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The CDC recommendations will be followed to the extent allowed by the Oklahoma Open Meetings Act and temporary Amendment. Please stay home if you or anyone in your household is sick or think they may have had a COVID-19 exposure. If attending in person, please practice social distancing and wear a mask to protect yourself and others.

CITY OF MIDWEST

SPECIAL MEMORIAL HOSPITAL AUTHORITY AGENDA

City Hall - Midwest City Council Chambers, 100 N. Midwest Boulevard

August 18, 2020 – 6:00 PM

- A. CALL TO ORDER.
- B. DISCUSSION ITEMS.
 - 1. Discussion and consideration of awarding COVID-19 Small Business Relief Program grant funds in the amount of \$92,000, based upon the Board of Grantors' recommendations.
 - 2. Discussion and guidance regarding the distribution of the remainder of the FY 20-2021 Memorial Hospital Authority Grant Program funds.
- C. EXECUTIVE SESSION.
- D. ADJOURNMENT.





100 North Midwest Boulevard, Midwest City, Oklahoma 73110 (405) 739-1201 tlyon@midwestcityok.org

MEMORANDUM

TO: Memorial Hospital Authority Chair and Trustees

FROM: Tim Lyon, General Manager/Administrator

DATE: August 18, 2020

SUBJECT: Discussion and consideration of awarding COVID-19 Small Business Relief

Program grant funds in the amount of \$92,000, based upon the Board of Grantors'

recommendations.

On Thursday, August 6, 2020, the Board of Grantors met to review and make recommendations to award COVID-19 Small Business Relief Program grant funds to eligible Midwest City businesses.

Please see the attached recommended list of applications with staff notes. Action is at your discretion.

Tim Lyon, General Manager/Administrator

FY 20-21 Staff Recommended Grant Applications

Applicant Name	Recommended		
	Amount		
Altitude 1291, LLC	\$4,000		
Bare Essentials	\$1,500		
Booger Red's	\$4,000		
Brielle's Bistro	\$4,000		
Celebrity Club	\$4,000		
C'Est Si Bon	\$2,000		
Chong Wah Asian Bistro	\$4,000		
Cookies By Design	\$4,000		
Cut Loose Hair Design	\$1,500		
Douglas Hair Salon	\$1,500		
Ghost Riders Saloon	\$4,000		
Hair by Julia	\$1,500		
Jazzercise	\$1,500		
La Greek	\$4,000		
Meiji MWC	\$2,000		
Pelican's	\$4,000		
Planet Bowl	\$4,000		
Red Rock Dentistry	\$1,500		
Regional Health & Wellness Center	\$1,500		
Ron's Hamburgers & Chili	\$2,000		
Seasoned Café	\$4,000		
Star Skate	\$4,000		
Super Subs	\$4,000		
Tana Thai	\$4,000		
Tequila Daisy Hair Lounge	\$1,500		
Tez Wingz	\$4,000		
The Guild	\$1,500		
The Okies Fabric Stash	\$4,000		
TimberView Family Dentistry	\$1,500		
Tumble Stars, L.L.C.	\$1,500		
Wert-Simpson Dental Clinic	\$1,500		
Wholly Guacamole	\$4,000		

Total \$92,000

FY 20-21 Non-Recommended or Questioned Grant Applications

Applicant Name	Comments
10-8 Tactical	Co-owned by MWC Employees
Chris' Grill & Frozen Treats Food Truck	Not a public Facing Storefront
David's Flowers	Allowed to remain open
Evelyn's Flowers	Allowed to remain open
Good Shepherd Lutheran Church	Allowed to remain open
Hawthorne Inn & Suites	Allowed to remain open
Hilton Home2 Suites	Allowed to remain open
Southeast Veterinary Hospital	Allowed to remain open
Top Tier Tactical	Allowed to remain open
Junk in the Truck	Co-owned by MWC Employees



Board of Grantors

Application for Business Assistance

Staff Review Form

Business Name	Altitude 1291	L.LC.				
Physical Address	6235 SE 15th	ST		-		
Date Received	July <u>1</u> , 2020					
	st eleted Application et Statement	on	<u>X</u> X		/-9 Form OS Certi	ı ficate of Good Standing
	ng Required: n (OKCC) olic Beverage	Y	N	Expir Expir	ration: _ ration: _	8/31/2021 11/30/2021
E 12 E 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1	g Required: y Amusement olic Beverage	Y	N			6/30/2021 11/30/2021
Current on Ci	Occupancy: Permits: nmental Code I ty Utilities:	nfractio	ns:	<u>Y</u> Y Y <u>Y</u>	Z <u>Z Z Z</u> Z	
Staff Recommenda	tion					
Tier:	1	2		3		
Notes: Alcoho	olic beverage li	censing	on file			
Recommende	ed Award:	\$	4000.	00	_	
		1/2	Ublem	ar)		
ele	Zon					7-10-20
	dministrator/General	al Manager	*			Date

Hospital Authority Board of Granters:

My name is Kyle Allison and I am the owner of Altitude 1291 here in Midwest City, OK. It was only a short time ago in November, 2019 that we were able to open our amazing new facility. We were overwhelmed with the generous welcome into the community. In March the world as we know it turned upside down due to the disastrous affects of Covid-19. We were required to close our facility and remained closed for about 7 weeks. As with any startup business we were just getting our feet under us and beginning to see the possibility of having a cash flow positive business. Thanks to the federal governments PPP program, we were able to spend over \$100,000 in payroll dollars to compensate our staff many who live in Midwest City. We have now been open for almost 2 months and are still only at approximately 70% pre-covid revenue levels.

With this generous grant of \$4,000, we would like to re-activate a marketing program that we had to terminate when the pandemic started. We have negotiated a radio package with Tyler Media (another Oklahoma family owned company) that will allow us 5 week of radio coverage across 8 of their metro area radio stations. The radio ad will specifically mention Shop Midwest City and encourage listeners to visit Altitude 1291. We had just started a similar program prior to the pandemic and were seeing great results. With this grant we can start this program back up as it is not financially feasible for us to do it otherwise at this time.

A couple of notes on our application. A question asks us to provide the % of sales we are down compared to 2019. Since we were not open in 2019 we provided the sales revenue that we estimate we are down based on revenue pre-covid and revenue trends post-covid. Another question asked if we owned similar facilities in other communities. My parents do own Andy Alligator's in Norman however, Altitude 1291 here in Midwest City is solely owned by myself and my wife Amanda.

Please feel free to reach out to me if you have any questions. We deeply appreciate any support you can offer us during these unprecedented times. We have faith that our business will rebound, and we will continue to provide clean family fun for Midwest City for years to come.

Sincerely,

Kyle Allison Owner

Altitude 1291



Board of Grantors

Business Name:	Athtude	1291 6	LC		_	
Physical Address:	6235 SE # Direction	15%	Street		Suffix	Unit#
	Midwest City,	ок		73110		
	City	ST		Zip		
Business Telephone	: (405)	45	5-830	F6	Extension:	
Business Website:	A. www.A	Hitude 12	91.000	7		
Business' NAICS Co	de: 7/3950)	https://	www.census.go	v/eas/www/n	aics/)
Authorized Applicar	nt:	le Allis list Nama	on		Last Name	
Mobile Telephone:	(405)	20,6	-1725			
E-Mail Address:			Kyle @	e altitude	291.com	<u>n</u>
By signing this applica	ation, I attest:					
All information ;	provided is true an	d correct to the	ne best of m	y knowledge.		
1	rized to submit thi					
	id agree that I mu ised for the purpo:				of award prov	ing funds
	at any money imp					
will disqualify th	d agree that any f ne Applicant and a ly Memorial Hospi st be repaid.	any establishi	ment they re and that any	present to rec	eive future fun	ding from
Dated this 30 day of	r Time	20.7 (2)	A			
Dated this 2/1/2 day o		, 20 <u>2-0</u> .	-4	Applicant's	Signature	
SUBSCRIBED AND SW	ORN to before m	e this <u>30</u>	day of	June	, 20_3	26
Elaine K. V.	whook	My co	ommission e	ارداس ع expires <u>:</u>	7, 2021	K V

	in Operation: Years: Sole Pr Limited Partner	oprietorship Cor Liability Corp \$-0	poration Corp.
Did you for State or Federal assista	nce or any other type of gran	t program(s):Yes!	No
Applications(s) Status:	Pending Rejecte	d Approved	
If approved, how much assista	ance did you receive in total: \$	330,400	
Grant(s)	Loans(s)	_Combination of both	
LOSSES: What is the total loss of revenue in conthe same time in 2020? How to compute losses: Receipts for 3/1/2020 –	mparing receipts for March 1, 2 we not open in 50% period 4/30/2019: \$45,000 4/30/2020: \$27,500 Difference: \$ 17,500	019 through April 30, 2019 v % Zol 1, the estance Joss \$17,500 ÷ \$45,000 = 38.89%	ersus A\$450,00
Do you own similar businesses in o			
	a page detailing information on	other business)	
Planned Expenditures Details:	Rent or Mortgage:	\$.00
	Other Debt Service:	\$.00
	Personnel or Benefits:	\$.00
	Materials or Supplies: Contract Labor:	5	.00
	Utilities:	\$.00
	Advertising:	\$ 4,000	.00
	Other*:	\$.00
	'(Attach details) Total Request:	\$ 4,000	.00
Please Attach The Following Do	cuments:		
A signed statement explain Midwest City.	ing how this grant will affect	the future of your busines	s in
	g from the Oklahoma Secret .sos.ok.gov/corp/order/order	•	
✓ Completed Internal Revenu	ue Service Form W-9		



Board of Grantors

Application for Business Assistance

Staff Review Form

Business Name	Bare Essentia	ls			0.800		
Physical Address	2839 S Douglas BL, Suite 107						
Date Received	July 20, 2020						
	it leted Applicatio it Statement	n		RS W-9 OK SOS	Form Certificate of Good Standing		
Licensing State Licensi	ng Required:	Y	N				
City Licensing	g Required:	Υ	<u>N</u>				
Address Informatio Certificate of Outstanding I Active Enviro Current on Ci	Occupancy: Permits: nmental Code I	nfractio	ıns;	Y Y Y Y	N <u>N</u> N		
Staff Recommenda	tion						
Tier:	1	2		<u>3</u>			
Notes:							
Recommend	ed Award:	\$ <u>150</u>	00.00	_			
		1	Ullen	an)			

L NAdministrator/General Manager

7-23-25 Date

BARE ESSENTIALS SALON

2839 S. Douglas Blvd., Suite 107, Midwest City, Ok 73130 | 405-760-3947 | joydepace@gmail.com

07/20/2020

Economic Development Dept, City of Midwest City 100 N Midwest Blvd. Midwest City, Ok 73110

Board of Grantors:

Thank you for the opportunity of receiving a grant for my small business.

Any type of business interruption is crucial, but especially for a small business owner. Trying to pay the regular monthly expenses with no income coming in at all is very devastating. I was able to make it through the 4 weeks that we were closed down and the weeks after while our customers slowly started returning by using my own savings. Being offered the opportunity to recoup some of these expenses through this generous grant will enable me to be back where we need to be financially and not worry so much that if we have to close again that we might not be able to reopen.

Thank you for your assistance and considering me for this opportunity. If you have any questions please contact me at the above listed telephone number.

Sincerely,

Joy DePace, Owner Bare Essentials Salon

Log Out

My Account

Mr Work

Shopping Curt

Briefense

Hy Account : Transaction History

Transaction History

Each time a SoonerAccess Subscriber opens a web session, a session code is displayed so that the subscriber can later retrieve orders or filing data relative to that session. Entry of that session code provides access to the status of or output from any order or filing.

The contact name identifies the person from the client firm who submitted an order or filing.

View Briefcase Submitted Date Contact Name Status Total Fee 071720AWRMHZ 7/17/2020 2:29:59 PM Joy DePace

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Dear mr. Coleman.

as per our conversation, clam enclosing the request from the secretary of State. as soon as a can retrieve the certificate of good Standing at will immediately bring the you.

Thank you so much for considering my application. el nave owned this local business since april 2003 This year has been definitely hard and the grant money wile truly help keep us open. & my 10 Stylists employed.

Thank you asawi,



Board of Grantors

Business Name: Bare Essentials Salon
Physical Address: 3839 5 Oouglas Blue #107 # Direction Street Suffix Unit# Midwest City, OK 73130
City ST Zip
Business Telephone: (405) 741 - 8477 Extension:
Business Website: <u>Farebook</u> Bare Essentials Salon
Business' NAICS Code: 810110 (https://www.census.gov/eos/www/naics/)
Authorized Applicant: Voy DePace First Name Last Name
Mobile Telephone: (405) 760 - 3947
E-Mail Address: joydepace @ gmail. com
By signing this application, I attest:
All information provided is true and correct to the best of my knowledge. I am duly authorized to submit this request on behalf of the business identified above. I understand and agree that I must provide documentation within 90 days of award proving funds received were used for the purposes identified on this application. I understand that any money improperly spent must be repaid. I understand and agree that any false information or failure to provide any required documentation will disqualify the Applicant and any establishment they represent to receive future funding from the Midwest City Memorial Hospital Authority, and that any funds received as result of erroneous information must be repaid.
Dated this 17 day of July , 20 20. Opplicant's Signature
SUBSCRIBED AND SWORN to before me this 17 day of July , 2026
8 07002877 EXA 03/18/23

	Limit	Months: Proprietorship ed Liability Corp nership	Corporation S-Corp.
Did you for State or Federal assista	nce or any other type of gr	ant program(s) Yes	
Applications(s) Status:	Pending Reje	ctedApproved C	io responsi
If approved, how much assista	ance did you receive in total:	\$	
Grant(s)	Loans(s)	Combination of both	
LOSSES: What is the total loss of revenue in co the same time in 2020? How to compute losses: Receipts for 3/1/2019 – Receipts for 3/1/2020 –	4/30/2019: \$ 45,000	4500 ÷ 8700 = 38.	% 51.72
(Attach separate	page detailing information of Rent or Mortgage:	on other business)	.00
Flamieu Expenditures Details.	Other Debt Service:	\$ -	.00
	Personnel or Benefits:	\$ 1500	.00
	Materials or Supplies:	\$ 500	.00
	Contract Labor:	s —	.00
	Utilities:	\$ 700	.00
	Advertising:	\$ 50	.00
	Other*:	\$.00
	*(Attach details) Total Request:	\$ 3975	.00
Please Attach The Following Do	cuments:		
A signed statement explain Midwest City.		ect the future of your bus	iness in
Certificate of good standing	g from the Oklahoma Sec	retary of State Dela	nding m 505
Completed Internal Reven	ue Service Form W-9	110	1000



Board of Grantors

Application for Business Assistance

Staff Review Form

Business Name	Booger Red's	<u> </u>			
Physical Address	6125 SE 15 th	ST			
Date Received	July 21, 2020				
	st bleted Application of Statement	on		R\$ W-9 DK SOS	9 Form S Certificate of Good Standing
Licensing State Licensi OCCI		Y	N Expire	s: <u>8/31</u>	<u>/2020</u>
	g Required: olic Beverage y Amusement	Υ		es: <u>8/31</u> es: <u>6/30</u>	
Address Information Certificate of Outstanding Active Environ Current on C	Occupancy: Permits: Inmental Code	nfractio	ons;	<u>Y</u> Y Y <u>Y</u>	N <u>N</u> <u>N</u> N
Staff Recommenda	tion				
Tier:	1	2		3	
Notes:					
Recommend	ed Award:	\$ <u>400</u>	00.00		
	1	1	Ulem	an!	

Administrator/General Manager

From C & D Entertainemnt, Inc.

DBA Booger Reds

To: City of Midwest City

We have been in business in Midwest City for 21 years. We were closed during the COVID 19 period. We had to lay off our employees but since have got to hire them back. We would use this grant money to make up for all our past due bills and pay our employees. Please consider us for the grant money.

