

**LB840 Advisory Board Meeting**  
**Friday, March 28, 2025 2:00 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 Advisory Board members will be recorded to determine the presence of a quorum for official actions.

3. **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.

3.A. Meeting Minutes

Review the minutes from the previous meeting

3.A.1. January 17th, 2025 ED Advisory Board Minutes

3.B. Financial Report

Review monthly financial reports

3.B.1. LB840 report as of 2/28/2025

4. **Special Order of Business**

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.

4.A. Applications for Consideration

Review applications that have been processed and ready for consideration of recommendations to the City Council

4.A.1. Consider the LB840 Application from Crete Youth Cabin Association

4.A.2. Consider the LB840 Application from Kathy's Cardinal Kids Learning Center

4.A.3. Consider the LB840 Application from the City of Crete for local share for the Community Development Block Grant Program 20DTR002.

4.A.4. Consider the LB840 Application from the City of Crete for match for housing grant application.

4.A.5. Consider the LB840 Application from Rotary International District 5650 Foundation

5. **Officers' Reports**

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.

6. **Adjournment**

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.

#### **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](http://www.crete.ne.gov).



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## CRETE ED ADVISORY BOARD MEETING

January 17<sup>th</sup>, 2025 at 2:00 PM  
Crete City Hall, 243 East 13<sup>th</sup> Street

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### MINUTES

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

##### 2. Roll Call

Manny Dimas: Present  
Paul Heath: Present  
Ken Marvin: Present  
Liz Umana: Present  
Present: 4, Absent:0, Vacancy: 1

Also present: City Administrator Tom Ourada, City Attorney Anna Burge, City Clerk Nancy Tellez, Finance Director Wendy Thomas, Chief of Police Gary Young arrived at 2:04 p.m.

#### 3. Consent Agenda

##### 3.A. Meeting Minutes

##### 3.A.1. Approve January 10th, 2025 Minutes

The January 10th, 2025 Meeting Minutes were approved by a motion by Paul Heath and seconded by Ken Marvin.

#### **4. Special Order of Business**

##### **4.A. Consider the amended Crete Housing & Community Development Corporation LB840 application**

City Administrator Tom Ourada explained that the City found out that the match is four to one.

The CAIDC Crete Area Improvement Development Corporation is going to disband and dissolve, and they are going to be giving \$25,000 to the CHCDC and some funds to Rotary Park. Ourada stated that he spoke with Justin Kozisek who is also on that board and they talked about taking that \$25,000 in and freeing up \$25,000 for LB840 so that can go back in and used elsewhere. Ourada stated that \$500,000 is what is going to be on the application for Workforce Housing application.

Ken Marvin motioned to approve the amended CHCDC LB840 application from \$300,000 to \$475,000 and Paul Heath seconded.

#### **5. Officers' Reports**

#### **6. Adjournment**

Paul Heath motioned to adjourn the meeting at 2:09 p.m. and Ken Marvin seconded the motion.

LB840 Financial Report

**February 28, 2025 Financial Statement**

		CASH	LOAN GUARANTEE
ECONOMIC DEVELOPMENT FUNDS <i>ACTUAL</i> (Treasurer's Report)	2/28/2025 #	\$1,281,133.14	## \$599,007.28
AVERAGE MONTHLY INCOME (QUARTERLY)			
SALES TAX (Sales Tax Receipts-Average monthly)	\$45,000.00		
ESTIMATED INCOME MAR	1	\$40,500.00	\$4,500.00
TOTAL FUNDS <i>ESTIMATED</i> - <b>FIRST</b> QUARTER FY25		\$1,321,633.14	\$603,507.28
150%			\$905,260.92
<b>OBLIGATIONS</b>			
LOAN GUARANTEES		-	\$300,000.00
OPERATIONS (1/4 of \$30,000)		\$7,500.00	BRAC
LOAN GUARANTEE PLEDGES OVER 100% OF FUND		\$0.00	
		\$0.00	
		\$0.00	
ERIC THORNBURG		\$75,000.00	
CHARPEN PROPERTIES LLC		\$2,219.20	
TOTALS FOR FOURTH QUARTER FY24		\$84,719.20	
FINANCIAL ASSISTANCE FUNDS <i>ESTIMATED</i>			
TOTALS FOR FIRST QUARTER FY25		\$1,236,913.94	
*LOAN AMOUNT TO GUARANTEE (150%) <i>ESTIMATED</i>			\$605,260.92

\*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.

