

LB840 Advisory Board Meeting
Monday, March 31, 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 LB840 Advisory Board Minutes

3.B. Financial Report

Review monthly financial reports

3.B.1. LB840 Financial Report as of 02.28.2025

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. City of Crete Economic Development Plan

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

4.A.1. Status of Investments with Performance Requirements

Review the grant awards with performance requirements

4.A.2. Housing

Review housing activities within the scope of the Crete Economic Development Plan

4.B. Applications for Consideration

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

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

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

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

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

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

4.C. Application Introductions

Review and discuss applications that have been submitted for staff review

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.

5.A. Discussion on the sale of 1209 and 1211 Main Ave

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.
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- The complete agenda with attachments is available at www.crete.ne.gov.



CRETE ED ADVISORY BOARD MEETING

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

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> - FIRST QUARTER FY25			\$1,321,633.14	\$603,507.28
150%				\$905,260.92

OBLIGATIONS

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 *ESTIMATED*

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 C.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)

- | | | |
|---|---|---|
| ☐ Retail | ☐ Manufacturing | ☐ Research & Development |
| ☐ Headquarter | ☐ Telecommunications | ☐ Tourism |
| ☐ Warehouse/Distribution | ☐ Government | ☒ Other |

Business Type: (Please Choose One)

- | | | |
|---|---|--------------------------------------|
| ☐ Proprietorship | ☒ Corporation | ☐ Partnership |
| ☐ LLC | ☐ Governmental Entity | ☐ 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 Ebke	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	\$ 200,000	\$ 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 0.00

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?	☐ Yes	☒ No
Within the Crete Two-Mile Jurisdiction?	☒ Yes	☐ No
Land Owned by the City of Crete?	☐ Yes	☒ No
Not Located in Crete but for area benefit?	☒ Yes	☐ No

If Not in City Jurisdiction, please explain local benefit:

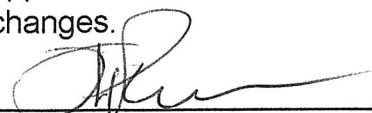
D. ATTACHMENTS: - Please Include the Attachments that Apply to Your Entity – See *checklist Page 5.*

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
- 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. **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.

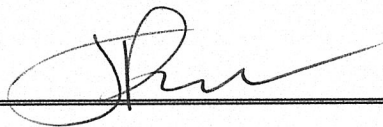
I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete, and accurate and I understand that this information may be used to verify my lawful presence in the United States.