Thank You,

Jeffery R. Males

7-20-2020



Board of Grantors

Business Name:	C+D	Entertain n	nent	DBA	Booger	Red.
Physical Address:	6125	SE. 15th	84.	725-725		
	# Direction Midwest City, City	OK ST	13	NQ Suffix	Unit#	ŝ:
Business Telephone	241	<u>, ๅ๕ๅ _</u>	1971	_ Extens	lon:	•
Business Website:	NA	-				
Business' NAICS Co	ode:	JA (http	s://www.census	.gov/eos/w	ww/naics/)	
Authorized Applica	nt:	e Pfery First Name		Male Last Name	<u>s</u>	
Mobile Telephone:	(405	, 919 . 3	X643			
E-Mail Address:	Ray	males	@ hot	mail.	.com	•
By signing this applic	ation, I attest:					
I am duly author I understand an received were used in understand the I understand an will disqualify the	rized to submit to a agree that I mused for the purp at any money imud agree that any ne Applicant and	and correct to the best on his request on behalf of ust provide documenta oses identified on this a properly spent must be false information or fai any establishment the	the business ide application. repaid. lure to provide an ey represent to re	entified abovers sys of award ny required acceive future	I proving funds documentation e funding from	
Dated this 20+ day of	st be repaid. of <u>July</u>	pital Authority, and that	Jam	ved as resu L Me nt's Signature	It of erroneous	
SUBSCRIBED AND SV	ORN to before r	me thisday of _	July		20 <u>20 </u>	

DIANNA COCHRAN

Notary Public
State of Oklahoma
Commission # 03000097 Expires 01/30/23

**
chai

1-21-23

	Lim	Months: 6 le Proprietorship nited Liability Corp. ttnership	Corporatio
Did you for State or Federal assis	tance or any other type of	grant program(s): X	YesNo
Applications(s) Status:	PendingRej	ected <u>X</u> Approved	ţ
If approved, how much assis	stance did you receive in tota	1: 5 / 000,00	
Grant(s)	Loans(s) 2	Combination of b	ooth 2
What is the total loss of revenue in c the same time in 2020? How to compute losses: Receipts for 3/1/2020	- 4/30/2019: \$ 45,00		%
Do you own similar businesses in	other communities? YES	NO Total units owr	ned: 5
(Attach separa	te page detailing information	on other business)	
Planned Expenditures Details:	Rent or Mortgage:	\$ 6,6	00. 00
	Other Debt Service:	s	.00
	Personnel or Benefits:	\$.00
	Materials or Supplies:	\$ 8,0	00.
	Contract Labor:	s 1'S	.00
	Utilities:	s 2' 1	.00
	Advertising:	\$.00
	Other*: *(Attach details) Total Request:	s 18,8	.00
Please Attach The Following De	ocuments:		
A signed statement explair Midwest City.	The same of the sa	ect the future of you	r business in
Certificate of good standing	g from the Oklahoma Sec v.sos.ok.gov/corp/order/ord	retary of State erDefault.aspx	
Completed Internal Reven			



Board of Grantors

Application for Business Assistance

Staff Review Form

Business N	ame	Brielle's Bistro							
Physical Ac	ddress	9205 NE 23rd	ST, Suit	te 4					
Date Receiv	ved	July <u>8,</u> 2020							
Document X X	Compl	t eted Application t Statement	n	<u>X</u> (RS W-9 DK SOS	Form Certifica	ate of Good	l Standing	
Licensing State	Health	ng Required: (OKCC) llic Beverage	<u>Y</u>	N			8/31/2021 1/15/2021		
City		Required: blic Beverage	Y	N	Expira	tion:	1/15/2021		
Outs Activ	ificate of o standing F ve Enviror	Occupancy:	nfractio	ns:	<u>Y</u>	N <u>N</u> <u>N</u> N			
Staff Reco	mmendat	tion							
Tier		1	2		3	¥			
Note	es:								
Rec	ommende	ed Award:	\$ 40	00.00	8				
			1	Melon	11				

Administrator/General Manager

7-22-20

Date

We were given the opportunity to apply for this grant last week. When we looked everything over, we knew it was something we would be interested in. Since we have opened, (back in Jan 2018) we have made it a mission of our to not only provide the area with great, home cooked food- but to give back to the community where we can.

It is not uncommon for us to give away meals for families on a regular basis. In fact, throughout Covid, we have donated over \$500 in meals to underprivileged families in which some did not know where they would get their next meal. We know that even though funds are tight, our main goal is to ensure our community has access to food if they need it & provided them with a clean, friendly service that will bring contentment to individuals who already have so many obstacles they are facing.

We just want to be able to stay open & provide great food and service to every single person who walks into our door. We appreciate your consideration for this grant and hope to hear from you soon!

Richard Brown

Brielle's Bistro



Board of Grantors

Business Name: Bricker Bistro
Physical Address: 9205 NE 23rd 84 # Direction Street Suffix Unit#
Midwest City, OK 7314 ST Zip
Business Telephone: (405) 259 - 8473 Extension:
Business Website: www.Brielle Bistro.com
Business' NAICS Code: 727511 (https://www.census.gov/eos/www/naics/)
Authorized Applicant: Richard BYDWY Authorized BYDWY Authorized Applicant: Richard BYDWY Authorized BYDWY BYDWY Authorized BYDWY BY
Mobile Telephone: (405) 313 - 9280
E-Mail Address: Brickly Bistro 23 @ gmail .com
By signing this application, I attest:
All information provided is true and correct to the best of my knowledge. I am duly authorized to submit this request on behalf of the business identified above. I understand and agree that I must provide documentation within 90 days of award proving funds received were used for the purposes identified on this application. I understand that any money improperly spent must be repaid. I understand and agree that any false information or failure to provide any required documentation will disqualify the Applicant and any establishment they represent to receive future funding from the Midwest City Memorial Hospital Authority, and that any funds received as result of erroneous information must be repaid.
Dated this 28th day of July , 2020 . Applicant's Signature
SUBSCRIBED AND SWORN to before me this day of July , 20 20 . Notary Public # 20006533 EXP. 06/03/24 # 20006533 EXP. 06/03/24

(Attach separate page detailing information on other business) Planned Expenditures Details: Rent or Mortgage: \$ 1800 .00 Other Debt Service: \$.00 Personnel or Benefits: \$.00 Materials or Supplies: \$ 20,000 .00 Contract Labor: \$.00 Utilities: \$ 1,300 .00 Advertising: \$ 500 .00 Other*: \$.00 Other*: \$.00 *(Attach details) Total Request: \$ 23,000 .00		ne in Operation: Yo gal Structure:	X Sole Pr	oprietorship Liability Corp.	Corporation S-Corp.
If approved, how much assistance did you receive in total: \$	Did you for State or Federal assist	tance or any other	type of gran	et program(s): <u>V</u> Y	es No
LOSSES: What is the total loss of revenue in comparing receipts for March 1, 2019 through April 30, 2019 versus he same time in 2020? How to compute losses: Receipts for 3/1/2019 - 4/30/2020: \$ 27,500 Receipts for 3/1/2020 - 4/30/2020: \$ 27,500 Difference: \$ 17,500 Difference: \$ 17,500 Total units owned: (Attach separate page detailing information on other business) Planned Expenditures Details: Rent or Mortgage: \$ 1800 .00 Other Debt Service: \$.00 Personnel or Benefits: \$.00 Materials or Supplies: \$ 1,300 .00 Contract Labor: \$.00 Utilities: \$ 1,300 .00 Advertising: \$.00 Other*: \$.00 Other*: \$.00 Advertising: \$.00 Advertising: \$.00 Advertising: \$.00 Advertising: \$.00 Other*: \$.00 Advertising: \$.00 Advertising: \$.00 Advertising: \$.00 Advertising: \$.00 Other*: \$.00 Advertising: \$.00 Advertising: \$.00 Advertising: \$.00 Advertising: \$.00 Other*: \$.00 Advertising: \$.00 Advertising: \$.00 Other*: \$.00 Contract Labor: \$.00 Other*: \$.00 Other*: \$.00 Advertising: \$.00 Other*: \$.00 Contract Labor: \$.00 Other*: \$.00 Other*: \$.00 Contract Labor: \$.00 Other*: \$.00 Other*: \$.00 Contract Labor: \$.00 Other*: \$.00 Other*: \$.00 Contract Labor: \$.00 Other*: \$.00 Other*: \$.00 Contract Labor: \$.00 Other*: \$.00 Other*: \$.00 Contract Labor: \$.00 Other*: \$.00	Applications(s) Status:	Pending	Rejecte	d Approved	
LOSSES: What is the total loss of revenue in comparing receipts for March 1, 2019 through April 30, 2019 versus the same time in 2020? How to compute losses: Receipts for 3/1/2019 - 4/30/2020: \$ 27,500 Receipts for 3/1/2020 - 4/30/2020: \$ 27,500 Difference: \$ 17,500 Difference: \$ 17,500 Total units owned: (Attach separate page detailing information on other business) Planned Expenditures Details: Rent or Mortgage: \$ 1800 .00 Other Debt Service: \$.00 Personnel or Benefits: \$.00 Materials or Supplies: \$ 1,300 .00 Contract Labor: \$.00 Utilities: \$ 1,300 .00 Advertising: \$.00 Other*: \$.00 Advertising: \$.00 Other*: \$.00 Advertising: \$.00 Advertising: \$.00 Advertising: \$.00 Other*: \$.00 Advertising: \$.00 Advertising: \$.00 Advertising: \$.00 Advertising: \$.00 Other*: \$.00 Advertising: \$.00 Advertising: \$.00 Advertising: \$.00 Advertising: \$.00 Other*: \$.00 Advertising: \$.00 Advertising: \$.00 Other*: \$.00 Contract Labor: \$.00 Other*: \$.00 Advertising: \$.00 Other*: \$.00 Contract Labor: \$.00 Other*: \$.00 Advertising: \$.00 Other*: \$.00 Contract Labor: \$.00 Other*: \$.00 Other*: \$.00 Contract Labor: \$.00 Other*: \$.00 Contract Labor: \$.00 Other*	If approved, how much assis	stance did you recei	ive in total: \$	10,300	
What is the total loss of revenue in comparing receipts for March 1, 2019 through April 30, 2019 versus the same time in 2020? How to compute losses: Receipts for 3/1/2019 – 4/30/2019: \$ 45,000 Receipts for 3/1/2020 – 4/30/2020: \$ 27,500 Pifference: \$ 17,500 Difference: \$ 17,500 Difference: \$ 17,500 Total units owned: (Attach separate page detailing information on other business) Planned Expenditures Details: Rent or Mortgage: \$ 1800 .00 Other Debt Service: \$.00 Personnel or Benefits: \$.00 Materials or Supplies: \$ 1,300 .00 Other*: \$.00 Advertising: \$.1300 .00 Pifference: \$.00 Pifference:					1
Receipts for 3/1/2019 - 4/30/2019: \$ 45,000 \$ 17,500 \$ \$45,000 = 38.89% Do you own similar businesses in other communities? YES 17,500 Co you own similar businesses in other communities? YES 17,500 Co you own similar businesses in other communities? YES 17,500 Co you own similar businesses in other communities? YES 17,500 Cottact separate page detailing information on other business) Planned Expenditures Details: Rent or Mortgage: \$ 1800 .00 Other Debt Service: \$.00 Personnel or Benefits: \$.00 Materials or Supplies: \$ 1,300 .00 Contract Labor: \$.00 Utilities: \$ 1,300 .00 Advertising: \$ 500 .00 Other*: \$.00 Cotther*: \$.00 Total Request: \$ 23,000 .00 Please Attach The Following Documents: A signed statement explaining how this grant will affect the future of your business in Midwest City. Certificate of good standing from the Oklahoma Secretary of State https://www.sos.ok.gov/corp/order/orderDefault.aspx	What is the total loss of revenue in c	omparing receipts f	or March 1, 2		2019 versus %
Difference: \$ 17,500 Do you own similar businesses in other communities? YES O Total units owned: (Attach separate page detailing information on other business) Planned Expenditures Details: Rent or Mortgage: \$ 1800 .00 Other Debt Service: \$.00 Personnel or Benefits: \$.00 Materials or Supplies: \$ 70,000 .00 Contract Labor: \$.00 Utilities: \$ 1,300 .00 Advertising: \$ 500 .00 Other*: \$.00 Other*: \$.00 Y(Attach details) Total Request: \$ 23,000 .00 Please Attach The Following Documents: A signed statement explaining how this grant will affect the future of your business in Midwest City. Certificate of good standing from the Oklahoma Secretary of State https://www.sos.ok.gov/corp/order/orderDefault.aspx	Receipts for 3/1/2019			\$17,500 + \$45,000 =	38.89%
Planned Expenditures Details: Rent or Mortgage: \$ 1800 .00 Other Debt Service: \$.00 Personnel or Benefits: \$.00 Materials or Supplies: \$ 20,000 .00 Contract Labor: \$.00 Utilities: \$ 1,300 .00 Advertising: \$ 500 .00 Other*: \$.00 Other*: \$.00 Other*: \$.00 Please Attach The Following Documents: A signed statement explaining how this grant will affect the future of your business in Midwest City. Certificate of good standing from the Oklahoma Secretary of State https://www.sos.ok.gov/corp/order/orderDefault.aspx					
Materials or Supplies: \$ 20,000 .00 Contract Labor: \$.00 Utilities: \$ 1,300 .00 Advertising: \$ 500 .00 Other*: \$.00 *(Attach details) Total Request: \$ 23,400 .00 Please Attach The Following Documents: A signed statement explaining how this grant will affect the future of your business in Midwest City. Certificate of good standing from the Oklahoma Secretary of State https://www.sos.ok.gov/corp/order/orderDefault.aspx	Planned Expenditures Details:			\$ 1800 \$	
Personnel or Benefits: \$				\$	
Contract Labor: Utilities: \$\frac{1}{3}\times \frac{0}{0}\frac{00}{00}\$ Advertising: \$\frac{5}{0}\frac{00}{00}\$ Other*: \$\frac{1}{0}\times \frac{1}{0}\times \frac{00}{0}\$ Total Request: A signed statement explaining how this grant will affect the future of your business in Midwest City. Certificate of good standing from the Oklahoma Secretary of State \$\frac{1}{0}\times \frac{1}{0}\times \frac{0}{0}\times \frac{1}{0}\times \frac{1}{0}		Personnel or	Benefits:	\$.00
Utilities: \$ 1,300 .00 Advertising: \$ 500 .00 Other*: \$.00 *(Attach details) Total Request: \$ 23,000 .00 Please Attach The Following Documents: A signed statement explaining how this grant will affect the future of your business in Midwest City. Certificate of good standing from the Oklahoma Secretary of State https://www.sos.ok.gov/corp/order/orderDefault.aspx		Materials or S	Supplies:	\$ 20,000	.00 —
Advertising: \$500 .00 Other*: \$.00 *(Attach details) Total Request: \$23, LLDD .00 Please Attach The Following Documents: A signed statement explaining how this grant will affect the future of your business in Midwest City. Certificate of good standing from the Oklahoma Secretary of State https://www.sos.ok.gov/corp/order/orderDefault.aspx		Contract Labo	or:		
Other*: *(Attach details) Total Request: S 23, UD .00 Please Attach The Following Documents: A signed statement explaining how this grant will affect the future of your business in Midwest City. Certificate of good standing from the Oklahoma Secretary of State https://www.sos.ok.gov/corp/order/orderDefault.aspx		Utilities:		\$ 1,300	.00
*(Attach details) Total Request: \$ 23, U.O00 Please Attach The Following Documents: A signed statement explaining how this grant will affect the future of your business in Midwest City. Certificate of good standing from the Oklahoma Secretary of State https://www.sos.ok.gov/corp/order/orderDefault.aspx		Advertising:		\$ 500	.00
Total Request: \$ 20,000.00 Please Attach The Following Documents: A signed statement explaining how this grant will affect the future of your business in Midwest City. Certificate of good standing from the Oklahoma Secretary of State https://www.sos.ok.gov/corp/order/orderDefault.aspx				\$.00
A signed statement explaining how this grant will affect the future of your business in Midwest City. Certificate of good standing from the Oklahoma Secretary of State https://www.sos.ok.gov/corp/order/orderDefault.aspx			st:	\$ 23, Lev	<u>00.</u> C
A signed statement explaining how this grant will affect the future of your business in Midwest City. Certificate of good standing from the Oklahoma Secretary of State https://www.sos.ok.gov/corp/order/orderDefault.aspx	Please Attach The Following D	ocuments:	7		
Certificate of good standing from the Oklahoma Secretary of State https://www.sos.ok.gov/corp/order/orderDefault.aspx	A signed statement explai		nt will affect	the future of your b	usiness in
✓ Completed Internal Revenue Service Form W-9	Certificate of good standing	NOTE: 101 711 175.		- V	
TO AND THE PROPERTY OF THE PRO	✓ Completed Internal Rever	nue Service Form	W-9		



Board of Grantors

Application for Business Assistance

Staff Review Form

Business Name	Celebrity Club)					
Physical Address	2125 S Air De	pot BL					
Date Received	July 10, 2020	1					
	t eted Applicatio : Statement	n		IRS W-9 OK SOS		ate of Good St	anding
	g Required: (OKCC) lic Beverage	Y	N	Expirat Expirat	ion:	8/31/2020 5/31/2021	
City Licensing Alcoho	Required: lic Beverage	Y	N	Expirat	ion <u>:</u>	5/31/2021	
Address Information Certificate of Coutstanding For Active Enviror Current on Cit Staff Recommendat	Occupancy: Permits: Imental Code I y Utilities:	nfraction	ns:	$\frac{Y}{Y}$ Y Y	Z		
Tier:	1	2		3			
Notes:	. ÷	-				×	
Recommende	d Award:	\$	4000.0	00			
		4	Udem	an)			
	P. L. Go	val Managar	,				Date

Cash Cow Inc.

