration fee shall be required for each place of business and for each business conducted at one address. ~~The registration fee will be prorated if a business is registered during the year.~~ No refund shall be made for a business that is discontinued.

Section 2. That the changes specified in the above section shall be codified as part of the Crete Municipal Code as stated herein.

Section 3. That all ordinances, parts of ordinances, or code provisions in conflict herewith shall be repealed and that any partial repeal shall not affect the other parts of ordinances or codified sections that can be given effect without the repealed parts.

Section 4. That if any section, part, or provision of this ordinance is for any reason held invalid, the invalidity thereof shall not affect the validity of any other section, part, or provision of this ordinance.

Section 5. That this ordinance shall be published in pamphlet, book, or electronic form and shall take effect and be in full force and effect from and after its passage, approval and publications, as provided by law.

PASSED AND ENACTED the ____ day of May 2024.

Mayor

ATTEST:

City Clerk





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



243 E 13th St. • PO Box 86 • Crete, NE 68333-0086 • 402.826.4317 • www.crete.ne.gov

**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: PWR & DVD Rental Properties, LLC dba "Old Main Bar and Grill"

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

Contact Person: Chris Collins Telephone Number: 402-786-3333

Fax Number: 402-786-3339 Email Address: ChrisC@CapitalTower.com

Federal Tax ID Number: 46-0743756

Type of Entity: Start-Up Buyout Existing

If Existing, Number of Years in Business in Crete: _____

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
Patrick Reed	Managing Member	51%
Gregory Mach	Member	49%

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

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:

Phase 1 of 2 Phases will consist of the following:

1. Replacement of concrete in outdoor dining area and the addition of an area of pavers in the dining area.
2. Addition of a legal means of egress from the second floor to the alley way area.
3. Replacement of the worn-out windows on the first and second floors with new.
4. Enlargement of the outdoor dining area fences. Privacy fence on alley side and metal fencing on Main ave. side with lighted custom entrance gate.
5. Brick repair and addition of a legal egress door from basement on alley side.
6. Architectural review and design by Fakler Architects Beatrice, NE
7. Purchase of 2 Ovention ovens to expand menu options.
8. Repair of lighting for outdoor areas and installation of 3phase power for new ovens.

Use of Funds	Total Project Cost	Econ Dev Funds Requested
Land or Building Acquisition	\$ 166,000.00	\$ 0
Renovation/Rehabilitation	\$ \$18299107	\$ \$149541.52
New Construction	\$	\$
Machinery / Equipment Acquisition	\$ \$10,700	\$ \$8,560.00
Business / Employee Recruitment Activities	\$	\$
Technology Costs	\$	\$
Small Business Development	\$	\$
Working Capital (Includes Inventory)	\$	\$
Job Training	\$	\$
Other	\$	\$
Total Project Cost	\$343945.77 0.00	
	Total LB840 Funds Requested:	\$ 158101.52

C. FUNDING SOURCES AND EQUITY INJECTION:

If Borrowing, Name of Lender: NA

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 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 *N/A*
- ✓ 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.

[Handwritten Signature]

 Applicant's Signature

4/18/24

 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.

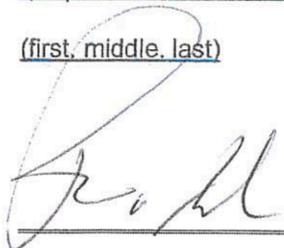
I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete, and accurate and I understand that this information may be used to verify my lawful presence in the United States.

PRINT NAME

Patrick W. Reed

(first, middle, last)

SIGNATURE



DATE

4/22/24

1/19/2010

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LB 840 APPLICATION PROCESS

City of St. Louis, Missouri

For application to be filed, the applicant has the ability to appear to the advisory committee at a public meeting.

Step 1

Applicant goes to Director with Idea

Is application and project eligible?

No

Yes

Step 2

Application is submitted

Step 3

Director does a review & analysis of application

Is the application accepted?

