

ED/LB840 Advisory Board Meeting
Wednesday, October 1, 2025 3:30 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. August 15th, 2025 Meeting Minutes

3.B. Financial Report

Review monthly financial reports

3.B.1. LB840 Financial Report as of 9.30.2025

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 Heath Sports

4.B.2. Consider the LB840 Application from Saline Medical Specialties

4.C. Application Introductions

Review and discuss applications that have been submitted for staff review

4.C.1. Discuss the LB840 Application from Dollarama Remodeling and Solutions LLC

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.



CRETE ED/LB840 ADVISORY BOARD MEETING

August 15th, 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
Jayden Hilkemann: Present
Present: 5, Absent:0,

3. Special Order of Business

3.A. Consider the June 16th, 2025 Meeting Minutes

Paul Heath motioned and Liz Umana seconded to approve the June 16th, 2025 meeting minutes.

Paul Heath: Aye, Liz Umana: Aye, Manny Dimas: Aye, Jayden Hilkemann: Aye, Ken Marvin: Aye

3.B. Financial Report

Ken Marvin motioned and Paul Heath seconded to approve the Financial Report.
Paul Heath: Aye, Liz Umana: Aye, Manny Dimas: Aye, Jayden Hilkemann: Aye, Ken Marvin:
Aye

3.C. Applications for Consideration

3.C.1. Consider the Saline Medical Specialties Application

City Administrator Tom Ourada explained that Saline Medical Specialties has two applications submitted, and this one can be reviewed by the committee. Ourada explained that Innovative Community Health Institute LLC has two clinics, Saline Medical Specialties in Crete and Lancaster Family Medicine in Lincoln. Ourada explained that the committee could look at this application request for \$100,000 and since the LB840 program helps with up to 50% 1/3 of the income is in the Lincoln clinic and not in Crete they could look at \$75,000 and 50% of that is \$37,500. Ourada also explained to the committee that there are performance agreements.

Liz Umana motioned to recommend to the City Council up to \$37,500 of LB840 funds and Jayden Hilkemann seconded

Paul Heath: Aye, Liz Umana: Aye, Manny Dimas: Aye, Jayden Hilkemann: Aye, Ken Marvin:
Aye

3.D. Application Introductions

4. Officers' Reports

City Administrator Tom Ourada explained that the LB840 Program sunsets next year and the City Council approved to put it on the November ballot. Ourada stated that after this City employees and elected officials can only provide information on the program and answer questions and not spend money on it. Mayor Bauer is willing to provide information on the program to groups in the community that are interested in knowing more on the LB840 program.

5. Adjournment

The meeting adjourned at 2:16 p.m.

September 30, 2025 Financial Statement

		CASH	LOAN GUARANTEE
ECONOMIC DEVELOPMENT FUNDS <i>ACTUAL</i> (Treasurer's Report)	9/30/2025 #	\$1,324,885.94	## \$633,636.53
AVERAGE MONTHLY INCOME (QUARTERLY)			
SALES TAX (Sales Tax Receipts-Average monthly)	\$45,000.00		
ESTIMATED INCOME JULY-SEPT	0	\$0.00	\$0.00
TOTAL FUNDS <i>ESTIMATED</i> - THIRD QUARTER FY25		\$1,324,885.94	\$633,636.53
150%			\$950,454.80
**ROTARY 5650 FOUNDATION \$44040.00 & \$10,733.00		\$54,773.00	
**Reflects \$44,040.00 deposit from Rotary for a pass through for park equipment			
		\$1,270,112.94	
OBLIGATIONS			
LOAN GUARANTEES		-	\$310,000.00
OPERATIONS (1/4 of \$30,000)		\$7,500.00	BRAC
UNETA		\$6,194.28	
PWR & DWD RENTAL PROP (OLD MAIN) 2025		\$2,945.00	
MAJO JEWELRY		\$21,506.53	
CRETE YOUTH CABIN		\$105,000.00	
ROTARY 5650 FOUNDATION (PARK PAYMENT)		\$53,580.00	
CHARPEN PROPERTIES LLC		\$219.20	
SALINE MEDICAL SPECIALTIES		\$37,500.00	
TOTALS OBLIGATIONS AS OF 07/31/2025		\$234,445.01	
FINANCIAL ASSISTANCE FUNDS <i>ESTIMATED</i>			
TOTALS FOR THIRD QUARTER FY25		\$1,090,440.93	
*LOAN AMOUNT TO GUARANTEE (150%) <i>ESTIMATED</i>			\$640,454.80

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



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.