PRINT NAME

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

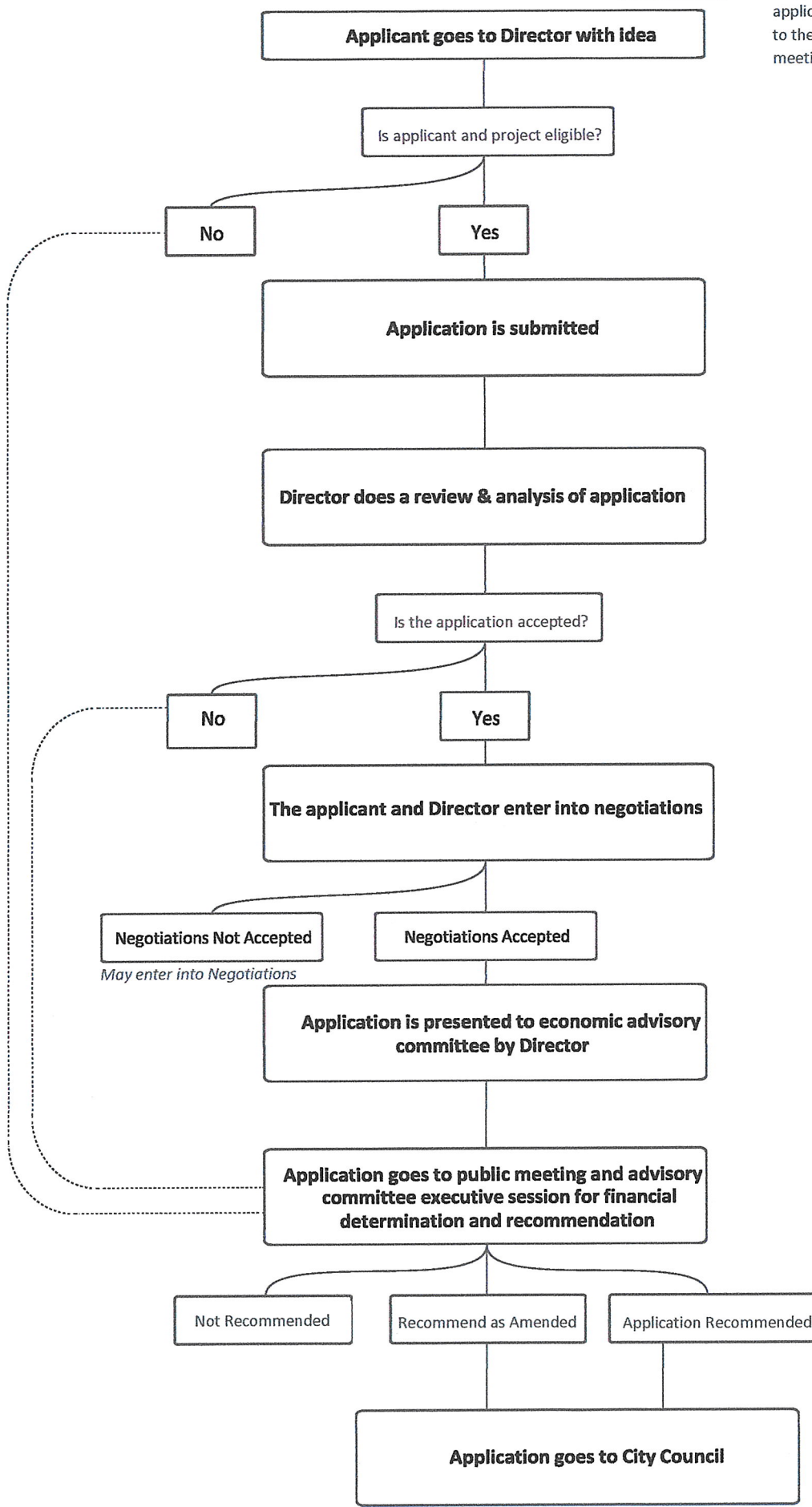
Not Recommended

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 1st 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)

- | | | |
|---|---|---|
| ☐ Retail | ☐ Manufacturing | ☐ Research & Development |
| ☐ Headquarter | ☐ Telecommunications | ☐ Tourism |
| ☐ Warehouse/Distribution | ☐ Government | ☒ Other |

Business Type: (Please Choose One)

- | | | |
|---|--|--------------------------------------|
| ☐ Proprietorship | ☐ Corporation | ☐ Partnership |
| ☒ LLC | ☐ Governmental Entity | ☐ 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?	☒ Yes	☐ No
Within the Crete Two-Mile Jurisdiction?	☒ Yes	☐ No
Land Owned by the City of Crete?	☐ Yes	☒ No
Not Located in Crete but for area benefit?	☐ Yes	☒ 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
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- 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. 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

Katherine L. Garland

(first, middle, last)

SIGNATURE

Katherine L. Garland

DATE

2-7-25

1/19/2010

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To LB840 Applicant:

CONGRATULATIONS on taking the first step to being awarded additional funds to help your business or event in Crete. The funds available for Economic Development, resulting from the citizen-approved sales tax increase that took effect April 1, 2011, are available first come to businesses, events and projects that meet the requirements of Crete's written Economic Development Plan, which can be found online at www.crete.ne.gov/vnews/display.v/ART/58fa7907ccebfc. A written copy is also available from the City of Crete Economic Development Director.

Please review the Economic Development Plan and confirm that your project or business is eligible. Applications may be recommended for funding in full or in part or may be denied based upon the review of the Board. Final decisions regarding funding will be made by the City Council but according to the terms of the Plan, in no event may the City Council fund any Application not previously reviewed and approved by the citizen Board.

In this packet you will find an Application for Funds, a US Citizenship Attestation Form and a Check List of required items. As you will see, the Application is detailed and requires significant information and additional verification documents. If you need assistance with the application please contact any Economic Development Advisory Board member. *If you have questions, please call the Economic Development Office, at 402-826-4312 or email the City Administrator, tom.ourada@crete.ne.gov*

Please note that the first portion of the application will be open to the public and may be provided to the City Council for final funding review. The balance of the application and all supporting documentation including personal financial information is confidential and will only be shared with members of the Economic Advisory Board for purposes of considering your application. All confidential records will be maintained in the office of the Economic Development Board and will be kept separately and not be available for review by the public. Any questions or concerns regarding this process shall be directed to the City Administrator.

All Applicants will be required to attend a public hearing for presentation regarding their request for funding. Public hearings will be held at least quarterly and may be held more frequently at the request of the Board. All Applications presented within the three months preceding a Public Hearing will be set for presentation and consideration at the same meeting. The Board may make a recommendation for funding at the public hearing, or may vote to table an application for further information, but in no event shall an application be tabled more than once so that all decisions will be made not more than three months after the initial public hearing regarding an application. There is no guarantee that a determination will be made less than three months after submission so all applicants are urged to make timely requests for funding if projects or events have set timelines.

Mail or deliver completed application with all supporting documentation and forms to:

**Economic Development Program Director
City of Crete City Hall
243 E. 13th Street, P.O. Box 86
Crete, NE 68333**

We look forward to working with you through the application process.
Equal Opportunity and Fair Housing Provider and Employer



ECONOMIC DEVELOPMENT PROGRAM APPLICATION FOR FUNDS

Please Type or Print Clearly and Answer Each Question (If Question Does Not Apply – Mark N/A).

Please Note: The Information Contained in this portion of the document is Public Information and will **NOT** be Considered Confidential.