No

Yes

Step 4

The applicant and Director enter into negotiations

Negotiations Not Accepted

Negotiations Accepted

Applicant enters into Negotiations

Step 5

Application is presented to economic advisory committee by Director

Step 6

Application goes to public meeting and advisory committee executive session for financial determination and recommendation

Not Recommended

Recommend as Amended

Application Recommended

Step 7

Application goes to City Council



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: Rebecca Hansmeyer (DBA Wool & Whimsy)

Business Address: 131 West 13th St Suite 1 Crete NE 68333
(City) (State) (Zip Code)

Contact Person: Rebecca Hansmeyer Telephone Number: 402-910-3131

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

Federal Tax ID Number: 99-1754190

Type of Entity: Start-Up Buyout Existing

If Existing, Number of Years in Business in Crete: _____

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 checked="" type="checkbox"/> Proprietorship | <input type="checkbox"/> Corporation | <input type="checkbox"/> Partnership |
| <input 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
Rebecca Lee Hansmeyer	Owner	100%

Which type of assistance is the entity applying for?

Grant Loan Guarantee If so, Lender? _____ Other

Explain: Assistance with business start-up costs

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

Number of Full-Time Equivalent Positions to Be Created: 0

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:

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	Total Project Cost	Econ Dev Funds 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:

If Borrowing, Name of Lender: First State Bank of Nebraska

Loan Amount: \$40,000 Line of Credit 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?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Within the Crete Two-Mile Jurisdiction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Land Owned by the City of Crete?	<input 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.

Rebecca L Hansmeyer
Applicant's Signature

4-9-24
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

Rebecca Lee Hansmeyer

(first, middle, last)

SIGNATURE

Rebecca Lee Hansmeyer

DATE

4-9-24

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: Crete Housing and Economic Development Corporation

Business Address: 243 East 13th Street Crete NE 68333
(City) (State) (Zip Code)

Contact Person: Tom Ourada Telephone Number: 4028264312

Fax Number: _____ Email Address: tom.ourada@crete.ne.gov

Federal Tax ID Number: 47-0552817

Type of Entity: Start-Up Buyout Existing

If Existing, Number of Years in Business in Crete: 4

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 checked="" type="checkbox"/> Corporation | <input type="checkbox"/> Partnership |
| <input 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
David Bauer	Board Member	
Tom Ourada	Board Chair	
Anna Burge	Board Attorney	
Justin Kozicek	Board Member	
Tom Sorensen	Board Member	

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: Applied for and received Rural Workforce Development Funds

Employee Information: (FTE = Full-Time Equivalent = 2,080 Hours/Per Year)

Number of Existing Full-Time Equivalent Employees: 0

Number of Full-Time Equivalent Positions to Be Created: 0

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: No FTE's will be created.

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:

Our non-profit corporation has previously applied for and received LB840 funds in the amount of \$250,000 for workforce housing. We did leverage that funding to receive a 100% matching grant of \$250,000 for Rural Workforce Housing from the Nebraska Department of Economic Development. With two other donations, we had \$580,000 in funds available. With that, we constructed two residences that satisfied our initial rural workforce housing grant obligation. We are currently funding construction of two more of these units. The route that we have taken is to provide builders with these funds interest free to start with, and have had successes. But now we have had to pay tax and audit expenses which are eating into our available funding. As a result, we are asking for an additional \$20,000 to replenish our account. Our intent going forward is to start to charge a nominal interest and to use the paid back \$580,000 to apply for another \$580,000 from NDED to reach \$1,160,000 to make an even larger impact on affordable workforce housing.

Use of Funds	Total Project Cost	Econ Dev Funds Requested
Land or Building Acquisition	\$ 560,000.00	\$ 20,000.00
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	\$ 560,000.00	
	Total LB840 Funds Requested:	\$ 20,000.00

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): NDED \$250,000, Prior LB840, \$250,000, Pinnacle 25,000

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

5-1-2024
 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

Tom F. Ourada

(first, middle, last)