From monthly treasurer's report FUND 801

Fiscal year is 16.67% complete

Income at 5% of budget

Expense at 2% of budget

# 801-1000 + 801-1043      ## 801-1014

## 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 Youth Cabin Association

Business Address: 877 E.R. 2350, BOX 247 CRETE NE 68333  
(City) (State) (Zip Code)

Contact Person: Tom Parker Telephone Number: 402 853-1591

Fax Number: \_\_\_\_\_ Email Address: 46tomkat@gmail.com

Federal Tax ID Number: 47-0739177

Type of Entity:     Start-Up     Buyout     Existing

If Existing, Number of Years in Business in Crete: 60+

**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)

Chris Craven

Director

N-A

**Ownership Identification:** Please List all Officers, Directors, Partners, Owners, Co-owners and Stockholders.

Full Name	Title	Ownership Percentage
Jacob Bospalec	President	N-A
Laura Edke	Treasurer	N-A
Jennifer Craven	Secretary	N-A
Tom Parker	Director	N-A
Craig Snyder	Director	N-A
Elizabeth Snyder	Director	N-A

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: N-A

Number of Full-Time Equivalent Positions to Be Created: N-A

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    N-A

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:

Addition of a Sanitary restroom and Shower facility. To provide necessary accommodations for youth and adults for day and/or overnight stays on grounds. Structure to include a multi use learning center and equipment storage area.

*See attachments*

Use of Funds	Total Project Cost	Econ Dev Funds Requested
Land or Building Acquisition	\$	\$
Renovation/Rehabilitation	\$	\$
New Construction	\$ 210,000	\$ 105,000.00
Machinery / Equipment Acquisition	\$	\$
Business / Employee Recruitment Activities	\$	\$
Technology Costs	\$	\$
Small Business Development	\$	\$
Working Capital (Includes Inventory)	\$	\$
Job Training	\$	\$
Other	\$	\$
Total Project Cost	\$ 0.00	
	Total LB840 Funds Requested:	\$ 105,000.00

**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): \_\_\_\_\_

**B. PROJECT INFORMATION:**

Please provide a Brief Project Summary Description:

Addition of a sanitary restroom and shower facility to provide necessary accommodations for youth and adults for day and/or overnight stays on grounds. Structure to include a multi-use learning center and equipment storage area. See attached docs.

See attachments

Use of Funds	Total Project Cost	Econ Dev Funds Requested
Land or Building Acquisition	\$ 150,000	\$ 150,000
Renovation/Rehabilitation	\$	\$
New Construction	\$ 200,000	\$ 200,000
Machinery / Equipment Acquisition	\$	\$
Business / Employee Recruitment Activities	\$	\$
Technology Costs	\$	\$
Small Business Development	\$	\$
Working Capital (Includes Inventory)	\$	\$
Job Training	\$	\$
Other	\$	\$
Total Project Cost	\$ 0.00	
	Total LB840 Funds Requested:	\$ 350,000.00

**C. FUNDING SOURCES AND EQUITY INJECTION:**

If Borrowing, Name of Lender: American Legion Post 147

Loan Amount: \$150,000 Loan Term (Years): 5

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

to date: over \$200,000 to upgrade existing structures and down payment on land acquisition.