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: Heath Sports & Apparel, Inc.

Business Address: 1222 Main Ave. CRETE NE 68333
(City) (State) (Zip Code)

Contact Person: Sherri Heath Telephone Number: 4028265187

Fax Number: _____ Email Address: sherri@heathsports.com

Federal Tax ID Number: 45-1503960

Type of Entity: Start-Up Buyout Existing

If Existing, Number of Years in Business in Crete: 14

Business Classification: (Please Choose One)

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Retail | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Research & Development |
| <input type="checkbox"/> Headquarter | <input type="checkbox"/> Telecommunications | <input type="checkbox"/> Tourism |
| <input type="checkbox"/> Warehouse/Distribution | <input type="checkbox"/> Government | <input type="checkbox"/> Other |

Business Type: (Please Choose One)

- | | | |
|---|---|--------------------------------------|
| <input type="checkbox"/> Proprietorship | <input 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)

C. PROJECT LOCATION:

- | | | |
|--|---|-----------------------------|
| Within the Crete City Limits? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Within the Crete Two-Mile Jurisdiction? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Land Owned by the City of Crete? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Not Located in Crete but for area benefit? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If Not in City Jurisdiction, please explain local benefit:

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

Please Note: The Information provided pursuant to this Section **Will** be Deemed Confidential and will not be Available for Public Disclosure.

- Business Plan: Brief Description of the Business
- Resumes of all Owners/Co-Owners/Directors/Partners/Stockholders
- For Existing Businesses – Three (3) Yearly Financial Statements
- For Existing Businesses – Current Financial Statements (Less Than Sixty (60) Days Old)
- For Existing Businesses - List of Current Obligations (Include Company Names and Amounts)
- For Start-Up Businesses – Current Business Plan
- For Start-Up Businesses – Three Year Projections
- Tax Returns – Previous Three (3) Years – Personal Tax Returns May be Required for Proprietorship
- Letter from Lending Institution if applicable
- If a Corporation, LLC or Other Legal Entity - Copy of Organizational Documents (Articles, Bylaws)
- Please Note that Other Financial Documents May Be Required

E. APPLICANT SIGNATURE:

I certify that the information contained in this application and all attachments are correct to the best of my knowledge. By signing below, I authorize the City of Crete or their contracted representative to check my credit and the credit of all who are listed within this application. I understand that I must update my credit information if my financial situation changes.

Shelby Heaton

Applicant's Signature

June 23, 2025

Date

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

Full Name	Title	Ownership Percentage
Paul Heath	President	43
Sherri Heath	Treasurer	43
Deborah Hervert	Secretary	7
Fred Hervert	Vice President	7

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: 3

Number of Full-Time Equivalent Positions to Be Created: Potentially 1 or 2

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 goal is to acquire a new automatic screen-printing machine. We currently have a manual screen-print machine, and an automatic screen-print machine. We have 2 full time employees that run those machines. The automatic machine we currently run was built in the 1990's, and we have been able to keep it maintained, and repair as needed, but the technology and capabilities of the newer machines would speed up production, as well as save money due to not having to pay for repairs, and account for down time. The speed of the new machine would also enable us to produce orders at a faster rate, and allow us to branch out more in sales, and take on more jobs.

I would like to hire not only a salesperson, but another store person to coordinate increased orders. We currently have 3 contract customers that we work with, and we print all of their wearables that they sell to their customers. If we are more efficient in our production area, our bottom line is better, and we can be more growth-minded looking ahead to the next few years.

