

ED Advisory Board Meeting
Thursday, October 30, 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. October 1st, 2025 Meeting Minutes

3.B. Financial Report

Review monthly financial reports

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 Tom and Vicki Sorensen

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

4.B.3. Consider the LB840 Application from Dollarama Remodeling and Solutions LLC

4.B.4. Consider the LB840 Application from Cristina's Family Restaurant

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.

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

October 1st, 2025 at 3:30 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
Ken Marvin: Present
Liz Umana: Present
Jayden Hilkemann: Present
Present: 4, Absent:0,

3. Consent Agenda

3.A. Meeting Minutes

3.A.1. August 15th, 2025 Meeting Minutes

Ken Marvin motioned and Liz Umana seconded to approve the August 15th, 2025 meeting minutes.

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

3.B. Financial Report

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

Liz Umana motioned and Jayden Hilkemann seconded to approve the Financial Report.

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

4. Special Order of Business

4.A. City of Crete Economic Development Plan

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

4.A.2. Housing

4.B. Applications for Consideration

4.B.1. Consider the LB840 Application from Heath Sports

City Administrator Tom Ourada stated that Heath Sports is applying for LB840 funds to purchase a new automatic screen-printing machine to increase their capacity. The one that they currently have isn't working well and stops working at times.

Manny Dimas motioned and Liz Umana seconded to approve the LB840 Application from Heath Sports in the amount up to \$35,000.

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

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

City Administrator Tom Ourada stated that Saline Medical Specialties is applying for a loan guarantee in the amount of \$600,000. They are going to get a loan with Pinnacle Bank and this loan guarantee from the City would be second in line if they would default on their payments. The committee discussed the current amount that is available for loan guarantees in the financial report. It was decided that the committee would like to recommend to the City Council a loan guarantee up to the amount of \$500,000. That way there is still some funds available if any other business is interested in applying for a loan guarantee.

Ken Marvin motioned and Jayden Hilkemann seconded to approve the LB840 Application from Saline Medical Specialties for a loan guarantee in the amount up to \$500,000.

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

4.C. Application Introductions

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

There was discussion on the LB840 Application from Dollarama Remodeling and Solutions LLC. The Advisory Board members would like to get more information on the experience of the two applicants and if they are planning to continue to work their current full-time jobs, and what type of services they want to help with in the community.

5. Officers' Reports

6. Adjournment

Manny Dimas motioned and Ken Marvin seconded to adjourn the meeting at 4:06 p.m.

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



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: Tom/Vicki Sorensen (we will establish a LLC)

Business Address: 1132 Main Crete, NE 68333
(City) (State) (Zip Code)

Contact Person: Tom Sorensen Telephone Number: 4028265104

Fax Number: 88846678141 Email Address: tom.sorensen@edwardjone

Federal Tax ID Number: 505962279

Type of Entity: [X] 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 [X] Other

Business Type: (Please Choose One)

- [] Proprietorship [] Corporation [] Partnership
[X] LLC [] Governmental Entity [] Other

Does the Company have a Parent or Subsidiaries? [] Yes [X] 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
Thomas Sorensen Jr	owner	50
Vicki Sorensen	owner	50

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: 0

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:

Build a facility for community use for:

- 1) three pickle ball courts
- 2) two short basketball courts
- 3) space for community events

Use of Funds	Total Project Cost	Econ Dev Funds Requested
Land or Building Acquisition	\$ 715,517.00	\$ 250,000.00
Renovation/Rehabilitation	\$	\$
New Construction	\$	\$
Machinery / Equipment Acquisition	\$	\$
Business / Employee Recruitment Activities	\$	\$
Technology Costs	\$	\$
Small Business Development	\$	\$
Working Capital (Includes Inventory)	\$	\$
Job Training	\$	\$
Other	\$	\$
Total Project Cost	\$ 715,517.00	
	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): _____

Pickle Ball Facility - business plan

Our hope is to build a facility for use by all/any citizens in Crete.

