Legislative/Development Committee Meeting
Tuesday, October 7, 2025 5:00 PM
Crete City Hall
243 E 13th Street
Crete, NE 68333

1. **Open Meeting**

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

2. **Roll Call**

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

3. **Items of Business**

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

    3.A. Consider the LB840 Application from Heath Sports in the amount up to $35,000 for a new automatic screen-printing machine.

    3.B. Consider the LB840 Application from Saline Medical Specialties for a loan guarantee for up to $500,000 for equipment, employee recruitment and job training.

4. **Officers' Reports**

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

5. **Adjournment**

Disclaimers & Notices

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

CRETE NEBRASKA Community in Motion NEBRASKA ECONOMIC DEVELOPMENT CERTIFIED COMMUNITY

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/58fa7907ccebf. 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

CRETE NEBRASKA Community in Motion NEBRASKA ECONOMIC DEVELOPMENT CERTIFIED COMMUNITY

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)

☑ 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)

CRETE NEBRASKA Community in Motion NEBRASKA ECONOMIC DEVELOPMENT CERTIFIED COMMUNITY

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.

Sherri Heaton — June 23, 2025

Applicant's Signature — 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 aquire 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 curently 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 ~~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	Sherri S. Heath (first, middle, last)
SIGNATURE	Sherri S Heath
DATE	June 14, 2025

CRETE NEBRASKA Community in Motion NEBRASKA ECONOMIC DEVELOPMENT CERTIFIED COMMUNITY

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/58fa7907ccebf. 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

CRETE NEBRASKA Community in Motion NEBRASKA ECONOMIC DEVELOPMENT CERTIFIED COMMUNITY

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)

☐ 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)

CRETE NEBRASKA Community in Motion NEBRASKA ECONOMIC DEVELOPMENT CERTIFIED COMMUNITY

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)

CRETE NEBRASKA Community in Motion NEBRASKA ECONOMIC DEVELOPMENT CERTIFIED COMMUNITY

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 and 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

CRETE NEBRASKA Community in Motion NEBRASKA ECONOMIC DEVELOPMENT CERTIFIED COMMUNITY

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.

_____ 7/15/2025

Applicant's Signature Date

Nestlé PURINA BUNGE Smithfield Good food. Responsibly. DOANE UNIVERSITY Bryan Health

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

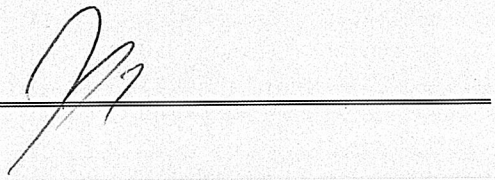
For the purpose of complying with Neb. Rev. Stat. §§ 4-108 through 4-114, I attest as follows:

☑ 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.

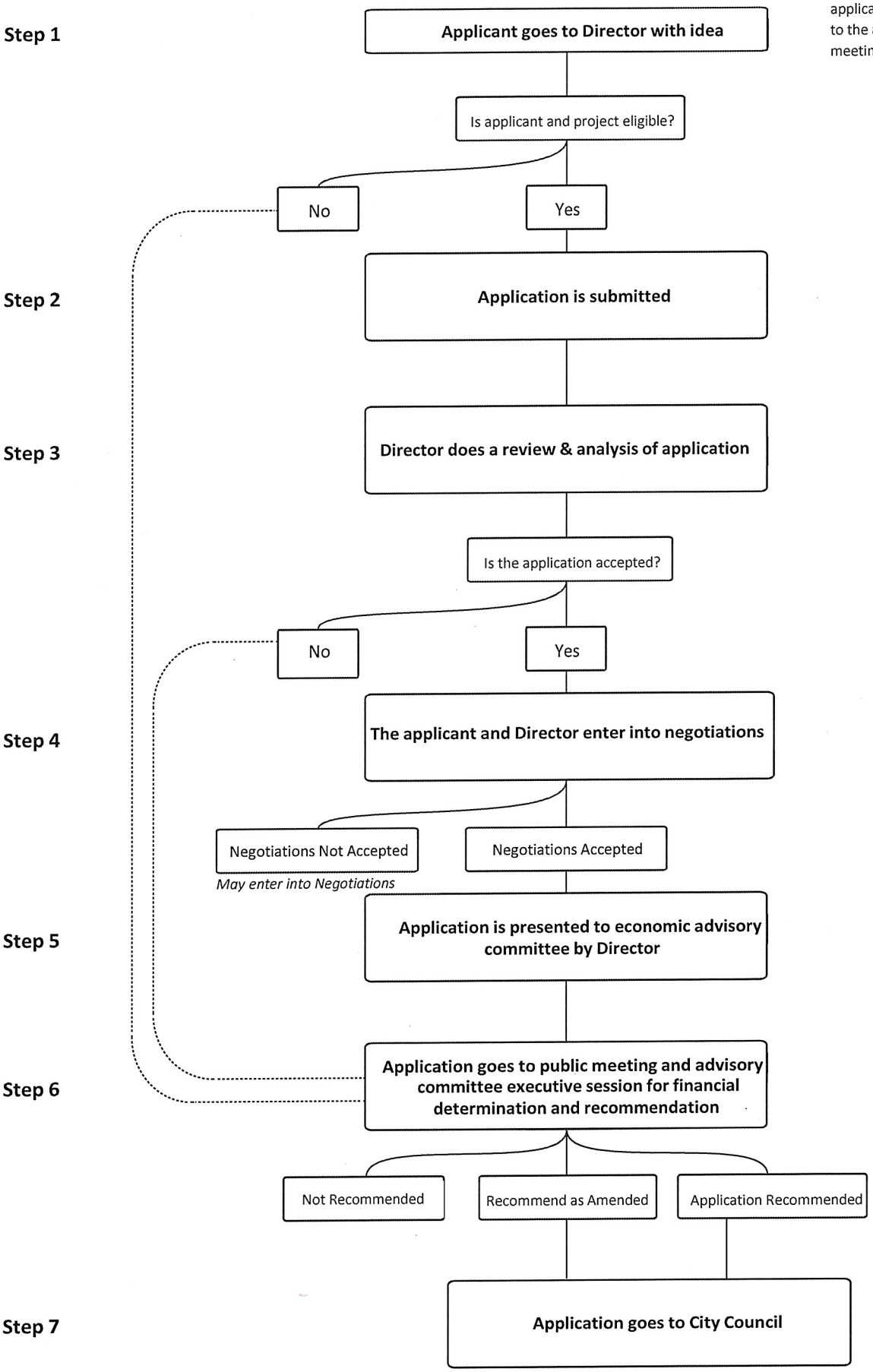
I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete, and accurate and I understand that this information may be used to verify my lawful presence in the United States.

PRINT NAME	Josue D. Gutierrez, M.D.
	(first, middle, last)
SIGNATURE	
DATE	7/15/2025

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