Use of Funds	Total Project Cost	Econ Dev Funds Requested
Land or Building Acquisition	\$	\$
Renovation/Rehabilitation	\$	\$
New Construction	\$	\$
Machinery / Equipment Acquisition	\$ 70,000.00	\$ 35,000.00
Business / Employee Recruitment Activities	\$	\$
Technology Costs	\$	\$
Small Business Development	\$	\$
Working Capital (Includes Inventory)	\$	\$
Job Training	\$	\$
Other	\$	\$
Total Project Cost	\$ 70,000.00	
	Total LB840 Funds Requested:	\$ 35,000 ⁴¹ 70,000.00

C. FUNDING SOURCES AND EQUITY INJECTION:

If Borrowing, Name of Lender: Union Bank & Trust

Loan Amount: \$50,000.00 Loan Term (Years): LOC - 12 months

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

Other Funding Source(s) and Amount(s): n/a

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	<u>Sherri S. Heath</u> <small>(first, middle, last)</small>
SIGNATURE	<u></u>
DATE	<u>June 14, 2025</u>



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: Saline Medical Specialties

Business Address: 830 E 1st Street, Ste. 200 Crete NE 68333
(City) (State) (Zip Code)

Contact Person: Josue Gutierrez, M.D. Telephone Number: 4028263222

Fax Number: 4028263228 Email Address: jgutierrez@smscrete.com

Federal Tax ID Number: 833424514

Type of Entity: Start-Up Buyout Existing

If Existing, Number of Years in Business in Crete: 6 years

Business Classification: (Please Choose One)

- | | | |
|---|---|---|
| <input type="checkbox"/> Retail | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Research & Development |
| <input type="checkbox"/> Headquarter | <input type="checkbox"/> Telecommunications | <input type="checkbox"/> Tourism |
| <input type="checkbox"/> Warehouse/Distribution | <input type="checkbox"/> Government | <input checked="" type="checkbox"/> Other |

Business Type: (Please Choose One)

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Proprietorship | <input type="checkbox"/> Corporation | <input type="checkbox"/> Partnership |
| <input 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
Josue D. Gutierrez	Owner, Physician	100

Which type of assistance is the entity applying for?

- Grant
 Loan Guarantee If so, Lender? Pinnacle Bank
 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: 14

Number of Full-Time Equivalent Positions to Be Created: 4-6

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:

(See Project Summary in attachments)

Saline Medical Specialties is an independent Family Medicine clinic that has been in our community for more than 20 years and more recently became independent in 2019. Since becoming an independent clinic we have tried to innovate and bring resources to the community that will strengthen its health in general.

Several programs have been initiated in order to satisfy and continue providing high quality care, these include employee retention and education, technology upgrades as well as clinician recruitment planning.

Our community is quite diverse and we identified there were several individuals in our community that are foreign trained physicians in other countries but that lacking the language to practice and train here, this was limiting their growth and forcing them to be employed in non healthcare related areas. Partnering with the school system a program was set in place, allowing SMS to hire 6 individuals to work as CMA's in the clinic. The clinic would pay for their medically focused English curriculum, provide training on the US healthcare system including clinic workflow and insurance processes. Continuous one on one training with Dr. Gutierrez teaching them different ways to approach entry into the US school system and advising on next steps to achieve this goal. The end goal of this program is for these foreign trained doctors have a way to learn the medical system in the United States, learn medical level English, and in the future apply or continue the road to becoming independent clinicians in the US. This can be achieved by NP, PA or MD schooling. Ultimately have these individuals return or stay in our community providing care for everyone. +

Use of Funds	Total Project Cost	Econ Dev Funds Requested
Land or Building Acquisition	\$	\$
Renovation/Rehabilitation	\$	\$
New Construction	\$	\$
Machinery / Equipment Acquisition	\$ 75,000.00	\$ 75,000.00
Business / Employee Recruitment Activities	\$ 350,000.00	\$ 350,000.00
Technology Costs	\$ 100,000.00	\$ 100,000.00
Small Business Development	\$	\$
Working Capital (Includes Inventory)	\$	\$
Job Training	\$ 75,000.00	\$ 75,000.00
Other	\$	\$
Total Project Cost	\$ 600,000.00	
	Total LB840 Funds Requested:	\$ 600,000.00

