

# APPLICATION FOR THE Crete Carrier Room Grant

## SECTION ONE: APPLICANT INFORMATION

Name of Applicant/ Organization: The Mom Walk Collective Crete  
Contact: Melanie Sawtelle  
Address: 905 Redwood Avenue Crete  
Phone: 7607803611 E-mail: Themomwalkco.crete@gmail.com

Description of Event: Our organization is seeking to host a two year anniversary event to celebrate the impact our nonprofit mom walk group has had on mothers in our community. Event will be a "Mommy and Me Dance"

Date and Time of Event: 04/26/2026 3:00-5:00pm

City Sponsor/Advocate: Tom Durada

## SECTION TWO: COMMUNITY PURPOSE

Mission of the Event/Organization: To connect moms through movement by creating safe supportive spaces where women can build community, boost physical wellness, and find peer support for maternal mental health.

Community Served by the Organization: Crete and surrounding cities



\_\_\_\_\_  
\_\_\_\_\_  
**SECTION THREE: FINANCIAL NEED**

Please explain your need for assistance to rent the Crete Carrier Room: \_\_\_\_\_

As a non profit we volunteer many hours to make these community walks and events possible every month. I kindly ask for approval of this grant so that I may rent out the Crete Carrier room without the rental fee.  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION FOUR: GENERAL TERMS AND CONDITIONS**

If awarded, the requested funds will be paid to cover the fee and security deposit for use of the Crete Carrier Room. Any costs to clean or repair damage to the event space shall be billed to the grant recipient and must be paid upon receipt of an invoice from the City. The recipient must remain in good standing with the City of Crete to maintain eligibility for the grant.

By obtaining funds from the City of Crete, the recipient acknowledges acceptance of the terms and conditions of the award. The City of Crete may withdraw this grant if the event or the nature of the event changes and is determined to no longer fulfil the grant's purpose.

**SECTION FIVE: APPLICANT CERTIFICATION**

**CERTIFICATION**

**I/WE CERTIFY THAT THE INFORMATION PROVIDED WITHIN THIS APPLICATION IS TRUE AND CORRECT AS OF THE DATE SHOWN BELOW. IN THE EVENT THAT CIRCUMSTANCES CHANGE BEFORE THE EVENT, I WILL, WITHIN TEN DAYS, NOTIFY THE CITY OF CRETE AND RE-SUBMIT MY APPLICATION.**

Signature: Melissa Smith Date: 2/27/206

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



- Event Program or Invitation
- Documentation supporting the Mission of the Organization or Event.
- Copy(ies) of driver's license or other legal photo identification for individuals responsible for the event.
- Proof of Insurance
- Crete Carrier Room Rental Agreement

**Please mail or bring this signed application and required documents to:**

City of Crete  
243 E. 13<sup>th</sup> Street, PO Box 86  
Crete, NE 68333