Dba Celebrity Club

PO Box 94070

Oklahoma City, OK 73143

July 8, 2020

Midwest City Memorial Hospital Authority

Board of Grantors

The Celebrity Club was forced to close by the state and has been operating at a reduced capacity since reopening. This grant will provide payroll for our bar manager for almost the next 2 months.

Thank You,

Lori Kreke

Owner



Board of Grantors

Business Name: Cash Cow, Inc. dba CElEbrity Club
Physical Address: 2/25 S. Aig. Depot # Direction Street Suffix Unit# Midwest City. OK 73/10
City ST Zip
Business Telephone: (405) 677 - 5969 Extension:
Business Website: NONE
Business' NAICS Code: 7224/0 (https://www.census.gov/eos/www/naics/)
Authorized Applicant: UP KEKE First Name Last Name
Mobile Telephone: (405) 1077 - 59109
E-Mail Address: LORI KREKE @ Mayco- USa. Com
By signing this application, I attest:
All information provided is true and correct to the best of my knowledge. I am duly authorized to submit this request on behalf of the business identified above. I understand and agree that I must provide documentation within 90 days of award proving funds received were used for the purposes identified on this application. I understand that any money improperly spent must be repaid. I understand and agree that any false information or failure to provide any required documentation will disqualify the Applicant and any establishment they represent to receive future funding from the Midwest City Memorial Hospital Authority, and that any funds received as result of erroneous information must be repaid.
Dated this 9 day of July 20 20 Applicant's Signafure
SUBSCRIBED AND SWORN to before me this Say of July , 20 20. My commission expires: SHOCK
(+20006880)

Business Information:	Time in Operation: Years: Legal Structure:	: Months: Corporatio Limited Liability Corp Partnership
Did you for State or Federal	assistance or any other type	e of grant program(s): Yes No
Applications(s) Stat	us:Pending	_Rejected Approved
If approved, how muc	h assistance did you receive in	n total: \$ 7,600 -
Grant(s		,
the same time in 2020? How to compute losses: Receipts for 3/	1/2019 – 4/30/2019: \$	(arch 1, 2019 through April 30, 2019 versus % \$ 45,000 \$ 17,500 + \$45,000 = 38.89% \$ 17,500
	ses in other communities? separate page detailing inform	YES (NO) Total units owned:
Planned Expenditures De	etalls: Rent or Mortgage	s: \$ 100.00
	Other Debt Service	ce: \$ <u>.00</u>
	Personnel or Ben	nefits: \$ 2666.00
	Materials or Supp	olies: \$ 13(e) .00
	Contract Labor:	\$ 3904.00
	Utilities:	<u>\$ 1194.00</u>
	Advertising:	\$.00
	Other*:	\$00
	*(Allach delalis) Total Request:	<u>\$ 4000.00</u>
Please Attach The Follow	ring Documents:	
A signed statement Midwest City.	explaining how this grant w	vill affect the future of your business in
	standing from the Oklahoma	
https	s://www.sos.ok.gov/corp/orde	<u>er/order Default.aspx</u>
Completed Internal	Revenue Service Form W-9	9



Board of Grantors

Application for Business Assistance

Staff Review Form

Business Name	C'Est Si Bon							
Physical Address	101 N Dougl	as BL						172
Date Received	July 21, 2020	2		50				
	st deted Applicati at Statement	on	<u>_x</u>	IRS W- OK SO		ate of Good	Standing	
Licensing								
State Licensi	ng Required:	Y	Ν					
City Licensing	g Required; Expires:	<u>Y</u> <u>8/31/2</u>	N 2020			5.		
Address Informatio				DW.	.00016			
Certificate of Outstanding				Y Y Y	N			
Active Enviro	nmental Code	Infractio	ons:	Ý	<u>Z</u>			
Current on C	ity Utilities:			Y	N			
Staff Recommenda	tion							
Tier:	1	2		3				
Notes:	Lacking Certif lacking Stater otherwise, eve	ment. N	lake si	ure these				
Recommend	ed Award:	\$_200	00.00					
		4	Holes	man!				
	P. J.Go	—				_		
	Administrator Gene	erat manag	er				Date	



Board of Grantors

Business Name: _	6165T 51 Bo	D INC.	
Physical Address: /	# Direction	BLVD Su Street	Suffix Unit#
<u>N</u>	Midwest City. OK City ST	7313 Zip	26
Business Telephone:	(405,610	. 2655	Extension:
Business Website: _	CASUNCATFISH	AND 90 BOTS	·COM
Business' NAICS Cod	le:	(https://www.census.g	gov/eos/www/naics/)
Authorized Applicant:		M	1445
	First Name		Last Name
Mobile Telephone:	1405,209	. 6906	_
E-Mail Address: _	KEMILLS 310	@ Horne	AIL. COM
By signing this applicat	ion, I attest:		
I am duly authorize I understand and received were use I understand that I understand and will disqualify the Midwest City information must		chalf of the business ider imentation within 90 day in this application. hust be repaid. In or failure to provide an ent they represent to re	ntified above. s of award proving funds y required documentation ceive future funding from
Dated this day of	July , 20 10.	Applican	t's Signature
SUBSCRIBED AND SWO	ORN to before me thisd	ay of July	, 20
Notary Pub	My con	nmission expires;	100/2024

Business Information:	Time in Operation: Legal Structure:	Sole Pr	oprietorship Liability Corp.	Corporation S-Corp.
Did you for State or Federal as	ssistance or any ot	her type of gran	nt program(s): _	_Yes No
Applications(s) Status	: Pendin	gRejecte	ed Approve	ed
If approved, how much	assistance did you re	eceive in total: \$)
Grant(s)	Loan	ns(s)	_Combination of	both
LOSSES: What is the total loss of revenue the same time in 2020? How to compute losses:	in comparing receip	ots for March 1, 2	019 through Apri	130, 2019 versus %
Receipts for 3/1/2	2019 4/30/2019: 2020 4/30/2020:	\$ 45,000 \$ 27,500	\$17,500 + \$45,00	00 = 38.89%
1000,000	Difference:	\$ 17,500		
Planned Expenditures Deta	parate page detailing		\$	2500.00
	Other Deb	t Service:	\$.00
	Personnel	or Benefits:	\$	BOOD .00
	Materials of	or Supplies:	\$	9000 .00
	Contract L	abor:	\$.00
	Utilities:		\$	2000.00
	Advertising	j :	\$	300.00
	Other*: *(Attach details	-1	\$.00
14	Total Req		s 2	1, BDD .00
Please Attach The Followin	g Documents:			
A signed statement ex Midwest City.	xplaining how this	grant will affect	the future of yo	ur business in
Certificate of good sta	anding from the Ok www.sos.ok.gov/co			
Completed Internal R	evenue Service Fo	rm W-9		



Board of Grantors

Application for Business Assistance

Staff Review Form

Business Name	S Name Chong Wah Asian Bistro						
Physical Address	9301 NE 10 th ST						
Date Received	July 21, 2020						
	eted Application X	IRS W-9 Form OK SOS Certificate of Good Standing					
Licensing State Licensin OCCH		Expiration: <u>8/31/2020</u>					
City Licensing	Required: Y N						
Address Information Certificate of C Outstanding F Active Enviror Current on Cit	Occupancy: Permits: nmental Code Infractions:	$\begin{array}{ccc} \underline{Y} & N \\ \underline{Y} & \underline{N} \\ Y & \underline{N} \\ \underline{Y} & N \end{array}$					
Staff Recommendat	ion						
Tier:	1 2	3					
Notes:							
Recommended Awar	d: \$ <u>4000.00</u>						
	Alden	san!					
L		7/3/20					

Administrator/General Manager



9301 NE10th Street Midwest, OK 73110 (405) 610-6898

July 20, 2020

I, Amy Tu and Cheng Chen, are the owners of Chong Wah Asian Bistro in Midwest City. We have been in Business for 7 years in Midwest City. We began in a former Dairy Queen location at 2401 N Douglas Boulevard but were forced to move when OnCue Express purchased the corner. We chose to remain in this community and fostered a great reputation in here and beyond with customers often arriving from Choctaw, Nicoma Park, Spencer and other surrounding areas.

We would like to use the grant to catch up on bills, utilities, and inventory and to pay our employees so they can remain working. We will use remaining balance for advertising and to attract some of the dine-in customers we may have lost because of the COVID-19 Executive Order.

Thank you for your interest into helping out our small business.

Sincerely,

Amy Tu and Cheng Chen



Board of Grantors

Business Name:		Chong Wa	h Asian Bistro)	-	
Business Name			AIT AND ST			
Physical Address:			NE 10th St		Suffix	Chilli
FAIR THE STREET		Devotion	7144		73160	
	Midw	ost City.	OK ST	25	P	
Business Telephon	o: [405)	610 .	6898	Exten	sion
Susiness Website:	Http	://chongwa	h,wixsite.com	/chongwah-	bistro	SSEC.
Business' NAICS C	ode: _		(h	ttps://www.ce	msus gav/eas/v	vww/naics/)
			y Tu, Chen C	hon		
Authorized Applica	nt		Name	distr.	Lost Nam	27
Mobile Telephone:	-	405	207 _	835	5	
E-Mail Address:	2011	Chon	gwah.mwc	Ø.	Gmail	Com
By signing this applic	ation,	l attest:				
			correct to the b	est of my know	vedge.	
X I am duly author X I understand a received were X I understand to X I understand a will disquality the Midwest C	orized to not agre used for not agre he App ity Men	o submit this it se that I must or the purpose money impro- te that any tak siscent and an normal Hospita	request on beha provide docume is identified on to perly sperit mus- se information of v establishmen	of the busing entation within this application of the repaid or failure to profit they represent the representation that	ess identified a 90 days of aw wide any requir int to receive to	bove. and proving fund red documentatio uture funding from esuit of erroneous
information mu lated this 21 day			2020	ALFO	Amy Tu	
				200	Section 19	
SUBSCRIBED AND SV	WORN	to before me	this this	andri	3	20_ 20
	-				08/63	1
200						

Business Information:	Time in Operati Legal Structure	e:^Sole Limit	Months: Proprietorsh ed Liability C nership		Corporation S-Corp.
Did you for State or Federal	assistance or any	other type of gr	ant progran	n(s):Yes _X	No No
Applications(s) State	us: Pen	iding Reje	ctedA	pproved	
If approved, how muc	h assistance did yo	u receive in total:	\$		
Grant(s)) L	oans(s) _	Combina	ation of both	
	ue in comparing red 1/2019 – 4/30/2019: 1/2020 – 4/30/2020:	\$ 45,000) \$17,500	gh April 30, 2019 25 ÷ \$45,000 = 38.89	_ 70
	Differenc	e: \$ 17,500 			
Do you own similar busines	ses in other comn	nunities? YES 1	NO Total u	nits owned:	
(Attach	separate page deta	iling information o	on other busi	ness)	
Planned Expenditures De	tails: Rent or	Mortgage:	\$.00
	Other D	ebt Service:	\$.00
	Personi	nel or Benefits:	\$.00
	Materia	ls or Supplies:	\$	2000	.00
	Contrac	ct Labor:	\$.00
	Utilities	:	\$.00
	Advertis	sing:	\$.00
	Other*:		\$	4000	.00
	*(Attach de Total R	etalis) Request:	\$	4500	.00
Please Attach The Follow	ing Documents:				
X A signed statement Midwest City.	explaining how th	nis grant will affe	ect the future	e of your busine	ess in
Certificate of good s	standing from the ://www.sos.ok.gov		•		
Completed Internal	Revenue Service	Form W-9			



Board of Grantors

Application for Business Assistance

Staff Review Form

Business Na	me	Cookies by De	esign						
Physical Add	dress	2801 S Dougla	as BL, S	Suite 10	1				
Date Receive	ed	July 21, 2020							
Document Cl $\frac{X}{X}$	Comple	eted Applicatio Statement	n		RS W-9 K SOS		ate of Good	l Standing	
Licensing State I		g Required: lealth Expires:	<u>Y</u>	N	<u>8/31/20</u>	<u>)20</u>			
City Li	censing Expires	Required: s:	Y	N	<u>8/31/20</u>	020			
Outsta Active Currer	cate of Canding Position Environ It on City	Occupancy: ermits: mental Code I y Utilities:	nfractior	ns:	<u>Y</u> Y Y <u>Y</u>	N <u>N</u> <u>N</u> N			
Staff Recomi	mendati	on							
Tier:		1	<u>2</u>		3				
Notes:		Food manufactor the Governor's for two consecuthereafter.	Executiv	e Order	; howev	er, the O	wner advise	ed he chose to	close
Recon	nmende	d Award:	\$ 4000	0.00					
			1/2	Udima	n				
		Administrator/Genero	al Manager					Date	

To the Board of Grantors and the Midwest City Memorial Hospital Authority:

The funds are needed to continue operating our business and enable us to meet our financial needs. These funds would be used for monthly expenses, including payroll and supplies so we can continue to produce our product.

Thank you, David Moore Cookies by Design



Board of Grantors

Business Name:	BDM Cookies	s, LLC dba	a Cookies By	Design			
Physical Address:	2801 S Dougl	as Blvd., S	The state of the s		and the second	Victoria -	
	# Direction		Street		uffix	Unit#	
	Midwest City,	OK ST		73130		-	
	City	51		Zip			
Business Telephone	e: (405)	610	- 6444	1	Extension:_		
Business Website:	www.CookiesE	yDesign.co	m				
Business' NAICS Co	de: 311811		(https://ww	w.census.gov	/eos/www/na	nics/)	
Authorized Applicar	t: David Moore	E1					
Addionized Applied		st Name		La	st Name		
Mobile Telephone:	(405)	317	- 3003				
E-Mail Address:	CookiesByDesign	OKC@gma	il.com @				
By signing this applica	ation, I attest:						
✓ All information p	provided is true and	correct to ti	ne best of my ki	nowledge.			
 I am duly authorized to submit this request on behalf of the business identified above. I understand and agree that I must provide documentation within 90 days of award proving funds received were used for the purposes identified on this application. 							
I understand that any money improperly spent must be repaid. I understand and agree that any false information or failure to provide any required documentation will disqualify the Applicant and any establishment they represent to receive future funding from the Midwest City Memorial Hospital Authority, and that any funds received as result of erroneous information must be repaid.							
Dated this 29 day of	f_June,	20_20	- Lad	More			
		2.	7.	Applicant's S			
SUBSCRIBED AND SWORN to before me this 31 day of July , 20 30 .							
Jatina T	Bruse	My co	ommission expi	res; 4 0	2/909	# 190 EXP. 0.	

