APPLICATION FOR THE

Crete Carrier Room Grant

SECTION ONE: APPLICANT INFORMATION

Name of Applicant/ Organization: Southeast Library System

Contact: Todd Schlechte

Address: 5730 R Street, Ste. C-1Lincoln, NE 68505

Phone: 531-530-3010 E-mail: todd.schlechte@selsne.org

Description of Event: To provide a summer reading workshop for librarians that are part of the Southeast Library System.

Date and Time of Event: November 20th from 8am-4pm

City Sponsor/Advocate: Jessica Wilkinson

SECTION TWO: COMMUNITY PURPOSE

Mission of the Event/Organization: Through education, networking and promotion, Southeast Library System assists our libraries to better serve their diverse communities.

Community Served by the Organization: The Southeast Library System is a 501(c)3 organization serving all types of libraries in a 20-county region of southeast Nebraska.

Population Served by the Event: The Southeast Library System serves the counties of Butler, Clay, Fillmore, Gage, Hamilton, Jefferson, Johnson, Lancaster, Merrick, Nemaha, Nuckolls, Otoe, Pawnee, Polk, Richardson, Saline, Saunders, Seward, Thayer, and York.

SECTION THREE: FINANCIAL NEED

Please explain your need for assistance to rent the Crete Carrier Room: The system has a limited budget when it comes to providing training.

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: Todd Schlechte Date: 7/21/2026

Signature: Jessica Wilkinson Date: 7/21/2026

SUPPORTING DOCUMENTATION

Please attach copies of the following documents with your application (check all that apply). Failure to attach proper documentation may result in a delay in processing your application for assistance.

☒ 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. 13th Street, PO Box 86
Crete, NE 68333