C. FUNDING SOURCES AND EQUITY INJECTION:

If Borrowing, Name of Lender: Pinnacle Bank

Loan Amount: CHF 600,000.00 Loan Term (Years): 10

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

Other Funding Source(s) and Amount(s): None

C. PROJECT LOCATION:

- | | | |
|--|---|--|
| Within the Crete City Limits? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Within the Crete Two-Mile Jurisdiction? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Land Owned by the City of Crete? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Not Located in Crete but for area benefit? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

If Not in City Jurisdiction, please explain local benefit:

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

Please Note: The Information provided pursuant to this Section **Will** be Deemed Confidential and will not be Available for Public Disclosure.

- Business Plan: Brief Description of the Business
- Resumes of all Owners/Co-Owners/Directors/Partners/Stockholders
- For Existing Businesses – Three (3) Yearly Financial Statements
- For Existing Businesses – Current Financial Statements (Less Than Sixty (60) Days Old)
- For Existing Businesses - List of Current Obligations (Include Company Names and Amounts)
- For Start-Up Businesses – Current Business Plan
- For Start-Up Businesses – Three Year Projections
- Tax Returns – Previous Three (3) Years – Personal Tax Returns May be Required for Proprietorship
- Letter from Lending Institution if applicable
- If a Corporation, LLC or Other Legal Entity - Copy of Organizational Documents (Articles, Bylaws)
- Please Note that Other Financial Documents May Be Required

E. APPLICANT SIGNATURE:

I certify that the information contained in this application and all attachments are correct to the best of my knowledge. By signing below, I authorize the City of Crete or their contracted representative to check my credit and the credit of all who are listed within this application. I understand that I must update my credit information if my financial situation changes.



 Applicant's Signature

7/15/2025

 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
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 - List of Current Obligations (include company Names and Amounts)
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- 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	Josue D. Gutierrez, M.D. <hr/> <small>(first, middle, last)</small>
SIGNATURE	 <hr/>
DATE	7/15/2025 <hr/>