The primary use will be to play pickle ball. Currently there are not courts in town designated specifically for pickle ball. To play pickle ball you need to tape lines on existing tennis courts or basketball courts. This facility will have lines specifically for pickle ball. There are currently some pickle ball players in Crete, but we believe if there were additional, designated courts, in an indoor setting, there will be more citizens who want to pick up the game. This will be a positive for both physical, and social interaction.

We intend to have four basketball hoops in the facility, or two short courts. This would likely not be competition type courts but would certainly be acceptable for younger kids practices and community recreational use.

In addition to these two, the facility could be used for any gathering that the citizens of Crete would request/benefit from. Such things as garage sales in the winter, farmers markets in the winter, auctions, family gatherings, etc, would be possible uses. Another thought would be to have community "open gym" nights for families to get exercise.

Upon completion of the building process, we will operate the facility, or give the City the option to lease and operate the facility. We hope this facility will provide a source of exercise and entertainment for the citizens of Crete.

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.



 Applicant's Signature

9/30/25

 Date

United States Citizenship Attestation Form

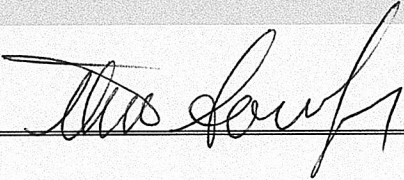
For the purpose of complying with Neb. Rev. Stat. §§ 4-108 through 4-114, I attest as follows:

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 Sorensen Jr <hr/> <small>(first, middle, last)</small>
SIGNATURE	 <hr/>
DATE	9/30/25 <hr/>

1/19/2010

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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 4 Crete NE 68333

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:

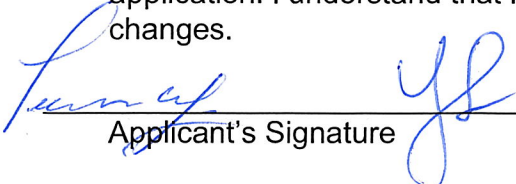
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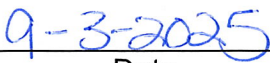
Please Note: The Information provided pursuant to this Section **Will** be Deemed Confidential and will not be Available for Public Disclosure.

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- 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


 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

Nos gustaría aplicar para la ayuda de la Ciudad para comenzar nuestro negocio, pues necesitamos un vehículo suficientemente grande para ~~movit~~ 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 first part of the paper discusses the importance of the study and the objectives of the research. It also provides a brief overview of the methodology used in the study. The second part of the paper presents the results of the study and discusses the implications of the findings. The final part of the paper concludes the study and provides recommendations for future research.

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)

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

1/19/2010

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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

