



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 Judi Meyer, Economic Development Director, at 402-826-4317 or email or judi.meyer@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).

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

Business Address:		
	(City)	(State) (Zip Code)
Contact Person:		Telephone Number:
ax Number:		Email Address:
Federal Tax ID Number:		
Γype of Entity: □ Start-	Up □ Buyout	□ Existing
f Existing, Number of Years in E	Business in Crete:	
Business Classification: (Plea	se Choose One)	
□ Retail	□ Manufacturing	□ Research & Development
□ Headquarter	□ Telecommunications	□ Tourism
□ Warehouse/Distribution	n □ Government	□ Other
Business Type: (Please Choos	se One)	
□ Proprietorship	□ Corporation	□ Partnership
□ LLC	□ Governmental Entity	□ Other
loes the Company have a Pare	nt or Subsidiaries? □ Yes	□ No

(City)

(Zip Code)

(State)





Full Name	Title	Ownership Percentage
r an Name	7780	Ownership i crocinage
Which type of assistance is the entity	applying for?	
□ Grant □ Loan Guarantee If so	, Lender?	other
Explain:		
What is the general purpose of the re	equest (must be an allowed LB840,	/Economic Dev. Plan Project)?
□ New Development □ New Busine	ess Startup	n 🛘 Public Works
□ Professional/Employee Recruitment □ Promotion/Tourism □ Job Training		
□ Working Capital □ Low - Mode	rate Income Housing □ Workfo	orce Housing
□ Technology □ Plan Managemer	nt □ Technical Assistance	□ Equity Investment
Does the business qualify to receive any	/ incentives from the State of Nebrask	.a? □ Yes □ No □ DK
Has the business applied for any incenti	ves from the State of Nebraska? □ Ye	es □ No
If yes, please explain:		
Employee Information: (FTE = Full-T	ime Equivalent = 2,080 Hours/Per	Year)
Number of Existing Full-Time Equiva	lent Employees:	
Number of Full-Time Equivalent Posi	itions to Be Created:	
Will all of the Full-Time Equivalent Pottheir Two- Mile Extraterritorial Jurisdi ☐ Yes ☐ No		
If no, please explain:		
Does the Company Employ Any Sea	sonal Employees? □ Yes □ No	
If Yes, How Many:		



B. PROJECT INFORMATION:

Please provide a Brief Project Summary Description:		
Use of Funds	Total Project Cost	Econ Dev Funds
London Duilding Association	C	Requested
Land or Building Acquisition	\$	\$
Renovation/Rehabilitation	\$	\$
New Construction	\$	\$
Machinery / Equipment Acquisition	\$	\$
Business / Employee Recruitment Activities	\$	\$
Technology Costs	\$	\$
Small Business Development Working Copital (Included Inventory)	\$	\$
Working Capital (Includes Inventory)	\$	\$
Job Training Other	\$	\$
	\$	\$
Total Project Cost	Total LB840 Funds	
	Requested:	¢
	rtequesteu.	\$
C. FUNDING SOURCES AND EQUITY INJECTION:		
If Borrowing, Name of Lender:		
<u></u>		
Loan Amount:	Loan Term (Years):	
Loan / another		
Amount Injected Into the Project by Business/Partners/	Owners:	
• • •	ownere.	
·		
Other Funding Source(s) and Amount(s):		





C. PROJECT LOCATION:

Within the Crete City Limits? Within the Crete Two-Mile Jurisdiction? Land Owned by the City of Crete? Not Located in Crete but for area benefit?	□ Yes □ Yes □ Yes □ Yes	□ No □ No □ No □ No	
If Not in City Jurisdiction, please explain loc	al benefit:		

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

<u>Please Note:</u> The Information provided pursuant to this Section <u>Will</u> 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

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 con	npleted and signed application with all required support documents including, but not d 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 I	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
Existin	ng 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
	from Lending Institution(s) (if applicable): Evidence of private financing commitments restors or lenders.
If a C ByLav	corporation, LLC or Other Legal Entity - Copy of Organizational Documents (Articles, vs)
perso	me(s) of all owners/co-owners/directors/partners/stockholders: Necessary entity or nal financial information about the Applicant(s), including name, address, past ience, 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 follows:	complying with Neb. Rev. Stat. §§ 4-108 through 4-114, I attest as
☐ I am a citizen	of the United States.
	— OR —
status and alie	ed alien under the federal Immigration and Nationality Act, my immigration en number are as follows:, provide a copy of my USCIS documentation upon request.
any related applica	t my response and the information provided on this form and ation for public benefits are true, complete, and accurate and I his information may be used to verify my lawful presence in the
PRINT NAME	
	(first, middle, last)
SIGNATURE	
DATE	

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

