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: Rosa Ortega

Business Address: 119 E 13 St Crete NE 68333
(City) (State) (Zip Code)

Contact Person: _____ Telephone Number: 402 418 2114

Fax Number: _____ Email Address: _____

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)

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

Full Name	*Title*	*Ownership Percentage*
Rosa Ortega	Owner	

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)

B. **PROJECT INFORMATION:**

Please provide a Brief Project Summary Description:

ALLEY PAVING

Use of Funds	Total Project Cost	Econ Dev Funds Requested
Land or Building Acquisition	$	$
Renovation/Rehabilitation	$	$
New Construction	$	$
Machinery / Equipment Acquisition	$	$
Business / Employee Recruitment Activities	$	$
Technology Costs	$	$
Small Business Development	$	$
Working Capital (Includes Inventory)	$	$
Job Training	$	$
Other	$ 1,288.44	$ 644.22
Total Project Cost	$ 0.00	
	Total LB840 Funds Requested:	$ 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): _____

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.

Rosa Ornega _____ 2-26-26 _____

Applicant's Signature Date

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

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	Rosa Ortega (first, middle, last)
SIGNATURE	Rosa Ortega
DATE	2-26-26