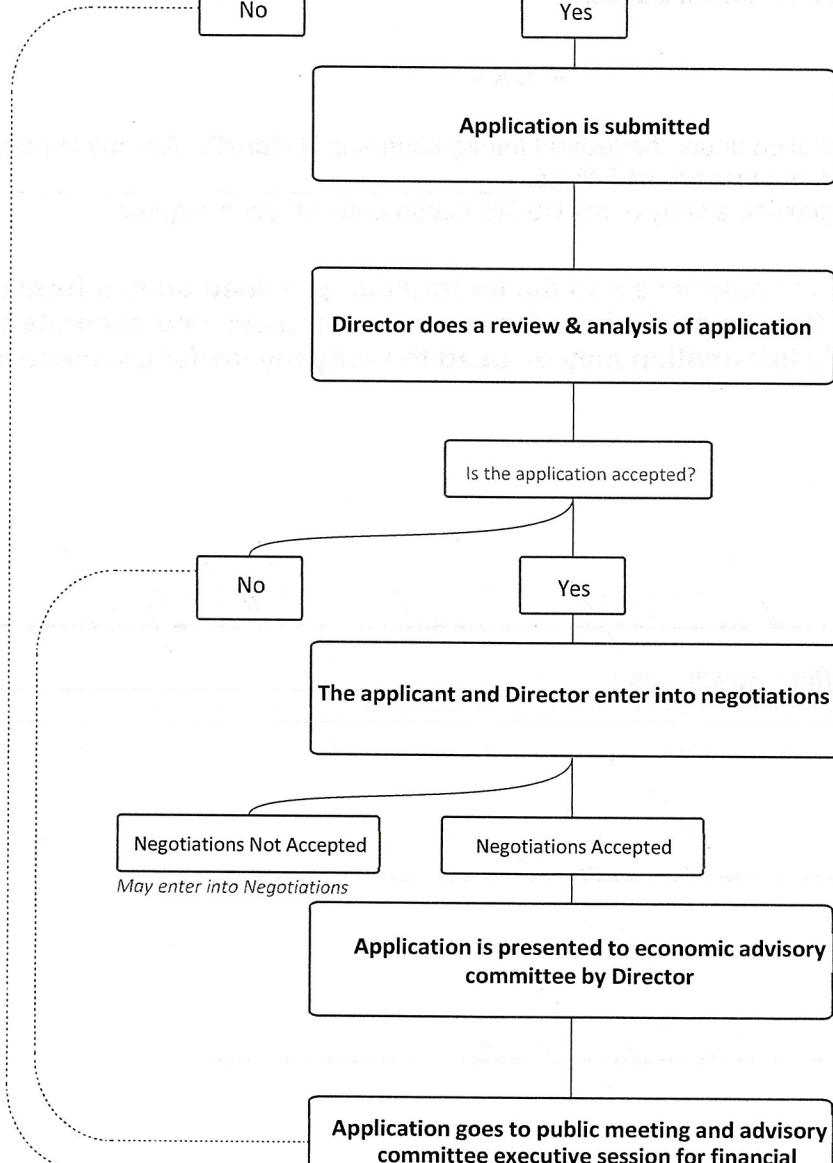
Not Recommended

Recommend as Amended

Application Recommended

Step 7

Application goes to City Council





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.

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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: Cristina's Family Restaurant

Business Address: 1250 Redwood Ave, Crete NE 68333
(City) (State) (Zip Code)

Contact Person: Jonathan Lopez Telephone Number: 402-418-1697 (cell)

Fax Number: _____ Email Address: mlizjo@gmail.com

Federal Tax ID Number: 33-1074750

Type of Entity: Start-Up Buyout Existing

If Existing, Number of Years in Business in Crete: 23 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)

B. PROJECT INFORMATION:

Please provide a Brief Project Summary Description:

- will be replacing the Floor, old Flooring will be Remove and they will be Apply concrete to leveling + New Floor
- will be replacing our steam table to a more efficient table that will provide Better food temperature as well save more on gas and utilities
- will be looking on Installing Booths along the West wall, to provide better service to our customers and overall a better ~~a better~~ feeling inside the Dining area

*Is the only time we have ask for help from the city of Crete in 23 years

Use of Funds	Total Project Cost	Econ Dev Funds Requested
Land or Building Acquisition	\$	\$
Renovation/Rehabilitation	\$	\$ 40,000.00
New Construction	\$	\$
Machinery / Equipment Acquisition	\$	\$
Business / Employee Recruitment Activities	\$	\$
Technology Costs	\$	\$
Small Business Development	\$	\$
Working Capital (Includes Inventory)	\$	\$
Job Training	\$	\$
Other	\$	\$
Total Project Cost	\$ 0.00	
	Total LB840 Funds Requested:	\$ 20,000.00

Thank you!!

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
Jonathan Lopez - Franco	Owner	100%

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: 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

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)

C. PROJECT LOCATION:

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

If Not in City Jurisdiction, please explain local benefit:

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

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

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

E. APPLICANT SIGNATURE:

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

Applicant's Signature

10-22-25

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

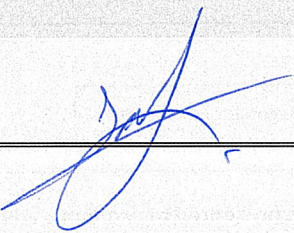
For the purpose of complying with Neb. Rev. Stat. §§ 4-108 through 4-114, I attest as follows:

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	<u>Jonathan Lopez</u> (first, middle, last)
SIGNATURE	<u></u>
DATE	<u>10-22-25</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