Business Information:	Time in Legal	Operation: `Structure:	Sole P	Months: 9 roprietorship I Liability Corp. rship	Corporation	
Did you for State or Federal	assistand	e or any othe	er type of grai	nt program(s): _	✓ Yes No	
Applications(s) Statu	s:	Pending	Reject	ed Approv	ed	
If approved, how much	n assistan	ce did you rec	eive in total: \$	10,100		
Grant(s)		Loans	(s)	_Combination of	both	
LOSSES: What is the total loss of revenuments the same time in 2020? How to compute losses:	•				5_%	
Receipts for 3/1 Receipts for 3/1			\$ 45,000 \$ 27,500 \$ 17,500	\$17,500 + \$45,0	00 = 38.89%	
Planned Expenditures De	tails:	Rent or Mor	tgage:	\$	1415 .00	
riainieu Experiultures De	iano.	Other Debt Service:		\$.00	
		Personnel o		\$	4000.00	
		Materials or		\$	2000.00	
		Contract Lal	oor:	\$.00	
		Utilities:		\$	550.00	
		Advertising:		\$	250.00	
		Other*:		\$.00	
		*(Attach details) Total Reque	est:	\$	8215.00	
Please Attach The Follow	ing Doc	uments:				
A signed statement Midwest City.	A signed statement explaining how this grant will affect the future of your business in Midwest City.					
	Certificate of good standing from the Oklahoma Secretary of State https://www.sos.ok.gov/corp/order/orderDefault.aspx					
✓ Completed Internal	Completed Internal Revenue Service Form W-9					



Board of Grantors

Application for Business Assistance

Staff Review Form

Business Name Cut Loose Hair Design	ness Name Cut Loose Hair Design						
Physical Address 2400 S Douglas BL, Suite C	·						
Date Received July 17, 2020							
Document Checklist X Completed Application X IRS W-9 X Impact Statement X OK SOS	Form Certificate of Good Stan <mark>d</mark> ing						
Licensing							
State Licensing Required: Y N Health (OKCC)							
City Licensing Required: Y N							
Address Information							
Certificate of Occupancy: Y	N						
Outstanding Permits: Y Active Environmental Code Infractions: Y	N N						
Certificate of Occupancy: Y Outstanding Permits: Y Active Environmental Code Infractions: Y Current on City Utilities: Y	N						
Staff Recommendation							
Tier: 1 2 <u>3</u>							
Notes:							
Recommended Award: \$_1500.00							

Plileman)

Le +

Administrator/General Manager

7-20.20

Date

Midwest City Memorial Hospital Authority Board of Grantors

July 17, 2020

Guy Dommert Cut Loose, Inc 2400 S. Douglas Blvd. Suite C Midwest City, OK 73130

To Whom it may concern:

The said grant would allow further operation of my business. I had applied for the SBA 7A loan but unfortunately was not granted the loan. This forced me to remove from my personal savings the money necessary to pay loss of income, rent, untilites and debt owed to suppliers. If granted the money I could restore my savings back to its original standing.

Thank you for your consideration in this application.

Guy Dommert, Cut Loose, Inc,



Board of Grantors

Business Name:	Cut Loose, Inc. dba Cut Loose Hair Design					
Physical Address:	# Direction		d, STE-C	Suffix 73130	Unit#	
	Midwest City, City	ST		Zip		
Business Telephone	:: (⁴⁰⁵	,455	_7877 _	Exter	nsion:	
cutloosemidwestcity.com						
Business' NAICS Code: 812111 (https://www.census.gov/eos/www/naics/)						
Authorized Applicant:GUY				DOMMER Last Nam		
Mobile Telephone:	405	388	3256	and the same of th		
E-Mail Address:		x1guy	_@ sbc	global	net	
By signing this applica	ıtion, I attest:					
All information p	provided is true a	nd correct to the	best of my know	wledge.		
I am duly authorized to submit this request on behalf of the business identified above. I understand and agree that I must provide documentation within 90 days of award proving funds received were used for the purposes identified on this application. I understand that any money improperly spent must be repaid. I understand and agree that any false information or failure to provide any required documentation will disqualify the Applicant and any establishment they represent to receive future funding from the Midwest City Memorial Hospital Authority, and that any funds received as result of erroneous						
information must be repaid. Dated this 17 day of July 2020 Applicant's Signature						
SUBSCRIBED AND SWORN to before me this 17 day of July , 20 20.						
# 08001298 EXP. 01/30/24						

(see attached page)	My commission exp	nires:
Notary Public		
	Fime in Operation: Years: Sole Pr Legal Structure: Sole Pr Limited Partner	oprietorship Corporatior Liability Corp <mark>S-Corp.</mark>
Did you for State or Federal ass	sistance or any other type of gran	t program(s):Yes No
Applications(s) Status:	Pending <mark>Rejecte</mark>	<mark>d</mark> Approved
If approved, how much as	ssistance did you receive in total: \$	
Grant(s)	Loans(s)	_Combination of both
LOSSES: What is the total loss of revenue i the same time in 2020? How to compute losses:	n comparing receipts for March 1, 2	019 through April 30, 2019 versus 43.89 %
Receipts for 3/1/20	119 – 4/30/2019: \$ 45,000 120 – 4/30/2020: \$ 27,500 Difference: \$ 17,500	\$17,500 ÷ \$45,000 = 38.89%
	s in other communities? YES NC	
·	, ,	•
Planned Expenditures Detail		\$ ²⁶⁰⁰
	Other Debt Service:	\$ ⁵⁶⁰ .00 \$ ⁷⁵ .00
	Personnel or Benefits:	1075
	Materials or Supplies:	
	Contract Labor:	\$.00 \$ 416 .00
	Utilities:	
	Advertising:	\$.00 \$ 232 .00
	Other*: *(Attach details) Total Request:	\$\frac{\$232}{4958} \tag{.00}
Please Attach The Following	·	
_	plaining how this grant will affect	the future of your business in
	nding from the Oklahoma Secreta vww.sos.ok.gov/corp/order/orderD	•
Completed Internal Rev	venue Service Form W-9	



Board of Grantors

Application for Business Assistance

Staff Review Form

Business Name	Douglas Hair	Salon			<u> </u>
Physical Address	351 N Air De	pot BL, Su	ite E		
Date Received	July 21, 2020	<u>)</u>			
	st eleted Applicati ot Statement		X IRS W- X OK SO		of Good Standing
Licensing State Licensi	ng Required:	Y M	1		
City Licensing	g Required:	Υ <u>Γ</u>	4		
Address Information Certificate of Outstanding Active Environ Current on C	Occupancy: Permits: nmental Code	Infractions	<u>ү</u> ү :: <u>ү</u>	Z <u>Z Z</u> Z	
Staff Recommenda	tion				
Tier:	1	2	<u>3</u>		
Notes:					
Recommend	ed Award:	\$ <u>1500.</u>	00		
		186	Ukman)		
ef f	2				7-7-2-5

Administrator/General Manager

I am worried about the financial burden the impact of my salon closing had on my staff and with the ongoing of this virus and the continuing loss of regular clients. This grant would help with the cost of supplies that I'm required to have so everyone feels safe. My stylists are independent contractors so this is a very difficult situation as we were mandated to close. I covered all my stylist booth rent as well as the rent on my salon and routine expenses. I had to eliminate some services that I had from other MWC businesses and would like to resume those services. My salon donates to a lot of charitable organizations to help out the community. This grant would allow me to continue with that.

This grant would allow me to continue with all the mandated extra sanitizing that we are required to do to flatten the curve. There are some repairs in my salon that need to be addressed and with the loss of money those things had to be postponed.

My salon is a destination where people come together. We also provide a safe space for clients to relax and unwind, and whatever treatments they are receiving, it is an outlet to escape the stresses of daily life in an industry that caters to making people look and feel good.

Thank You!

Tammy Puffinbarger Douglas Hair Salon LLC



Board of Grantors

TW///=/16	
Business Name:	Douglas Hair Salon LLC
Physical Address:	351 N AIR Depot Ste E # Direction Street Suffix Unit#
	Midwest City. OK 70110 City ST Zip
Business Telephone	e: (405) 737-3742 Extension:
Business Website:	NA
Business' NAICS Co	ode: 812112 (https://www.census.gov/eos/www/naics/)
Duomicoo in accion	(Inchas,) www.cenadas.gov/cos/www/indicas/
Authorized Applicar	nt: Tammy Puffinbarger First Name Last Name
Mobile Telephone:	,405,570.3466
E-Mail Address:	puffinbarger att. net.
By signing this applic	ation, I attest:
X All information	provided is true and correct to the best of my knowledge.
	orized to submit this request on behalf of the business identified above.
	nd agree that I must provide documentation within 90 days of award proving funds used for the purposes identified on this application.
I understand the	at any money improperly spent must be repaid.
will disqualify the	nd agree that any false information or failure to provide any required documentation the Applicant and any establishment they represent to receive future funding from the Memorial Hospital Authority, and that any funds received as result of erroneous st be repaid.
Dated this <u>20</u> day o	Applicant's Signature
SUBSCRIBED AND SV	VORN to before me this 20 day of July , 20 20
Shritan	My commission expires: 03/21/2021 885 1007
Notary)P	Tiblic Tiblic

	Time in Operation: Years: Months: Legal Structure: Sole Proprietorship Corporation Limited Liability Corp S-Corp Partnership
Did you for State or Federal ass	sistance or any other type of grant program(s): Yes No
Applications(s) Status:	Pending Rejected Approved
If approved, how much as	ssistance did you receive in total: \$ 11,000.
Grant(s)	Loans(s) Combination of both
LOSSES: What is the total loss of revenue is the same time in 2020? How to compute losses: Receipts for 3/1/20 Receipts for 3/1/20	
(Attach sep	arate page detailing information on other business) Is: Rent or Mortgage: Worth \$ 1345, 18 .00 Other Debt Service: \$.00
	Personnel or Benefits: \$ \$.00
	Materials or Supplies: \$ 387,
	Contract Labor: \$ 220, .00
	Utilities: \$ 368.85.00
	Advertising: \$ 200 .00
	Other*: \$.00
	Total Request: 2 menths \$ 500000
Please Attach The Following	Documents:
✓ .	plaining how this grant will affect the future of your business in
	nding from the Oklahoma Secretary of State
★ Completed Internal Re	venue Service Form W-9
	SETTLE AND AND THE PROPERTY AND ENGINEERING SETTLES.

ř.



Board of Grantors

Application for Business Assistance

Staff Review Form

Busine	ss Name	Ghost Riders	Saloon						
Physica	al Address	9802 NE 23 rd	ST						
Date Re	eceived	July 20, 202	0						
Docum-		t leted Application t Statement	on			9 Form S Certif	ica <mark>t</mark> e of G	ood Stan	ding
Licensi	State Licensi Health	ng Required: n (OKCC) olic Beverage	Υ	N	Expira Expira	ation: ation:	8/31/20 05/17/20	020	
(g Required: Amusement olic Beverage	Υ	N		ation: ation:	6/30/202 05/17/20		
(/	s Informatio Certificate of Outstanding I Active Enviro Current on Ci	Occupancy: Permits: nmental Code ty Utilities:	Infractio	ns:	<u>Y</u> Y Y	ZZZZ			
	rier:	uon 1	2		3				
	Notes:	1	-						
F	Recommende	ed Award:	\$	4000.	00	4			
	j		1/2	Ulerri	an!	42			
2	19	6		180			_	7.0	2-20
		Administrator/Gene	ral Manager					De	ile

DBABOOGER RED G host Riders

To: City of Midwest City

We have been in business in Midwest City for 21 years. We were closed during the COVID 19 period. We had to lay off cur employees but since have got to hire them back. We would use this grant money to make up for all our past due bills and pay our employees. Please consider us for the grant money.

Thank You,

Jeffery R. Males

7-20-2020



Board of Grantors

Business Name:	RDC Enterprise	eS	DBA	GW8t	Rider
Physical Address:	# Direction Midwest City, C	23rd St.	13141	x Unit	#
	City S		Zip		
Business Telephone	:: 405, N	A . 4147	Ext	ension:	
Business Website:	NA				
Business' NAICS Co	ode: 199	(https://www.	census.gov/ed	s/www/naics/	נ
Authorized Applican	it:	4	Mo Last N	le S	
Mobile Telephone:	<u>, 405</u> , 9	19. 264	3		
E-Mail Address:	Ray males	@	notmail	Com	*********** ***
By signing this applica	ation, I attest:				
✓ All information r	provided is true and correct	to the best of my kno	enhalw		
I am duly author I understand an received were u I understand the I understand an will disqualify th the Midwest Cit	rized to submit this request ad agree that I must provide used for the purposes identi at any money improperly sp d agree that any false infor ae Applicant and any estat y Memorial Hospital Autho	on behalf of the busing documentation within the documentation within the document application on the document must be repaid. If the document is a property of the document application or failure to property of the document they represent the document the document they represent the document the document the document they represent the document the document the d	ness identified n 90 days of a n. ovide any requent to receive	ward proving for ired documents future funding	ation from
Dated this 215t day of	1 July, 20 20). Alfer	Applicant's Signa	ales	
SUBSCRIBED AND SW	ORN to before me this 2	day of	M	, 20	
- Diama Notary Po		(SEAL)	Notary Public State of Oklahor 3000097 Expires	na	

	ne in Operation: gal Structure:	Sole Pro	Months: prietorship .iability Corp. hip	▼ Corpora
Did you for State or Federal assis	tance or any othe	er type of grant	program(s): 🔏	Yes No
Applications(s) Status:	Pending	Rejected	Approved	'N
If approved, how much assis	stance did you rec	eive in total: \$_	1,000.0	v
Grant(s) 7	Loans	(s)Z	Combination of b	ooth Z
LOSSES: What is the total loss of revenue in of the same time in 2020? How to compute losses: Receipts for 3/1/2019 Receipts for 3/1/2020	- 4/30/2019 :	\$ 45,000 \$ 27,500 \$ 17,500	19 through April ————————————————————————————————————	%
Services of the services		0		
Do you own similar businesses in	other communit	ies YES NO	Total units own	ied:
(Attach separa	te page detailing i	nformation on o	her business)	
Planned Expenditures Details:	Rent or Mon	gage:	s 3,00	00.
	Other Debt 8	Service:	\$.00.
	Personnel o	r Benefits:	\$.	.00
	Materials or	Supplies:	s 4,0	00 .00
	Contract Lat	oor:	\$ 1,0	00 .00
	Utilities:		\$ '8	.00
	Advertising:		\$.00.
	Other*: *(Attach details)		\$.00.
	Total Reque	est:	s 8,8	<u>00. 008</u>
Please Attach The Following D	ocuments:			
A signed statement explain Midwest City.	ining how this gr	ant will affect th	ne future of you	r business in
Certificate of good standin	ng from the Okla w.sos.ok.gov/corp			
Completed Internal Rever	ue Service Forn	n W-9		



Board of Grantors

Application for Business Assistance

Staff Review Form

Business Name	Hair by Julia					
Physical Address	6912 E Reno	AV, S	uite 100		united to the second of the se	
Date Received	July 14, 2020	<u>)</u>				
	st bleted Applicati ct Statement	on	X IRS X OI	S W-9) Form S Certificate of Good S <mark>t</mark> anding	g
Licensing State Licensi	ng Required:	<u>Y</u>	N			
City Licensin	g Required:	Υ	N			
Address Information Certificate of Outstanding Active Environ Current on C	Occupancy: Permits: Inmental Code ity Utilities:	Infract	ions:	Y Y Y Y	N <u>N</u> <u>N</u>	
Tier:	1	2		<u>3</u>		
Notes:						
Recommend	ed Award:	\$_1	500.00	2		
		2	Ablemic	m)		
	0.40		25			
	Administrator	eral Mana	ger			

Color Kuture Salon 6912 E. RENO STE 101 MWC, Oklahoma

I, Julia Pollard, am submitting an application for a grant as owner of Color Kuture Salon in Midwest City. Due to the declared national shutdown, my business incurred significant losses, and I will be using the funds, for rent, supplies and sanitation equipment. This grant will help maintain my establishment in the City of Midwest City for years to come, as well as supply jobs to the two Barbers that I currently employ as booth renters.