Other Funding Source(s) and Amount(s): \_\_\_\_\_

**C. PROJECT LOCATION:**

- |  |   |  |
|--|---|--|
| Within the Crete City Limits?              | <input type="checkbox"/> Yes            | <input checked="" 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 checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |

If Not in City Jurisdiction, please explain local benefit:

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**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
- 501C3 ✓ • Tax Returns – Previous Three (3) Years – Personal Tax Returns May be Required for Proprietorship
- NA • 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

13-3-25

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](mailto:tom.ourada@crete.ne.gov). **Return** application and supporting documentation to City Administrator, at City Hall, 243 E. 13<sup>th</sup> 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.

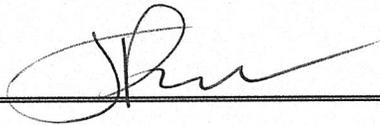
I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete, and accurate and I understand that this information may be used to verify my lawful presence in the United States.

PRINT NAME

Thomas L Parker

(first, middle, last)

SIGNATURE



DATE

3-3-25

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

Step 1

Applicant goes to Director with idea

Is applicant 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

*May enter 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

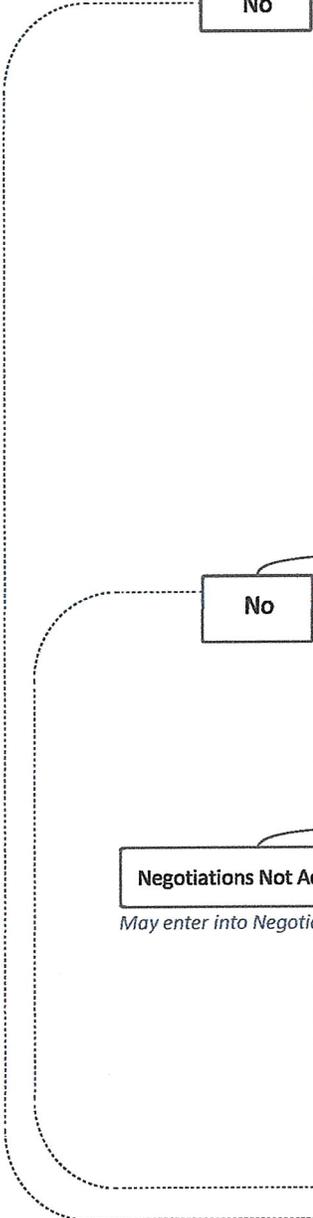
Not Recommended

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: Kathy's Cardinal Kids Learning Center

Business Address: 830 E 1<sup>st</sup> St Suite 4 Crete NE 68333  
(City) (State) (Zip Code)

Contact Person: Kathy Garland Telephone Number: 402-381-5386

Fax Number: \_\_\_\_\_ Email Address: KathycardinalKids@  
yahoo.com

Federal Tax ID Number: 99-2700319

Type of Entity:  Start-Up  Buyout  Existing

If Existing, Number of Years in Business in Crete: 8 months

**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
Kathy Garland	Owner / Director	100%

Which type of assistance is the entity applying for?

- Grant   
  Loan Guarantee If so, Lender? \_\_\_\_\_   
  Other

Explain: LB840

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: 6 FTE

Number of Full-Time Equivalent Positions to Be Created: 3

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:

Kathy's Cardinal Kids is looking to purchase a 12-15 passenger van to transport children

Use of Funds	Total Project Cost	Econ Dev Funds Requested
Land or Building Acquisition	\$	\$
Renovation/Rehabilitation	\$	\$
New Construction	\$	\$
Machinery / Equipment Acquisition	\$ 16,000.00	\$ 8,000.00
Business / Employee Recruitment Activities	\$	\$
Technology Costs	\$	\$
Small Business Development	\$	\$
Working Capital (Includes Inventory)	\$	\$
Job Training	\$	\$
Other	\$	\$
Total Project Cost	\$ 16,000.00	
	Total LB840 Funds Requested:	\$ 8,000.00

**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): \_\_\_\_\_

**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.

Katherine Garland  
Applicant's Signature

2-7-25  
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. 13<sup>th</sup> 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