A. APPLICANT INFORMATION:

Name of Entity Applying for Assistance: The City of Crete

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

Contact Person: Tom Ourada Telephone Number: 4028269758

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

Federal Tax ID Number: 47-6006154

Type of Entity: ☐ Start-Up ☐ Buyout ☒ Existing

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

Business Classification: (Please Choose One)

☐ Retail	☐ Manufacturing	☐ Research & Development
☐ Headquarter	☐ Telecommunications	☐ Tourism
☐ Warehouse/Distribution	☒ Government	☐ Other

Business Type: (Please Choose One)

☐ Proprietorship	☐ Corporation	☐ Partnership
☐ LLC	☒ Governmental Entity	☐ 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

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: _____

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:

The City of Crete applied for the Community Development Block Grant (CDBG) through the Department of Economic Development (DED) and has been awarded up to \$400,000 in funds. The City of Crete would like to request \$100,000.00 of LB840 funds for the local share costs.

The award is intended to leverage investments that will contribute to the revitalization or redevelopment of downtown infrastructure and develop a greater capacity for growth, addressing health and safety concerns and commercial revitalization within the business in downtown Crete.

Use of Funds	Total Project Cost	Econ Dev Funds Requested
Land or Building Acquisition	\$	\$
Renovation/Rehabilitation	\$ 400,000.00	\$ 100,000.00
New Construction	\$	\$
Machinery / Equipment Acquisition	\$	\$
Business / Employee Recruitment Activities	\$	\$
Technology Costs	\$	\$
Small Business Development	\$	\$
Working Capital (Includes Inventory)	\$	\$
Job Training	\$	\$
Other	\$	\$
Total Project Cost	\$ 400,000.00	
	Total LB840 Funds Requested:	\$ 100,000.00

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): _____

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 Ourada

(first, middle, last)

SIGNATURE

Tom Ourada

DATE

3/28/2025

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

C. PROJECT LOCATION:

Within the Crete City Limits?	☐ Yes	☐ No
Within the Crete Two-Mile Jurisdiction?	☐ Yes	☐ No
Land Owned by the City of Crete?	☐ Yes	☐ No
Not Located in Crete but for area benefit?	☐ Yes	☐ 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

3/28/25
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. 13th Street, Crete, NE 68333



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/58fa7907ccebfb. 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.

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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



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Bryan Health

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: The City of Crete

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

Contact Person: Tom Ourada Telephone Number: 4028269758

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

Federal Tax ID Number: 47-6006154

Type of Entity: ☐ Start-Up ☐ Buyout ☒ Existing

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

Business Classification: (Please Choose One)

- | | | |
|---|--|---|
| ☐ Retail | ☐ Manufacturing | ☐ Research & Development |
| ☐ Headquarter | ☐ Telecommunications | ☐ Tourism |
| ☐ Warehouse/Distribution | ☒ Government | ☐ Other |

Business Type: (Please Choose One)

- | | | |
|---|---|--------------------------------------|
| ☐ Proprietorship | ☐ Corporation | ☐ Partnership |
| ☐ LLC | ☒ Governmental Entity | ☐ 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

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: _____

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:

The City of Crete submitted a pre-application to the Department of Economic Development for the Nebraska Affordable Housing Trust Fund (NAHTF) for workforce housing. The full application will be submitted to request the maximum \$750,000 funding amount.

The City of Crete would like to request \$250,000 from LB840 to use as a match in the NAHTF application. We will be targeting the housing range from \$250,000 to \$325,000 in order to provide more housing availability for more residents.

Use of Funds	Total Project Cost	Econ Dev Funds Requested
Land or Building Acquisition	\$ 300,000.00	\$ 100,000.00
Renovation/Rehabilitation	\$	\$
New Construction	\$ 700,000.00	\$ 150,000.00
Machinery / Equipment Acquisition	\$	\$
Business / Employee Recruitment Activities	\$	\$
Technology Costs	\$	\$
Small Business Development	\$	\$
Working Capital (Includes Inventory)	\$	\$
Job Training	\$	\$
Other	\$	\$
Total Project Cost	\$ 1,000,000.00	
	Total LB840 Funds Requested:	\$ 250,000.00

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?	☒ Yes	☐ No
Within the Crete Two-Mile Jurisdiction?	☒ Yes	☐ No
Land Owned by the City of Crete?	☐ Yes	☒ No
Not Located in Crete but for area benefit?	☐ Yes	☐ 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
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- 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

3/28/25
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) Ycarly 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

Tom Durada

(first, middle, last)

SIGNATURE

Tom Durada

DATE

3/28/25

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: 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)

☐ Retail	☐ Manufacturing	☐ Research & Development
☐ Headquarter	☐ Telecommunications	☒ Tourism
☐ Warehouse/Distribution	☐ Government	☐ Other

Business Type: (Please Choose One)

☐ Proprietorship	☒ Corporation	☐ Partnership
☐ LLC	☐ Governmental Entity	☐ 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?	☒ Yes	☐ No
Within the Crete Two-Mile Jurisdiction?	☒ Yes	☐ No
Land Owned by the City of Crete?	☒ Yes	☐ No
Not Located in Crete but for area benefit?	☐ Yes	☒ 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
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- 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 *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. **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

Shaylene M Smith

(first, middle, last)

SIGNATURE

Shaylene M Smith

DATE

3/27/25

1/19/2010

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