Julia A. Pollard (owner)

Color Kuture Salon



Board of Grantors

Business Name: _	ColoR	Luture	SATON	EDBA HA	ir by
Physical Address: _	6912 # Direction	E. REN		Suffix	Unit#
<u>N</u>	Midwest City,	OK ST	7/5	110	
Business Telephone:	(405) (639 - 0	0140	_ Extension	Ľ
Business Website: _		NA			
Business' NAICS Cod	e: 812112	(htt	tps://www.census.j	gov/eos/www	/naics/)
Authorized Applicant:	_ Juli A	st Name		PollARd Last Name	
Mobile Telephone:	405	639 .	0140	-	
E-Mail Address: By signing this applicati	TPollarz ion, I attest:	1622	@ gmzi	<u> </u>	om_
All information pro	ovided is true and	correct to the bes	t of my knowledge.		
I understand and received were use	agree that I must ed for the purpose	provide documents identified on this			oving funds
I understand and will disqualify the	Applicant and an Memorial Hospita	se information or f	pe repaid. Iailure to provide an hey represent to relate any funds received.	eceive future fu red as result o	unding from
Dated this day of SUBSCRIBED AND SWO		this day of	C 110 110 A	nt's Signature	30.
JOHN ON C	S PARS		sion expires	10.00	
Notary Pub	170088 EXP. 69/22	133			

Business Information:	Time in Operation: Ye Legal Structure:	Sole Pro	Months: prietorship Liability Corp. ship	Corporation S-Corp.
Did you for State or Federal as	ssistance or any other	ype of grant	program(s):	Yes <u>X</u> No
Applications(s) Status	Pending	Rejected	Approved	
If approved, how much a	assistance did you receiv	e in total: \$_	NA	
Grant(s)	Loans(s)	-	Combination of bo	th
LOSSES: What is the total loss of revenue the same time in 2020? How to compute losses: Receipts for 3/1/2 Receipts for 3/1/2	2019 – 4/30/2019:	\$ 45,000 \$ 27,500 \$ 17,500	\$17,500 + \$45,000	42_%
	parate page detailing inf	ormation on o		.00
Planned Expenditures Deta	ills: Rent or Mortga Other Debt Se	Market Comment	\$.00
	Personnel or B		\$.00
	Materials or S		\$ 450	.00
	Contract Labo	r:	\$.00
	Utilities:		\$.00
	Advertising:		\$ 150	.00
	Other*: *(Attach details)		\$.00
	Total Reques	t:	\$ 500	.00
Please Attach The Followin	g Documents:			
A signed statement ex Midwest City.	xplaining how this gran	nt will affect t	the future of your	business in
Certificate of good sta	anding from the Oklaho www.sos.ok.gov/corp/o			
√ Completed Internal R	evenue Service Form	W-9	*	



Board of Grantors

Application for Business Assistance

Staff Review Form

Business Name	Jazzercise			
Physical Address	2839 \$ Dougla	as BL, Suite #	109	
Date Received	<u>July 20, 2020</u>			
Document Checklist X Compl X Impact	t eted Application : Statement	n <u>X</u> I	RS W-9 Form DK SOS Certificat	e of Good Standing
Licensing State Licensin	g Required:	Y <u>И</u>		
City Licensing	Required:	Υ <u>Ν</u>		
Address Information Certificate of C Outstanding F Active Enviror Current on Cit	Occupancy: Permits: Imental Code Ir y Utilities:	nfractions:	Y N Y <u>N</u> Y N	
Tier:	1	2	<u>3</u>	
Notes:				
Recommende	d Award:	\$ <u>1500.00</u> Aldem	- ar!	·
	P.J.Fo	*******		
	Administrator/Genera	ar macanarga r		LATIE

Re: Application for Business Assistance

Board of Grantors,

Thank you for presenting this opportunity to help local businesses affected by the COVID-19 pandemic. I would humbly request that you consider Jazzercise Midwest City as an excellent recipient of these available funds.

My name is Kelly Smithee, and I purchased the Jazzercise Midwest City effective October 1, 2019. At the time, we had recently relocated from our own store front (a building on 15th that was sold and demolished last summer to make way for newer businesses) and were renting a space inside a dance studio. This was not ideal, as we did not have full control of the facility, but it was a place to meet and work out and therefore remain open. Our membership started to dwindle. There were issues with the dance studio. It was located in the back of an older shopping center and we were not allowed to put out any signage, therefore, new customers were hard to come by. Our rent at the studio was agreed to be \$600, and then shortly was raised to \$725.

I was presented an opportunity to move to a space facing Douglas Blvd...a prime location. We agreed on rent at \$750 and I would pay half the utilities. This was more than the previous place, but it provided many other advantages. 1. It was clean. 2. Our schedule and activities took priority in the space. 3. We could hang our sign on the store front. I figured the benefits outweigh the disadvantages...which were only one. The cost. We needed to build a stage. We needed to have the sign moved out of storage and obtain the correct permits and professionally hung on the building. We needed to purchase other items to "build out" and to be able to transfer the business. In my eyes....totally worth it. So, we did. I signed a one-year lease to commence on February 1 and we were able to build out all the items we needed. We did have a bit of a buffer, but me and another instructor opted not to receive any pay until we could pay everything off. You will see from the reports attached that we make just enough to cover monthly expenses. When customers pay, the money goes straight to Jazzercise Corporate (Gross Receipts). They keep the 20% and then send the rest to me (Gross Receipts less Total CFF Due).

Throughout January and February, over \$1800 was spent to "open". Clearly this depleted our buffer and then some. However. On February 1 we opened with a bang. It was amazing. The location did not disappoint. We had 22 new customers within the month of February (document attached). We were offering the standard "First Class Free", and then when you attend your second class you get "One month free." THEN they would become paying customers. Then...COVID hit. For safety reasons, we opted to close on March 19. The mandate to close came the following week. We were down, depressed, stressing about now paying for a lease and how much money was going to come in to pay for it.

Fortunately for us, Jazzercise Corp struck a deal with the companies that own the copyrights to the music we use, and we were allowed to livestream only our classes. We started doing this, and April went by well without many cancellations. Then we continued into May. We had a couple more cancellations, but not many. Then we could OPEN!!! At limited capacity. So, we did. Then we had a

potential exposure and had to close until test results came back. Then we opened again! June saw many more cancellations, and July has proven to follow suit. Many of our customers are either not technology savvy or have spotty WIFI or just aren't motivated to work from home with the streaming. Others are understandably not quite comfortable coming into the facility to work out, even at the limited capacity. With no end in sight, and another potential "shut down" looming...my fear is that even more customers will decide that their \$49/month could be better spent elsewhere. In June, I did not have enough in EFT monies to even pay all the bills and the remaining instructors.... I and one other are still not receiving money for our classes. Clearly, we are not getting many...if any new customers right now as they are not comfortable going into a "gym". I've had so many people inquire, but they don't want to come through the doors until "this is over."

I've requested assistance for one month of operating costs. I'm not wanting to be stingy because I know other businesses were impacted more than mine. Two months assistance would be fantastic, but I don't want to be greedy. It may not seem like a lot, but that will help me feel more confident that I can cover expenses going forward. I have confidence in the customers that I have retained will keep paying (understandably I will lose more if the shut down happens). At the time I'm writing this, the City of OKC has already proposed that gyms are to close. The City of Midwest City has usually followed pretty close to the OKC guidelines. I'm already in the negative, but without a buffer anymore, I would like to just keep my workout family together, and the doors (or live streams) open as much as possible.

I've already paid the yearly expenses to Jazzercise for the facility (copyright fees, franchise fees, insurance, etc). What I am requesting is purely to pay for the facility and instruction to continue.

Thank you for your time and consideration,

Kelly Smithee

Owner, Jazzercise Midwest City

Kelly Swither

Jazzercise 405, LLC

405.971.4107 2839 S. Douglas Blvd.

Ste 109

Midwest City, OK 73110

Attachments:

- Completed Application
- W-9 Form
- Proof of Good Standing with the Oklahoma Secretary of State's Office
- 4. Monthly Income Reports to show that June was hit hard with cancellations and loss of income
- LLC Certificate LLC is listed at my home address as per Jazzercise guidelines as the actual location of satellite facilities may move



Board of Grantors

Business Name:	Jazzeverse Midu	est City	
Physical Address:	2839 S Dauglas	Street	Sk 109 Suffix Unit#
	Midwest City, Ok	73\\\ Zip	
Business Telephone	e: (405) 971	- 4107	Extension: U A
Business Website:	Lew. Jazzercisc.	iom	
Business' NAICS Co	ode: 713940	(https://www.cen	sus.gov/eos/www/naics/)
Authorized Applica	nt: Kelly First Name		Smithee Last Name
Mobile Telephone:	(405)971	- 4107	
E-Mail Address:	JazzMWC	@ 940	iil com
By signing this applic	ation, I attest:		
I am duly authorstand an received were I understand the stand an will disqualify the	used for the purposes identificate any money improperly spend agree that any false information any estables.	on behalf of the business documentation within 90 ed on this application. ent must be repaid. nation or failure to provid	- Market of the William Thyre of the Control
Dated this & day	of Truy, 20 DU		plicant's Signature OKLAHOMANIA
SUBSCRIBED AND SV	WORN to before me this 2	day of July	. 20 (1997)
		Mil	en & Bul

	in Operation: Years: Osole Pr Sole Pr Limited Partner	oprietorship C Liability Corp S	orporatio -Corp.
Did you for State or Federal assista	nce or any other type of gran	nt program(s):Yes _X	No
Applications(s) Status:	Pending Rejecte	ed Approved	
If approved, how much assista	ance did you receive in total: \$	NIA	
Grant(s)	Loans(s)	_Combination of both	
Receipts for 3/1/2020	Difference: \$ 17,500		
		-F 1	3 100
(Attach separate	e page detailing information on	other business) Juli	1 7/08
(Attach separate	e page detailing information on Rent or Mortgage:	other business) Juli	.00
(Attach separate	Rent or Mortgage: Other Debt Service:	other business) Juli	.00
(Attach separate	Rent or Mortgage: Other Debt Service: Personnel or Benefits:	s 750	.00
(Attach separate	Page detailing information on Rent or Mortgage: Other Debt Service: Personnel or Benefits: Materials or Supplies:	\$ 750 \$ \$ \$ \$.00
(Attach separate	Page detailing information on Rent or Mortgage: Other Debt Service: Personnel or Benefits: Materials or Supplies: Contract Labor:	\$ 750 \$ \$ \$ \$ \$ \$ \$.00 .00 .00 .00
(Attach separate	Page detailing information on Rent or Mortgage: Other Debt Service: Personnel or Benefits: Materials or Supplies: Contract Labor: Utilities:	\$ 750 \$ \$ \$ \$ \$ \$ \$ \$.00
(Attach separate	Page detailing information on Rent or Mortgage: Other Debt Service: Personnel or Benefits: Materials or Supplies: Contract Labor: Utilities: Advertising: Other*:	\$ 750 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$.00 .00 .00 .00 .00
(Attach separate	Page detailing information on Rent or Mortgage: Other Debt Service: Personnel or Benefits: Materials or Supplies: Contract Labor: Utilities: Advertising:	\$ 750 \$ 750 \$ \$ \$ 760 \$ 110	.00 .00 .00 .00 .00 .00
(Attach separate	Page detailing information on Rent or Mortgage: Other Debt Service: Personnel or Benefits: Materials or Supplies: Contract Labor: Utilities: Advertising: Other*: *(Attach details) Total Request:	\$ 750 \$ \$ \$ \$ \$ \$ \$ \$ \$ 100 \$.00 .00 .00 .00 .00 .00
Planned Expenditures Details: Please Attach The Following Do	Page detailing information on Rent or Mortgage: Other Debt Service: Personnel or Benefits: Materials or Supplies: Contract Labor: Utilities: Advertising: Other*: *(Attach details) Total Request:	\$ 750 \$ 750 \$ \$ 750 \$ 110 \$ \$ 1455	.00 .00 .00 .00 .00 .00
Please Attach The Following Do A signed statement explain Midwest City. Certificate of good standing	Page detailing information on Rent or Mortgage: Other Debt Service: Personnel or Benefits: Materials or Supplies: Contract Labor: Utilities: Advertising: Other*: *(Attach details) Total Request: ocuments:	\$ 750 \$ \$ 750 \$ \$ 750 \$ \$ 110 \$ \$ 110 \$ \$ the future of your business of State	.00 .00 .00 .00 .00 .00



Board of Grantors

Application for Business Assistance

Staff Review Form

Business Name	La Greek				(R	
Physical Address	2839 S Doug	las BL, Suit	e 102			_
Date Received	July 17, 2020					
	st leted Applicat <mark>i</mark> d t Statement	on X	_ IRS W- _ OK SO		ate of Good Standing	
State Licensi	ng Required: n (OKCC)	Y N	Expir	ation:	<u>8/31/2021</u>	
City Licensing	g Required:	Y <u>N</u>				
Address Informatio	n					
Certificate of Outstanding I	Occupancy: Permits: nmental Code	Infractions:	<u>Y</u> Y Y <u>Y</u>	Z Z Z Z		
Staff Recommenda	tion					
Tier:	1	2	3			
Notes:						
Recommende	ed Award:	\$_4000.00	<u>) </u>			

Plibleman)

Administrator/General Manager

7-20-00 Date July 17, 2020

To Whom It May Concern,

The grant money if granted can help me to pay my payroll which I was not able to pay myself during the down time and also all of the bills that I am required to pay like rent, utilities and supplies, etc...

Sincerely,

Ted Oh

Owner of La Greek



Board of Grantors

Business Name:	La Gr	eek	- Insert Salesti - con	
Physical Address:	2839 S. D. Direction	ouglas Bi	! vd.	Suffix # 162
	Midwest City.	OK ST	13/3 Zip	30
Business Telephone	e: (405)	733 . 4	1444	_ Extension:
Business Website:		A		
Business' NAICS Co	ode: 722	(htt	ps://www.census.	gov/eos/www/naics/)
Authorized Applica		ED I Name		OH Last Name
Mobile Telephone:	(405)	973	7979	<u></u>
E-Mail Address:	tedoh	123	@ gm	iail.com
By signing this applic	ation, I attest:			
-/	provided is true and		Santal Market Commence of the santal state of	
I understand a	orized to submit this r nd agree that I must used for the purpose:	provide documen	tation within 90 da	ys of award proving funds
/ understand th	at any money imp <mark>ro</mark> p	erly spent must t	e repaid.	
will disqualify t	he Applicant and any ity Memorial Hospital	y establishment t	hey represent to re	ny required documentation eceive future funding from yed as result of erroneous
Dated this 17 day	of July, 2	0.20.	Anolina	h-llh_ nt's Signature
SUBSCRIBED AND SV	/ WORN to before me f	this 17_day of	T. 1	20 <mark>2c2c</mark>
IL		My commis	sion expires: 3-1	11-23
Notary F	Public			HOE BU

	me in Operation: Years egal Structure:	Months: Sole Proprietorship Limited Liability Corp Partnership	Corporation S-Corp.
Did you for State or Federal assi	stance or any other typ	e of grant program(s): _L	Yes (Ng
Applications(s) Status:	Pending	Rejected VApprove	d
If approved, how much ass	sistance did you receive in	total: \$ 5/60.	
Grant(s)	Loans(s)	Combination of	both
LOSSES: What is the total loss of revenue in the same time in 2020? How to compute losses: Receipts for 3/1/202	9 – 4/30/2019: \$ 0 – 4/30/2020: \$	45,000 \$17,500 ÷ \$45,00	43_ %
(Attach sepa	rate page detailing inform		1300.00
2	Other Debt Service		-6.00
This is based a	L CLOUTHICI OF DEL	efits: \$	-600
ne month portio	Materials or Supp	olies: \$ 4	493.00
ne month portion trenditure. Fig lerived from the	ur Contract Labor:	\$	00.00
lerived from the	Utilities:	\$	632.00
verage of March &	Advertising:	\$	().0 0
erage of Plarens	Other*: *(Attach details)	\$	-00.00
ral 2019,	Total Request:	\$ 6	425.00
Please Attach The Following	Documents:		
A signed statement expl Midwest City.	laining how this grant w	ill affect the future of you	ur business in
Certificate of good stand	ding from the Oklahoma		
Completed Internal Rev	enue Service Form W-	9	



Board of Grantors

Application for Business Assistance

Staff Review Form

Business Name	Meiji Midwest City of Midwest City					
Physical Address	5805 SE 15 th ST					
Date Received	July <u>1</u> , 2020					
	t eted Application t Statement	<u>X</u> <u>X</u>	IRS W-9 Form OK SOS Certificate of Good Standing			
	ng Required: Y (OKCC) olic Beverage	N	Expiration: 8/31/2021 Expiration: 12 /04 /2020			
City Licensing Alcoho	Required: Y	N	Expiration: 12 /04 /2020			
Address Information Certificate of C Outstanding F Active Enviror Current on Cit Staff Recommendat	Occu <mark>p</mark> ancy: Permits: nmental Code Infraction y Utilities:	ons:	Y N Y <u>N</u> Y <u>N</u> Y N			
Tier: Notes:	1 <u>2</u>		3			
Recon	nmended Award:	_	0.00 wan			
	L.Gor-	er	Date			

July 1, 2020

To,

Board of Grantors

Economic Development, Midwest City, OK

Sir,

I am the owner of MEIJI, Experience Japan Restaurant located at 5805 SE 15th Street, Midwest City, Oklahoma. We started this business in January 2020 and because of Covid 19 Pandamic, suffer serious losses and will continue more losses because of lack of visitors and certain fixed expenses.