SIGNATURE



DATE

4-30-2024

1/19/2010

DOWNLOAD/SAVE

PRINT

ALL TO MATCH
WILLEMS
FORMAT

WILLEMS
KENNETH
1950 ~ 2021
JANET
1958 ~ YEAR

<p>PERRY HENRY PAUL 1943 ~ 2022 JOYCE E. 1947 ~ 2020</p>	<p>MARISKA JEFFREY D. 1961 ~ YEAR</p>	<p>DAY SHARON M. 1947 ~ YEAR</p>
<p>STITCH EDWARD A. 1944 ~ 2021</p>	<p>JONES JOHN C. 1934 ~ 2021</p>	<p>HARRIS WALTER LEE 1934 ~ 2021 EDITH ANN 1934 ~ YEAR</p>
<p>MARISKA BERNARD D. 1933 ~ 2022</p>	<p>JONES JUDITH A. 1940 ~ YEAR</p>	<p>VAN DYKE STEVE B. 1942 ~ YEAR MICKEY D. 1942 ~ 2022</p>
<p>MARISKA BARBARA E. 1932 ~ 2019</p>	<p>DAY SAMMIE W. 1947 ~ 2021</p>	<p>KENNEDY MARY JANE "PEGGY" 1938 ~ 2017</p>

ORDINANCE NO. 2202

AN ORDINANCE OF THE CITY OF CRETE, NEBRASKA RELATING TO COMMITTEES; TO AMEND SECTION 2-801 OF THE CRETE MUNICIPAL CODE TO CHANGE CEMETERY BOARD SECRETARY TITLE TO VICE CHAIR IN THE CITY OF CRETE, NEBRASKA.

BE IT ORDAINED BY THE MAYOR AND CITY COUNCIL OF THE CITY OF CRETE, NEBRASKA:

Section 1. That Chapter 2, Article 8, Section 2-801 of the Crete Municipal Code shall be amended as follows:

2-801 Cemetery Board

(1) The Governing Board shall appoint the Cemetery Board which shall consist of six members who are residents of the Municipality and who shall serve without compensation for a term of three years. Two members shall be appointed each year and may be required, in the discretion of the Governing Body, to give a bond in a sum set by resolution of the Governing Body and conditioned upon the faithful performance of their duties.

(2) At the first meeting in June of each year, the Board shall organize by selecting from its membership a chairperson and ~~secretary~~ vice-chairperson. The ~~secretary~~ vice-chairperson shall keep the full and correct minutes and records of all meetings and file the same with the Municipal Clerk where they shall be available for public inspection at any reasonable time. A majority of the Board members shall constitute a quorum for the purpose of doing business. The Board shall meet at such times as it may designate. Special meetings may be held upon the call of the chairperson or any three members of the Board.

(3) The management and supervision of the municipal cemeteries shall be under the direct control of the Director of Public Works. The Board shall be responsible for the general operation and care of the municipal cemeteries with the power and authority to limit and regulate the number of cemetery lots that may be owned by the same person; to prescribe rules for enclosing, adorning, and erecting monuments and tombstones on cemetery lots; and to prohibit any diverse or improper use thereof; provided, no religious tests shall be made as to ownership of lots, the burial therein, and the ornamentation of graves. The Board shall develop and recommend to the Mayor and City Council rules and regulations for the proper use of the cemeteries and prescribe penalties and fines for violations thereof.

(4) The Board shall also study and recommend the development, expansion, and improvement of the cemeteries. All revenue received from the sale of lots, gifts, or by devise shall be used for the care, management, and administration of the cemeteries. All actions of the Board shall be subject to the review and supervision of the Governing Body, and it shall be responsible for making such reports and performing such additional duties as the Governing Body may designate. No member of the Governing Body shall serve as a member of the Board while serving a term of office as a member of the Governing Body. No member of the Cemetery Board shall hold more than one Cemetery Board office.

Section 2. That the changes specified in the above section shall be codified as part of the Crete Municipal Code as stated herein.

Section 3. That all ordinances, parts of ordinances, or code provisions in conflict herewith shall be repealed and that any partial repeal shall not affect the other parts of ordinances or codified sections that can be given effect without the repealed parts.

Section 4. That if any section, part, or provision of this ordinance is for any reason held invalid, the

invalidity thereof shall not affect the validity of any other section, part, or provision of this ordinance.

Section 5. That this ordinance shall be published in pamphlet, book, or electronic form and shall take effect and be in full force and effect from and after its passage, approval and publications, as provided by law.

PASSED AND ENACTED the _____ day of May 2024.

Mayor

ATTEST:

City Clerk