1/19/2010

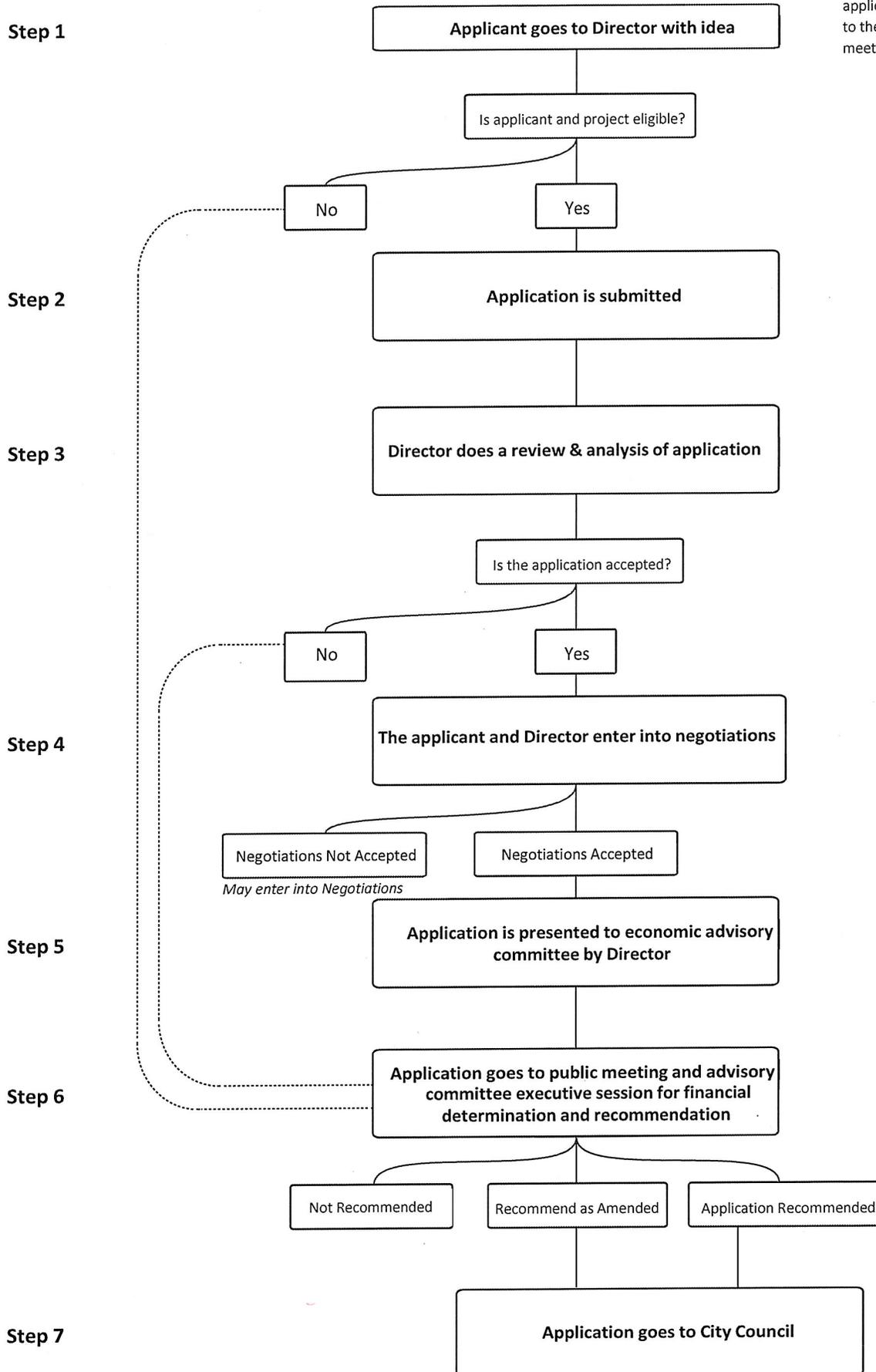
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PRINT

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



Project Information

Saline Medical Specialties is an independent Family Medicine clinic that has been in our community for more than 20 years and more recently became independent in 2019. Since becoming an independent clinic we have tried to innovate and bring resources to the community that will strengthen its health in general.

Several programs have been initiated to satisfy and continue providing high quality care, these include employee retention and education, technology upgrades as well as clinician recruitment planning.

Our community is quite diverse, and we identified there were several individuals in our community that are foreign trained physicians in other countries but that lacking the language to practice and train here, this was limiting their growth and forcing them to be employed in non-healthcare related areas. Partnering with the school system a program was set in place, allowing SMS to hire 6 individuals to work as CMAs in the clinic. The clinic would pay for their medically focused English curriculum, provide training on the US healthcare system including clinic workflow and insurance processes. Continuous one-on-one training with Dr. Gutierrez teaching them different ways to approach entry into the US school system and advising on the next steps to achieve this goal. The end goal of this program is for these foreign trained doctors have a way to learn the medical system in the United States, learn medical level English, and in the future apply or continue the road to becoming independent clinicians in the US. This can be achieved by NP, PA or MD schooling. Ultimately, these individuals return or stay in our community providing care for everyone.

We would also like to use a portion of the loan for immediate clinician recruitment and retention. The competitive sign on bonuses and loan repayment programs offered in other health care facilities at times limit smaller clinics from high quality candidates. The extra revenue would be employed to expand clinic services in the future to include mental health counselor, a dietary clinician to assist patients with hypertension, diabetes, and weight loss. Resources that are truly needed in our community but need to be sustainable and that can only be done by expanding our ability to see more patients. Our community, all these additions would be extremely beneficial to patients. All in all these funds would be directly tied to further strengthening the healthcare system in our community and to provide a pipeline for high quality clinicians and care.