I employ about 15 - 20 employees in this restaurant and with nature of my business, we have to employ this number of employees regardless of income generated by restaurant. My business generate sales tax, property tax, and most importantly gives employment to 60 employees and by this way, we support development of Midwest City.

I hereby request you to approve grant as submitted.

Kalpana N Patel

Meiji Midwest City, LLC



Board of Grantors

Business Name:	Meiji Midwe	of City,	11(
Physical Address:	5805 SE 15HA # Direction	StStreet	Suffix	Unit#
	Midwest City, OK City ST		73110 Zip	
Business Telephon	e: (405) 931	- 3668	Extensi	on:
	meiji experience o			
Business' NAICS C	ode: <u>732511</u>	(https://www.	census.gov/eos/ww	/w/naics/)
Authorized Applica	nt: <u>Kalpana</u> First Name		Pode 1 Last Name	<u> </u>
Mobile Telephone:	(405) 473	- 7141		
E-Mail Address:	naveshy patel 1	@ <u>y</u>	ahoo	com
By signing this applic	cation, I attest:			
I am duly authorstand a received were understand the understand at will disqualify to	provided is true and correct to orized to submit this request of and agree that I must provide of used for the purposes identified that any money improperly spet and agree that any false inform the Applicant and any establish	n behalf of the busing documentation withing on this application of must be repaid. ation or failure to prosent they represent the properties	ness identified above n 90 days of award n. ovide any required d ent to receive future	proving funds locumentation funding from
information mu	ity Memorial Hospital Authoritist be repaid.	No.	N. P	
	/		Applicant's Signature	MINIMUM CO. Marine
SUBSCRIBED AND SI	NORN to before me this 150	commission expire	s: 2 13 23	# 15010759 EXP. 12/03/23
		3	THE STATE OF THE S	PUBLIC OF OKLANIII

	ime in Operation: Years: 0 Legal Structure: Sole f Limite Partne	Proprietorship (Corporation S-Corp.
Did you for State or Federal ass	istance or any other type of gra	ant program(s): Yes_	No
Applications(s) Status:	Pending Rejec	ted <pre>Approved</pre>	
If approved, how much as	sistance did you receive in total:	\$ 20,200	
Grant(s)	Loans(s)	Combination of both	
LOSSES: What is the total loss of revenue in the same time in 2020? How to compute losses: Receipts for 3/1/202 Receipts for 3/1/202	19 – 4/30/2019: \$ 45,000	\$17,500 + \$45,000 = 38.89	_% =)== = 102,00
Do you own similar businesses (Attach sepa	in other communities? YES N	28 022 41 83	<i>!</i>
Planned Expenditures Details	s: Rent or Mortgage:	\$ 56,70	0.00
* 0	Other Debt Service:	\$.00
For 3 months	Personnel or Benefits:	\$ 60,00	00. ٧
For Expons	Materials or Supplies:	\$.00
Way	Contract Labor:	\$.00
	Utilities:	\$ 15,00	<u>00. u</u>
	Advertising:	\$.00
	Other*:	\$.00
	*(Attach details) Total Request:	\$ 131,70	0.00
Please Attach The Following	Documents:		
A signed statement exp Midwest City.	laining how this grant will affect	ot the future of your busine	ess in
-	ding from the Oklahoma Secre		
Completed Internal Rev	venue Service Form W-9		



Board of Grantors

Application for Business Assistance

Staff Review Form

Business Name	Pelican's			
Physical Address	291 N Air Depot BL			
Date Received	July 20, 2020			
X Impac	t leted Application t Statement	<u>X</u> X	IRS W-9 Form OK SOS Certifica	ate of Good Standing
	ng Required: Y (OKCC) olic Beverage	N	Expiration: Expiration:	8/31/2020 9/21/2020
City Licensing Alcoho	g Required: <u>Y</u> olic Beverage	N	Expiration:	9/21/2020
Address Information Certificate of Coutstanding For Active Enviror Current on City Staff Recommendate	Occupancy: Permits: nmental Code Infracti ty Utilities:	ons:	Y N Y <u>N</u> Y <u>N</u> Y N	
Tier:	<u>1</u> 2		3	
Notes:				
Recon	nmended Award:	\$400	0.00 	
4	Administrator/General Manag			7-25.20 Date



July 17, 2020

To whom it may concern,

Being awarded any amount of grant money would help us with our day to day operations, allowing us to not lose any more ground than we have already. We have seen an unprecedented drop in business in the 3 month's of March to May. The decline in business from March 1 to April 30 was 47.5% and even after reopening in May the decline over the 3 months of March 1 to May 31 was 38.3% with the total loss in revenue being -\$122825.06. This grant will help us keep our cash flow going that we have worked so hard on over the last several years. We like to think of Pelican's as part of the Midwest City community and look forward to serving great food for another 40 years.

In short any grant money awarded would help us pay lease payments, payroll and other bills so that even with the reduction in business over the last few months we know we will be around for the future.

Sincerely

Tim Thelin

Pelican's Restaurant





Board of Grantors

Business Name: Pelican's Restaurant
Physical Address: 291 N. Air Depot Blvd # Direction Street Suffix Unit#
Midwest City, OK 73110 City ST Zip
Business Telephone: (405) 732 - 4392 Extension:
Business Website: Pelicans ok. com
Business' NAICS Code: 722511 (https://www.census.gov/eos/www/naics/)
Authorized Applicant: Twothy Thelin First Name Last Name
Mobile Telephone: (405) 826 - 602
E-Mail Address: H20 holic @ sbcglobal net
By signing this application, I attest:
All information provided is true and correct to the best of my knowledge.
All information provided is true and correct to the best of my knowledge. I am duly authorized to submit this request on behalf of the business identified above. I understand and agree that I must provide documentation within 90 days of award proving funds received were used for the purposes identified on this application.
I understand that any money improperly spent must be repaid. I understand and agree that any false information or failure to provide any required documentation will disqualify the Applicant and any establishment they represent to receive future funding from the Midwest City Memorial Hospital Authority, and that any funds received as result of erroneous information must be repaid.
Dated this 17th day of July , 2070. Applicant's Signature
SUBSCRIBED AND SWORN to before me this

Zama Julsoz	0 17008653 EXP. 09/22/21 OF OF OF OMMISSION EXP	oires <u>:</u> C	1000	201
Business Information: Time Lega	in Operation: Years: 45 al Structure: Sole Pr Limited Partner	oprietors Liability	hipC	orporatio -Corp.
Did you for State or Federal assista	nce or any other type of gran	it progra	m(s): <u>X</u> Yes	No
Applications(s) Status:	Pending Rejecte	d	Approved	
If approved, how much assista	ance did you receive in total: \$	1184	450.00	
	Loans(s)			
the same time in 2020? How to compute losses: Receipts for 3/1/2019 – Receipts for 3/1/2020 – Do you own similar businesses in compute losses:	4/30/2020: \$ 27.500 Difference: \$ 17.500 other communities? YES NO) Total u	+ \$45,000 = 38.89% inits owned:	%
	e page detailing information on		· · · · · · · · · · · · · · · · · · ·	
Planned Expenditures Details:	Rent or Mortgage:	\$	18000	.00
	Other Debt Service: Personnel or Benefits:	<u>\$</u>	90000	.00
	Materials or Supplies:	\$	d	.00
	Contract Labor:	\$	Ø	.00
	Utilities:	\$	9000	.00
	Advertising:	\$	1000	.00
	Other*:	\$	Ø	.00
	*(Attach details) Total Request:	\$	118000	.00
Please Attach The Following Do	cuments:			
A signed statement explain Midwest City.	ing how this grant will affect	the futu	re of your busine	ess in
	from the Oklahoma Secreta sos.ok.gov/corp/order/orderD			
Completed Internal Revenu	ue Service Form W-9			



Board of Grantors

Application for Business Assistance

Staff Review Form

Business Name	Planet Bowl		
Physical Address	6601 Tinker Diagona	L	
Date Received	July 20, 2020		
	t leted Application t Statement	X IRS W-9 Form OK SOS Certificate of 0	Good Standing
	ng Required: <u>Y</u> n (OKCC) olic Beverage	N Expiration: 8/31/2 Expiration: 08/07/2	2020
	g Required: <u>Y</u> y Amusement olic Beverage	N	
Address Informatio Certificate of Outstanding R Active Enviro Current on Ci	Occupancy: Permits: nmental Code Infractio	ons: $\begin{array}{ccc} \underline{Y} & N \\ \overline{Y} & \underline{N} \\ \underline{Y} & \underline{N} \\ \underline{Y} & N \end{array}$	
Staff Recommendate	tion		
Tier:	<u>1</u> 2	3	
Notes: Alcoho	olic beverage licensing	on file.	
Recommende	•	4000.00	
SA	er .		7.70.20

To: Midwest City Memorial Hospital Authority

Board of Grantors

From: Planet Bowl

Midwest City

Date: July 18, 2020

To Whom It May Concern:

If Planet Bowl is given a grant by the Board of Grantors, this would help us to continue to have our business stay open since Planet Bowl has been established since 1962. This would keep our employees employed which would keep unemployment down. People would have a place to go and enjoy entertainment with there family and friends, and further the quality of life of the citizens of Midwest City.

Thank you for your consideration in this grant.

Darlere Hatt

Sincerely,

Darlene Hatt

Planet Bowl



Board of Grantors

Business Name:	JDJ Planet i	BOWI, LLC	
Physical Address:	# Direction Midwest City, OK	Diagonal Street 731	Suffix Unit#
Business Telephor	city ST ne: (405) 732	-0391	Extension:
Business Website:	NIA		
Business' NAICS C	ode: 7/3950	(https://www.censu	is.gov/eos/www/naics/)
Authorized Applica	nnt: B. Darlun First Name	e	Hatt Last Name
Mobile Telephone:	(405)615	- 7617	
E-Mail Address:	Jd planetbo	w/ @ COXI.	net net
By signing this appli	cation, I attest:		
I am duly auth I understand a received were I understand th I understand a will disqualify	provided is true and correct to orized to submit this request of and agree that I must provide of used for the purposes identified that any money improperly special agree that any false information the Applicant and any establishing tity Memorial Hospital Authorities to repaid.	n behalf of the business in documentation within 90 of ed on this application. In must be repaid. ation or failure to provide shment they represent to	dentified above. days of award proving funds any required documentation receive future funding from
Dated this // day	of July , 20,20.	Warles	eant's Signature
RONG CRIBED AND S	WORN to before me this 17	commission expires:	, 20 <u>20</u> .

Business Information:	Time in Operati Legal Structur	Limite	_ Months: _ Proprietorship ed Liability Co ership		Corporation S-Corp.
Did you for State or Federal	l assistance or any	other type of gra	ant program(s):	_ No
Applications(s) Stat	us: Pen	nding Rejec	ted <u>V</u> Ap	proved	
If approved, how much	ch assistance did yo	u receive in total:	\$ 25,3	200.00	
Grant(s	OR PPP	oans(s)	Combinati	on of both	
	1/2019 – 4/30/2019: 1/2020 – 4/30/2020: Difference	\$ 45,000 \$ 27,500		April 30, 2019	_%
Do you own similar busines (Attach Planned Expenditures De	separate page deta				.00
. Total angoliana a a		ebt Service:	\$,,,,	.00
		nel or Benefits:	\$	4400	.00
	19395555	ls or Supplies:	\$.00
		t Labor:	\$.00
	Utilities:		\$	3200	.00
	Advertis	sing:	\$	0	.00
	Other*:		\$.00
	*(Attach de Total R	equest:	\$.00
Please Attach The Follow	ing Documents:				
A signed statement Midwest City.	explaining how th	is grant will affect	t the future of	of your busine	ess in
Certificate of good s	standing from the (://www.sos.ok.gov/				
Completed Internal	Revenue Service	Form W-9			



Board of Grantors

Application for Business Assistance

Staff Review Form

Business Name	Red Rock Der	ntistry				
Physical Address	1200 S Air De	pot BL,	Suite I			
Date Received	July <u>1</u> , 2020					
	t leted Application t Stat <mark>e</mark> ment	n	<u>X</u> IF X O	RS W-9 Form K SOS Certificate	of Good	Standing
Licensing State Licensir	ng Required:	Y	N	Expiration: 12/31	/2020	
City Licensing	ı Re <mark>quired:</mark>	Υ	N	Expiration:		<i>J</i>
Address Information Certificate of (Outstanding F Active Enviror Current on Cit	Occ <mark>u</mark> pancy; Permits; nmental Code Ii ty Utilities:	nfractior	ns:	Y N Y <u>N</u> Y <u>N</u> Y N		
Tier:	1	2		<u>3</u>		
Notes:						
Recommende	ed Award:	\$ <u>\$150</u>	00,00 Webenne	m)		
10					0	

Administrator/General Manager

Red Rock Family Dentistry

Dr. Lauren Huffaker 405-733-8136 1200 S. Air Depot Blvd Ste #I Midwest City, OK 73110

To the City of MWC,

Thank you for organizing this generous opportunity for businesses in need during COVID-19. As a dentist, this has been an interesting time. I am blessed to have very understanding patients and staff and resources through our government that allow my business to stay afloat. As a new business owner with high debt levels from my business acquisition, this was a scary period in my dental practice ownership experience; however, opportunities such as this help put my mind at ease.

I know I am not alone in feeling the effects of COVID-19, especially unexpected ones like a drastic increase in PPE costs due to the interruption in the supply chain/price gouging, an increase in employment costs, and notable decrease in overall production as we must slow our schedules down to account for needed changes in our patient protocols in an attempt to protect ourselves and our patients from Coronavirus exposure.

This grant will help me provide for my staff, patients, service debt, pay for utilities and help solidify my position in Midwest City as a business serving this wonderful community where I was born and raised!