Katherine L. Garland

(first, middle, last)

SIGNATURE

Katherine L Garland

DATE

2-7-25

1/19/2010

DOWNLOAD/SAVE

PRINT

## 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: Rotary International District 5650 Foundation

Business Address: PO Box 272 Crete NE 68333  
(City) (State) (Zip Code)

Contact Person: Shaylene Smith Telephone Number: 4026416599

Fax Number: \_\_\_\_\_ Email Address: shaylenek@hotmail.com

Federal Tax ID Number: 99-3110287

Type of Entity:       Start-Up       Buyout       Existing

If Existing, Number of Years in Business in Crete: 100 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 checked="" 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 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: Crete Rotary Club is a Member of RI District 5650  
 Address: c/o Frank Goldberg 13031 Marinda St Omaha NE 68144  
(City) (State) (Zip Code)

**Ownership Identification:** Please List all Officers, Directors, Partners, Owners, Co-owners and Stockholders.

Full Name	Title	Ownership Percentage
Jack Thompson	Project Chair	
Shaylene Smith	Club President	
Janelle Snodgrass	Club Secretary	
Jim Johnson	Club Treasurer	

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:**

The City's park at 9th and Kingwood serves a large geographic area of Crete and the ball fields there are used to host many soccer and t-ball games each year. The Crete Rotary Club started working with the City of Crete to improve these fields more than 40 years ago. Over the years, the Club has improved the backstops, replaced the outfield fencing, and built the dugouts among other things. Understanding that many people attend games and events at the park regularly, the Club built a playground structure in the mid-80's so that families and siblings had a place to play during the ballgames. The Crete Rotary Club has continued to improve the park, adding trees and picnic tables in recent years. The park was renamed Rotary Park in 1991 to recognize this working relationship.

At this time, the 40-year-old playground equipment is nearing the end of its useful life. The all-wood structure is eroding and minimal, occasional repairs won't be a option in the near future. It is often the first area of town that our youngest athletes and their families see, so the community needs to bring this well-traveled space up-to-date. The Crete Rotary Club is seeking an LB840 grant to help replace the playground equipment in this park. This will completely replace the wooden structure with new, state-of-the-art equipment and add a swingset. The bid includes new surfacing and a border for the playground.

Thanks to the Crete Area Improvement & Development Corporation and members of the Crete Rotary Club, we have already raised the match required to order the playground equipment and we are ready to move forward immediately. Rotarians also pledge their physical labor to help remove the existing play structure. That in-kind match isn't represented below.

Use of Funds	Total Project Cost	Econ Dev Funds Requested
Land or Building Acquisition	\$	\$
Renovation/Rehabilitation	\$ 107,650.00	\$ 53,580.00
New Construction	\$	\$
Machinery / Equipment Acquisition	\$	\$
Business / Employee Recruitment Activities	\$	\$
Technology Costs	\$	\$
Small Business Development	\$	\$
Working Capital (Includes Inventory)	\$	\$
Job Training	\$	\$
Other	\$	\$
Total Project Cost	\$ 107,650.00	
	Total LB840 Funds Requested:	\$ 53,580.00

**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:  
\$ 29,700.00

Other Funding Source(s) and Amount(s): CAIDC \$25,000.00

**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:

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**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

3/27/2025  
\_\_\_\_\_  
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 *NonProfit*
  - 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. *N/A*
  
- 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. *on file with the City already*
  
- Other information or financial documentation as requested.

**Questions:** Contact City Administrator, Tom Ourada, at 402-826-4313 or email [tom.ourada@crete.ne.gov](mailto:tom.ourada@crete.ne.gov). **Return** application and supporting documentation to City Administrator, at City Hall, 243 E. 13<sup>th</sup> 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

Shaylene M Smith

(first, middle, last)

SIGNATURE

Shaylene M Smith

DATE

3/27/25

1/19/2010

DOWNLOAD/SAVE

PRINT