We thank you for your consideration in this matter and in partnering with us to improve our community.

Sincerely,

Saline Medical Specialties

**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: Dollarama Remodeling and Solutions
 Business Address: PO BOX 272 Crete NE 68333
(City) (State) (Zip Code)
 Contact Person: Luency Marin Madrigal Telephone Number: 786 400 5687
Yoan R Montero Maseda 605 380 2804
 Fax Number: _____ Email Address: dollarama84@gmail.com

Federal Tax ID Number: _____

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)



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.

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



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 type="checkbox"/> No |

If Not in City Jurisdiction, please explain local benefit:

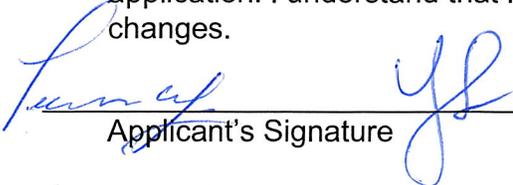
D. ATTACHMENTS: - Please Include the Attachments that Apply to Your Entity – **See checklist Page 5.**

Please Note: The Information provided pursuant to this Section **Will** be Deemed Confidential and will not be Available for Public Disclosure.

- Business Plan: Brief Description of the Business
- Resumes of all Owners/Co-Owners/Directors/Partners/Stockholders
- For Existing Businesses – Three (3) Yearly Financial Statements
- For Existing Businesses – Current Financial Statements (Less Than Sixty (60) Days Old)
- For Existing Businesses - List of Current Obligations (Include Company Names and Amounts)
- For Start-Up Businesses – Current Business Plan
- For Start-Up Businesses – Three Year Projections
- Tax Returns – Previous Three (3) Years – Personal Tax Returns May be Required for Proprietorship
- Letter from Lending Institution if applicable
- If a Corporation, LLC or Other Legal Entity - Copy of Organizational Documents (Articles, Bylaws)
- Please Note that Other Financial Documents May Be Required

E. APPLICANT SIGNATURE:

I certify that the information contained in this application and all attachments are correct to the best of my knowledge. By signing below, I authorize the City of Crete or their contracted representative to check my credit and the credit of all who are listed within this application. I understand that I must update my credit information if my financial situation changes.


 Applicant's Signature

9-3-2025
 Date

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Nos gustaría aplicar para la ayuda de la Ciudad para comenzar nuestro negocio, pues necesitamos un vehículo suficientemente grande para ~~móvil~~ movilizar nuestros equipos.

Además necesitamos obtener otras herramientas para garantizar un mejor servicio a los clientes.

Queremos también destinar ~~cierto~~ ~~cierto~~ parte de nuestro tiempo en ayuda comunitaria.

The reaction between
the acid and the base
is a neutralization reaction
in which the acid and base
react to form a salt and water.
The reaction is exothermic
and the heat released is
known as the heat of neutralization.
The heat of neutralization
is constant for all strong
acids and bases and is
approximately 57 kJ/mol.
This is because the reaction
involves the formation of
water from H⁺ and OH⁻ ions.
The reaction is also
spontaneous and irreversible.

B. PROJECT INFORMATION:

Please provide a Brief Project Summary Description:

We would like to apply for assistance to start our construction business. We are needing help with purchasing the equipment and a vehicle for the larger equipment. We would like to also offer our services to help in the community when we can for certain projects free of charge.

Use of Funds	Total Project Cost	Econ Dev Funds Requested
Land or Building Acquisition	\$	\$
Renovation/Rehabilitation	\$	\$
New Construction	\$	\$
Machinery / Equipment Acquisition	\$ 54,000	\$ 27,000
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:	\$ 27,000 0.00

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): _____

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)

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PRINT NAME	<u>Luency MARIN Madrigal</u> (first, middle, last)
SIGNATURE	<u>Luency</u>
DATE	<u>09/03/25</u>

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