Thank you for your consideration in this matter,

Lauren Huffaker DDS



Board of Grantors

Application for Business Assistance

Business Name:	Lauren A. Huffaker DDS PUC
Physical Address:	1200 S Air Depot Blvd Ste # I # Direction Street Suffix Unit# Midwest City, OK 73110
	City ST Zip
Business Telephone	e: (405) 733-8136 Extension:
Business Website:	redrockdentistry.com
Business' NAICS Co	그리는 그는 그 🔺 🕳 그는 그를 가는 그림을 가는 그를 가면 되었다. 그 생생님이 그 사람들은 그를 가는 것이 모든 글이어 다녔다. 그림을 가는 것이 되었다. 그를 가는 것이 되었다.
	(https://www.census.gov/eos/www/haics/)
Authorized Applicar	nt: Lauren Huffaker First Name Last Name
Mobile Telephone: E-Mail Address:	HOS ,306-1098 lahuffaker @ gmail. com
By signing this applic	ation, I attest:
All information	provided is true and correct to the best of my knowledge.
I am duly autho	rized to submit this request on behalf of the business identified above.
	nd agree that I must provide documentation within 90 days of award proving funds used for the purposes identified on this application.
A	at any money improperly spent must be repaid.
I understand an will disqualify the	d agree that any false information or failure to provide any required documentation ne Applicant and any establishment they represent to receive future funding from y Memorial Hospital Authority, and that any funds received as result of erroneous
	f July , 20 20. Applicant's Signature
SUBSCRIBED AND SW	ORN to before me this $\frac{15^{\dagger}}{1000}$ day of $\frac{100}{1000}$, $\frac{100}{1000}$ My commission expires: $\frac{100}{1000}$
Notary Po	KINZIE LIAN NOTARY PUBLIC OKLAHOMA COUNTY STATE OF OKLAHOMA

COMM #19011886

		oprietorship Liability Corp.	_ Corporation _ S-Corp.
Did you for State or Federal assist	ance or any other type of gran	nt program(s): <u>X</u> Yes	No
Applications(s) Status:	Pending Rejecte		
If approved, how much assis	tance did you receive in total: \$	41,700 - PPP	128,000- EIDL
Grant(s)	_X Loans(s) X	_Combination of both	
LOSSES: What is the total loss of revenue in c the same time in 2020?	omparing receipts for March 1, 2	019 through April 30, 20 	
How to compute losses: Receipts for 3/1/2019 Receipts for 3/1/2020		\$17,500 ÷ \$45,000 = 38. 2019: 148,995	89% 5,90 2120: 39,270.21
Do you own similar businesses in	other communities? YES NO	Total units owned:_	
(Attach separa	te page detailing information on o	other business)	
Planned Expenditures Details:	Rent or Mortgage:	\$ 1,768	.00
	Other Debt Service:	\$ 6,681	.00
	Personnel or Benefits:	\$ ~24,000	.00
	Materials or Supplies:	\$ 3000	.00
	Contract Labor:	\$ 1.600	.00
	Utilities:	<u>\$ ~ 800</u>	.00
	Advertising:	\$ Ø	.00
	Other*: *(Attach details)	\$.00
	Total Request:	\$ Maximum Pos	subleon believe
Please Attach The Following Do	ocuments:	the	max was 4,000
	ning how this grant will affect	the future of your bus	iness in
	g from the Oklahoma Secreta		
Completed Internal Reven	ue Service Form W-9		



Board of Grantors

Application for Business Assistance

Staff Review Form

Business Name	Regional Health & Wellness Center					
Physical Address	9309 E Reno	AV				
Date Received	July 17, 2020	2				
	st leted Application t Statement		IRS W		of Good Standing	
	oma Dept. of H		Expi	res <u>1/31/2021</u>		
City Licensing	g Requirea:	Y <u>N</u>				
Address Informatio Certificate of Outstanding I Active Enviro Current on Ci Staff Recommenda	Occupancy: Permits: nmental Code ity Utilities:	Infractions:	<u>Y</u> Y Y	Z		
Tier:	1	2	<u>3</u>			
Notes:						
Recommende	ed Award:	\$_1500.00				

(Alikman)

Administrator/General Manager

7-20-20

Date

To: Midwest City Memorial Hospital Authority

From: Regional Health and Wellness Center, LLC

RE: 2020 COVID-19 Small Business Relief Program

We have been a small business operating in Midwest City, Oklahoma for almost 9 years. Our massage therapy business had to abruptly close due to the executive orders by Governor Stitt as a result of the COVID 19 pandemic. As a result of no longer being able to offer massage therapy within our clinic, we have lost income stream and loss of referrals to our physical therapy business. Closure of our massage therapy business and subsequent loss of income stream has affected operating funds that have been used to assist with payroll, rent and purchasing of equipment. New funds will help us employ a new massage therapist and allow us to generate future business opportunities and broaden the services we once offered in our business. Thank you for your consideration!

Kindest Regards

Dick Stewart, BS, PT

President, Regional Health and Wellness, LLC



Board of Grantors

Application for Business Assistance

Business Name:	9		nd Wellnes	is Center	, LLC.
Physical Address:	# Direction	st Reno A		Suffix	Unit#
	Midwest City,		7313		Unit#
	City	OK ST	Zip	<i>X</i>	
Business Telephone	: <u>(405</u>)	732 . 3	353	_ Extensio	n:
Business Website:	regional	pt. com			
Business' NAICS Co			ps://www.census.	gov/eos/www	//naics/)
Authorized Applican	t Dick		Steway	rt	
	First I	Vame		Last Name	
E-Mail Address:	dstewart		@ region	alpt.co	o m
By signing this applica	tion, I attest:	**			
✓ All information p	rovided is true and co	rrect to the best	of my knowledge		
I am duly author	ized to submit this red		[HTM] [HTM] [HTM] [HTM] [HTM] [HTM]	ntified above.	
I understand and	d agree that I must pr sed for the purposes i	ovide document	ation within 90 day	s of award pr	oving funds
I understand tha	t any money imprope				
will disqualify th	d agree that any false e Applicant and any o Memorial Hospital A	information or fa	ailure to provide any	ceive future fi	inding from
Dated this 16 day of	July , 20	20.	MS War Applicant	's Signature	
SUBSCRIBED AND SW	ORN to before me thi	s 10 day of	July	, 20	20

Notary Public	My co	mmission expires	03/04/20	7
Business Information:	Time in Operation: You Legal Structure:	ears: 8 Mo Sole Proprie Limited Liab Partnership	etorship	Corporati S-Corp.
Did you for State or Federal	assistance or any other	type of grant pro	ogram(s):Yes	V _{No}
Applications(s) State	us: Pending	Rejected	Approved	
If approved, how muc	h assistance did you recei	ve in total: \$		
Grant(s	Loans(s	Cor	mbination of both	
How to compute losses: Receipts for 3/1 Receipts for 3/1	1/2019 – 4/30/2019; 1/2020 – 4/30/2020; Difference;	\$ 45,000 \$17 \$ 27,500 \$ 17,500	,500 ÷ \$45,000 = 38.8	9%
Do you own similar business (Attach s	ses in other communities			
Planned Expenditures De	tails: Rent or Mortga	age: §	80	00.00
	Other Debt Se	rvice:		.00
	Personnel or E	Benefits:		.00
	Materials or St	upplies:	50	00.00
	Contract Labor	r: <u>§</u>	10,00	00.00
	Utilities:	9	,	.00
	Advertising:	\$.00
4	Other*:	\$.00
	*(Attach details) Total Request	:: <u>\$</u>	11,7	00.00
Please Attach The Followi	ng Documents:			
/	explaining how this gran	t will affect the fo	uture of your busin	ess in
the second secon	anding from the Oklaho	ma Secretary of	State	
https:/	//www.sos.ok.gov/corp/or	der/orderDefault	,aspx	
Completed Internal F	Revenue Service Form V	V-9		



Board of Grantors

Application for Business Assistance

Staff Review Form

Business Name	Ron's Hambur	gers & Chili		
Physical Address	351 N Air Dep	ot BL, Suite A	·	
Date Received	July 21, 2020			
	t leted Applicatio t Statement		IRS W-9 Form OK SOS Certific	ate of Good Standing
Licensing State Licensin Health	ng Required: (OKCC)	Y N	Expiration:	8/31/2021
City Licensing	g Required:	Y <u>N</u>		
Address Informatio Certificate of Outstanding F Active Enviror Current on Ci	Occupancy: Permits: nmental Code Ii	nfractions:	Y N Y <u>N</u> Y <u>N</u> Y N	
Staff Recommendat	tion			
Tier:	1	<u>2</u>	3	
Notes:				
Recommende	ed Award:	\$ 2000.00	_	
1		Alden	ean)	
	id Gor		5	

To whom it may concern:

Receiving this grant would affect the future of Pete & Bevos Restaurant Group (DBA) as Ron's Hamburgers and Chili in many ways.

It would first and foremost allow us to stay in business. Me and my wife Michelle have had to use every bit of savings we had to keep our two restaurants open and safe. It would allow us to advertise a little and try to recoup revenue that we have lost. It would allow us to renovate our dining room a little to try and keep our employees and the public safe. It would allow us to stay current with all our vendors and utilities.

Michael Lee

Owner-Operator Ron's Hamburgers and Chili



Board of Grantors

Application for Business Assistance

Business Name: Peter	Bevos Restaurant Group LLC
# Direction	Air Screet Blud #A Street Suffix Unit# OK 73110
94/ 8 0)	733 - 7667 Extension:
Business Website:	
Business' NAICS Code: 725	511 (https://www.census.gov/eos/www/naics/)
Authorized Applicant:	First Name Last Name
Mobile Telephone: <u>405</u>	922-9814
E-Mail Address: Wee	2099 @gmail.com
By signing this application, I attest:	
I am duly authorized to submit the I understand and agree that I mu received were used for the purpo I understand that any money imp I understand and agree that any will disqualify the Applicant and the Midwest City Memorial Hosp information must be repaid.	false information or failure to provide any required documentation any establishment they represent to receive future funding from ital Authority, and that any funds received as result of erroneous
Dated this 21 day of 5014	, 20 30. Mel Applicant's Signature
SUBSCRIBED AND SWORN to before m	ne this Alay of July , 2020 .

Notary Public in and for | State of Oklahoma 14004199

Notary Public He	My commission ex	pires: May 07 2622
Business Information: Time Lega	in Operation: Years: 30 Sole P Limited Partne	roprietorship Corporation d Liability Corp S-Corp.
Did you for State or Federal assista	nce or any other type of gra	nt program(s):Yes No
Applications(s) Status:	Pending Reject	edApproved
If approved, how much assista	ance did you receive in total: \$	PAPIDSOD EIDL GOOD
Grant(s)	Loans(s)	Combination of both
LOSSES: What is the total loss of revenue in corthe same time in 2020?	mparing receipts for March 1, 2	2019 through April 30, 2019 versus
How to compute losses: 51 DL& Receipts for 3/1/2019 - 37 192 5 Receipts for 3/1/2020 -	4/30/2019: \$ 45,000 4/30/2020: \$ 27,500 Difference: \$ 17,500	\$17,500 ÷ \$45,000 = 38.89%
Do you own similar businesses in o (Attach separate Planned Expenditures Details:	page detailing information on Rent or Mortgage:	
	Other Debt Service:	\$.00
	Personnel or Benefits:	\$.00
	Materials or Supplies:	\$ 3000.00
	Contract Labor:	\$.00
	Utilities:	\$ 35.00.00
	Advertising:	\$ 3500.00
	Other*: *(Attach details)	\$.00
	Total Request:	\$ 17000.00
Please Attach The Following Do	cuments:	
A signed statement explain Midwest City.	ing how this grant will affect	the future of your business in
✓ Certificate of good standing	from the Oklahoma Secret sos.ok.gov/corp/order/orderE	
✓ Completed Internal Revenue	e Service Form W-9	-1
(SEAL) DONNA M. TURNER Metalty Printer in and for State of Catalogue	4	
COS on Angle some against an employed A.	d	A.



Board of Grantors

Application for Business Assistance

Staff Review Form

Business Name	Seasoned Cafe	é			
Physical Address	7454 E Reno A	AV			
Date Received	July 7, 2020				
	t eted Applicatior : Statement	<u>X</u>	IRS W-9 Form OK SOS Certific	ate of Good Stand	lin <mark>g</mark>
Licensing State Licensin Health	g Required: (OKCC)	У И	Expiration:	8/31/2021	
City Licensing	Required:	Υ <u>Ν</u>			
Current on Cit	Occupancy: Permits: Imental Code Ir y Utilities:	nfractions:	Y N Y <u>N</u> Y <u>N</u> Y N		
Staff Recommendat					
Tier: Notes:	1	2	3		
Recommende	d Award:	\$ 4000.00	-		
£	L. G. G. Administrate General	A Manager	an! 	——————————————————————————————————————	te

To Whom It May Concern:

Seasoned Café needs this grant due to Corona Virus Pandemic. We opened our doors to start serving customers in September 2019. Being within our 1st year of business, financially this pandemic hit us hard. Seasoned Café does not have a drive-thru or delivery service option to provide current or future customers. Receiving this grant will help us financially stay afloat. We want to continue to serve the community of Midwest City and surrounding areas great food and great customer service. Thank you for your time.

Seasoned Café 7454 E. Reno Ave Midwest City, OK 73110 (405) 931-2666 Café (405) 653-4457 Cell (Thurman Jacobs)



Board of Grantors

Application for Business Assistance

Business Name: Seasoned Cafe
Physical Address: 7454 & Reno Ave # Direction Street Suffix Unit# Midwest City, OK 73110 City ST Zip
Business Telephone: (405) 931 - 2446 Extension:
Business Website: Face book & Seasoned Cafe MWC Business' NAICS Code: 722 5/3 (https://www.census.gov/eos/www/naics/)
Authorized Applicant: Thurman Jacobs First Name Last Name
Mobile Telephone: (405) 510 - 1272
E-Mail Address: Seasoned cafeLLC @ yahoo . Com
By signing this application, I attest:
All information provided is true and correct to the best of my knowledge. I am duly authorized to submit this request on behalf of the business identified above. I understand and agree that I must provide documentation within 90 days of award proving funds received were used for the purposes identified on this application. I understand that any money improperly spent must be repaid. I understand and agree that any false information or failure to provide any required documentation will disqualify the Applicant and any establishment they represent to receive future funding from the Midwest City Memorial Hospital Authority, and that any funds received as result of erroneous information must be repaid.
Dated this 5th day of July , 20 20. Thurman Jacobs Applicant's Signature
SUBSCRIBED AND SWORN to before me this 5th day of July , 2020 . My commission expires: 0 th 0 8/2023 Notary Public OKLAHOMENTALIAN OKLAHOME

Business Information:	Time in Operation: Y Legal Structure:			_ Corporation _ S-Corp.
Did you for State or Federal as	ssistance or any other	type of grant	orogram(s): Yes	SNo
Applications(s) Status	: Pending	Rejected	Approved	
If approved, how much	assistance did you rece	ive in total: \$_\	8.000	
Grant(s)	Loans(s	s)0	Combination of both	
LOSSES: What is the total loss of revenue the same time in 2020? How to compute losses: Receipts for 3/1/2 Receipts for 3/1/2	2019 – 4/30/2019:		9 through April 30, 2	%
Do you own similar businesse (Attach se	parate page detailing in		Total units owned:_ ner business)	_
Planned Expenditures Deta	ils: Rent or Morto	jage:	\$ 2500	00.00
	Other Debt S	ervice:	\$ 2000-	.00
	Personnel or	Benefits:	\$ 500 00	.00
	Materials or S	Supplies:	\$ 20000	.00
	Contract Lab	or:	\$ 1000 00	.00
	Utilities:		\$ 1000:000	.00
	Advertising:		\$ 1200-00	.00
	Other*:		\$.00
	*(Attach details) Total Reque :	st:	\$ 15.000	.00
Please Attach The Followin	g Documents:			
A signed statement ex Midwest City.	xplaining how this gra	nt will affect th	e future of your bus	siness in
Certificate of good sta	inding from the Oklah www.sos.ok.gov/corp/			
√ Completed Internal Registration	evenue Service Form	W-9		



Board of Grantors

Application for Business Assistance

Staff Review Form

Business Name	Star Skate			
Physical Address	300 Bizzell AV	ν.		
Date Received	July <u>1</u> , 2020			
	t eted Application Statement		RS W-9 Form OK SOS Certifi	cate of Good Standing
Licensing State Licensin Health	g Required: (OKCC)	Y N	Expiration:	8/31/2021
City Lic <mark>e</mark> nsing Family	Required: Amusement	<u>Y</u> N	Expiration:	6/30/2021
Address Information Certificate of C Outstanding P Active Enviror Current on Cit Staff Recommendat	Occupancy: Permits: Imental Code In Ing Utilities:	fractions:	Y N Y N Y N	
Tier: Notes:	1	2	3	
Recommende	d Award:	\$_4000.00	an)	
Lligo	Administrator/General	l Manager	P0410	7-20-20 Date

The Star Skate Family:

Chris Hale, born in 1982, grew up in the family roller skating business in Ada. He knows what it takes to make a recreational business successful and a valuable asset to the entire community. He has competed in and coached both roller speed skating and roller hockey.

Chris has a degree in Business Management from Oklahoma University's Price School of Business.

After graduating college, Chris managed the Xfinity Roller Sports Arena in Colorado Springs and Skate City in Aurora, Colorado before coming back to Oklahoma to expand and manage the family business. Chris is currently the CEO of Star Skate, Inc. which has four locations with managers in each location and total staff of approximately 50. On an ongoing bases, Chris hires & trains employees. He solicits and handles group reservations from schools, corporations and other organizations. He initiates seasonal and special events. Chris teaches lessons to novice skaters. He also actively coaches and organizes competitive roller hockey and speed skating.

Linda Hale (Chris Hale's mother) graduated high school in her hometown of Midwest City. Linda has a BA degree in Recreation Management from the University of Oklahoma and a Master's of Business Administration from Oklahoma City University. Linda is the founder, President and CFO of Star Skate, Inc. Linda has organized competitions, teams and leagues associated with Star Skate.

Paul Hale (Chris Hale's father) graduated high school in his hometown of Davis, Oklahoma, where he later opened Paul's Skate Palace in 1976 (thru 1985). Paul majored in Aviation at Southwestern State University and received his Nursing Home Administrator's License from the University of Oklahoma. Paul is the founder and Vice-President of Star Skate, Inc. Paul has coached and played competitive roller hockey on a national level.

Susan Gee is location manager of the Midwest City Star Skate. She is also a librarian for Mid-Del Schools. She is an invaluable contributor to Star Skate's success as a whole. She personally and reliably supports Star Skate's forward progress and always strives for excellence

Juna Hel 6-30-2020

How Grant will affect future of our business in Midwest City:

The Business Assistance grant from the Midwest City Memorial Hospital Authority will help a valuable community asset survive during a very challenging time. The grant will help keep Star Skate a viable business even with a reduction in earned income. Roller skating was first established in this location since 1973. Over seven year ago, Star Skate purchased this location so it would be kept a skating rink instead of being sold as a building for other use. When an established roller skating location goes out, it is cost prohibitive for it to be replaced. Star Skate relies completely on and gives back to the Midwest City community. It brings business in from other towns that do not have roller skating rinks.

This grant will allow Star Skate to continue operate and hire, train and employee local people to provide excellent customer service to our community and visitors to Midwest City. It will allow us to continue to provide a healthy, fun, local and equally available recreational activity in Midwest City. Both our customers and staff build friendships and lifetime memories by time spent at Star Skate.

Linda Sale 6-30-2020

Star Skate, Inc. locations by year established.

- 1983 in Ada, Paul and Linda Hale built, owned and operated the first Star Skate.
- 1997 in Shawnee, Paul and Linda Hale secured a SBA loan to build a second Star Skate location.
- 2008 in Norman, Star Skate acquired the former Skateland on Lindsey Street for Chris Hale to manage as
 the third Star Skate location.
- 2013 in Midwest City, Chris Hale initiated the purchase of the fourth location and is now the General
 Manager of all four locations and the CEO of Star Skate, Inc.

Please see starskate.com website and facebook pages for current business information and activities.

Linda Dele 6-30-2020



Board of Grantors

Application for Business Assistance

Business Name: Star Skate, Inc
Physical Address: 300 Bizzell Ave.
Midwest City. OK 73110
Oily ST Zip
Business Telephone: (405) 732 - 6574 Extension:
Business Website: Starskate, com
Business' NAICS Code: 713940 (Atmoss and recreational sports)
Authorized Applicant: Linda Hale
First Name Last Name
Mobile Telephone: (5%) 421 - 5989
E-Mail Address: Starskate 1 @ yahoo . com
By signing this application, I attest:
All information provided is true and correct to the best of my knowledge.
I am duly authorized to submit this request on behalf of the business identified above. I understand and agree that I must provide documentation within 90 days of award proving funds
received were used for the purposes identified on this application. I understand that any money improperly spent must be repaid.
I understand and agree that any false information or failure to provide any required documentation will disqualify the Applicant and any establishment they represent to receive future funding from the Midwest City Memorial Hospital Authority, and that any funds received as result of erroneous
information must be repaid.
Dated this 30 day of June , 2020. Jinda Och Applicant's Signature
SUBSCRIBED AND SWORN to before me this 30 day of
Boursey Division Ondograf My commission expires: 5-12-22
NOTARY PUBLIC State of OK BEVERLY VANDAGRIFF
3 BEVER # 02005527 Expires 5 - 12 - 22

Business Information:	Time in Operation: Years: Sole Properties Limited L Partners!	iability C		Corporation S-Corp.
Did you for State or Federal as	sistance or any other type of grant	progran	n(s): <u>X</u> Ye	sNo
Applications(s) Status:	Pending Rejected	4	oproved	
If approved, how much a	ssistance did you receive in total: \$	71,0	00	
Grant(s)	Loans(s)	Combina	ition of both	EIDL 10,000
the same time in 2020?	n comparing receipts for March 1, 201	19 throug		2019 versus
How to compute losses: Receipts for 3/1/20 Receipts for 3/1/20		\$17,500	+ \$45,000 = 3	8.89%
(Attach sept	in other communities? YES NO arate page detailing information on oti		ness)	4
Planned Expenditures Detail		\$	12,900	.00
	Other Debt Service:	\$	15.10	.00
	Personnel or Benefits:	\$	15,000	.00
	Materials or Supplies:	\$	900	.00
	Contract Labor:	\$	3,500	.00
	Utilities:	\$	800	.00
	Advertising: Liability Ins			.00
	*(Attach details) Reperty Trisen Total Request:	S	34,100	.00
lease Attach The Following	Documents:		,	
and the last of th	aining how this grant will affect th	e future	of your bu	siness in
Certificate of good stand	ling from the Oklahoma Secretary	of Sta	te	
Completed Internal Day	enue Service Form W.O			



Board of Grantors

Application for Business Assistance

Staff Review Form

Business Name	Super Subs						
Physical Address	2150 S Doug	glas BL	Suite "	J ⁿ			
Date Received	July 17, 202	0					
	t leted Applicat t Statement	ion	<u>X</u>	IRS W-9 Form OK SOS Certif	ficate of Good S	tanding	
Licensing State Licensir Health	ng Required: (OKCC)	Y	N	Expiration:	8/31/2020	<u>.</u>	
City Licensing	Required:	Υ	N				
Address Information Certificate of Coutstanding For Active Enviror Current on City Staff Recommendate	Occupancy: Permits: nmental Code ty Utilities:	Infracti	ions:	Y N N N N N N N N N N N N N N N N N N N			
Tier:	1	2		3			
Notes:	nmended Awa	ard:	\$400	0.00			
		į	Alden	ean)			
16	2				7-	20.2	0
	Administrator/Gen	eral Manas	2er			Date	

Super Subs Ventures

Super Subs will use the grant money from the Midwest City Hospital Authority Board of Grantors to help meet payroll and make repairs and improvements to our drive thru window. When the Covid 19 pandemic started many customers were wanting to use our drive thru window that has not been in use for many years. When Governor Stitt closed the lobby we began using the drive thru only to find some upgrades are badly needed. This grant money will help Super Subs meet the needs of our customers in this new and rapidly changing world that we find ourselves in.

Scott Metzger

Managing Member



Board of Grantors

Application for Business Assistance

Busin	ess Name:	Super	Sub	Vent	sie 1	10	
Physi	cal Address:	2150 S	Dougle			Suffix	J Unit#
		Midwest City,	OK ST		7313 zip	0	
Busin	ess Telephone	:(405)	733	. 544	10	Extension:	
Busin	ess Website:	·	15-5-7				
Busin	ess' NAICS Co	ode: 7223	513	(https://ww	w.census.go	v/eos/www/r	naics/)
Autho	rized Applicar	nt: Scott	st Name		n	1et25e	<u>/_</u>
Mobile		(405)		- 511			
E-Mai	Address:	2 greasy	burger.	S @	gana	:1 . C	om
By sig	ning this applica	ation, I attest:					
349	All information p	provided is true and	correct to the	best of my kr	nowledge.		
SM	I am duly autho	rized to submit this	request on be	half of the bu	siness ident	fied above.	
5m		nd agree that I must used for the purpose				of award prov	ing funds
Sm		at any money impro		3933			
sm	I understand an will disqualify the	d agree that any fal ne Applicant and an ny Memorial Hospita	se information y establishme	or failure to pent they repre	provide any esent to rece	eive future fun	ding from
Dated t	this 15_day o	July:	2020.	200	tV	10	
SUBSC	CRIBED AND SW	of July . 2 ORN to before me	this 15 da	ay of <u>Jul</u>	Applicant's	Signature, 200	20

Business Information: Time Lega	in Operation: Years: 6 Il Structure: Sole Pr Limited Partner	oprietorship Corporation S-Corp.
Did you for State or Federal assista	nce or any other type of gran	it program(s): X Yes No
Applications(s) Status:	Pending Rejecte	d X Approved
If approved, how much assista	ance did you receive in total: \$	34,600
Grant(s)	Loans(s) X	75
LOSSES: What is the total loss of revenue in corthe same time in 2020? How to compute losses:	mparing receipts for March 1, 2	019 through April 30, 2019 versus
Receipts for 3/1/2019 – Receipts for 3/1/2020 –		\$17,500 ÷ \$45,000 = 38.89%
Do you own similar businesses in o	ther communities? YES NO	W: 04 SI 10
Planned Expenditures Details:	Rent or Mortgage:	\$ 10,846 .00
/	Other Debt Service:	\$.00
	Personnel or Benefits:	\$ 29, 252 .00
6 months	Materials or Supplies:	\$ 43 295 .00
6 mon	Contract Labor:	\$.00
	Utilities:	\$ 2,794 .00
	Advertising:	\$.00
	Other*:	\$.00
	*(Attach details) Total Request:	\$ 86, 187.00
Please Attach The Following Do	cuments:	
A signed statement explain Midwest City.	ing how this grant will affect	the future of your business in
	from the Oklahoma Secreta sos.ok.gov/corp/order/orderD	
Completed Internal Revenu	a Sanica Form W. Q	



Board of Grantors

Application for Business Assistance

Staff Review Form

		Stan	Revi	ew ru	,,,,,,	
Business Name	Tana Thai					4
Physical Address	1801 S Air D	epot B	L			 1 +
Date Received	July 21, 2020	<u>0</u>				
	st bleted Applicati ct Statement	on			-9 Form S Certif	od Standing
Licensing State Licensi City Licensin	ing Required: OCCHD g Required:	<u>Y</u> <u>Y</u>	N	s: 8/31 es: <u>8/31</u>		
Address Information Certificate of Outstanding Active Environ Current on C	Occupancy: Permits: onmental Code	Infract	tions:	<u>Y</u> Y Y <u>Y</u>	Z <u>Z Z </u> Z	
Staff Recommenda	ition					
Tier:	1	2		3		
Notes:						

Aldeman)

\$ 4000.00

Administrator/General Manager

Recommended Award:

Date:

**atement:

This grant will not only help my business stay afloat, it will also help the future of our growth. Small businesses are not easy by any means and a pandemic has a major effect on them. This grant will help us to catch up on debts that are directly related to the pandemic. We had to close our dining room for two months resulting in loss of sales.

Signed. Supree Deesom Ji+

MIDWEST CITY MEMORIAL HOSPITAL

AUTHORITY Board of

Grantors Application for

Business Assistance

Business Name:	Tana Thai Inc
Physical Address:	1801 S Air Depot Blvd. Midwest City, OK
#	Direction Street Suffix Unit#
	idwest City, OK City ST Zip
Business Telephone: (405) 739-0877 Extension:
Business Website:	
Business' NAICS Code	e:722511
(https://www.census.gov	//eos/www/naics/)
Authorized Applicant:	Supree Deesomjit
	First Name Last Name
Mobile Telephone: (40	5) - 361-7758
E-Mail Address: tanath	naimwc@gmail.com
By signing this application	on, I attest:
x All information provid	ed is true and correct to the best of my knowledgex I am duly authorized

provide documentation within 90 days of award proving funds
received were used for the purposes identified on this application I understand that any
money improperly spent must be repaid I understand and agree that any false information or failure
to provide any required documentation will disqualify the Applicant and any establishment they represent
to receive future funding from the Midwest City Memorial Hospital Authority, and that any funds received
as result of erroneous information must be repaid.
101
Dated this 20 day of July ,
2020 .
Applicant's
No I o Signature
a(t)
SUBSCRIBED AND SWORN to before me this day of day of . 20
AND SARSON OF THE SARSON OF TH
TO D. O BANK)
My commission expires: Notary Public
3 OF ON
Business Information: Time in Operation: Years:1 Months:7
Legal Structure: Sole Proprietorshipx_ Corporation
Limited Liability Corp S-Corp Partnership
(1) 전 전 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Did you for State or Federal assistance or any other type of grant program(s):Yesx_ No
Applications(s) Status: Pending Rejected Approved
If approved, how much assistance did you receive in total: \$
If approved, now inden assistance did you receive in total. ———————————————————————————————————
Grant(s) Loans(s) Combination of both
Clant(s)Combination of both
LOSSES: What is the total loss of revenue in comparing receipts for March 1, 2019 through April 30,
등을 하면 하는데 그리고 있는데 보고 있는데 보다 되었다. 되었다면 보고 있는
2019 versus the same time in 2020?6%
How to compute
losses:
Receipts for 3/1/2019 - 4/30/2019: \$ 45,000 \$17,500 + \$45,000 = 38.89% Receipts for 3/1/2020 - 4/30/2020: \$
27,500 Difference: \$ 17,500
as jour amountous pur jour
Do you own similar businesses in other communities? YES NO Total units owned:no

(Attach separate page detailing information on other business)



Board of Grantors

Application for Business Assistance

		Star	r Revi	ew Fo	orm		
Business Name	Tequila Dais	y Hair	Lounge				
Physical Address	709 S Air De	pot Bl	_, Suite (0			
Date Received	July 21, 2020	0					
	it leted Applicati ct Statement	ion			-9 Form OS Certific	ate of <mark>Good Sta</mark> r	nding
Licensing State Licensi	ng Required:	Y	N				
City Licensing	g Required:	Y	N				
Address Information Certificate of Outstanding Active Enviro Current on C	Occupancy: Permits: nmental Code	Infrac	tions:	Y Y Y Y	N N N N N N N N N N N N N N N N N N N		

Staff Recommendation

Tier:

2

Notes:

Recommended Award:

\$_1500.00

Administrator/General Manager

Hello Midwest City Memorial Hospital Authority Board of Grantors! This grant will affect the future of my business by allowing the basic costs to be covered while we were ordered to be closed during quarantine. I am my own entity as a hairstylist and when I say "we" I mean us as a salon. As a salon we are 18 individual business owners operating under one roof. It is definitely not an easy thing owning and operating a business filled with independent, strong female business owners who should technically just deem me as their landlord, but they don't. I don't see them only as tenants. We are a family and we take care of each other. I decided not to charge them booth rent while we were closed since they were unable to work. I felt it was not fair as some of them struggle to pay their bills even when we are open. A lot of them are single moms, have many kids at home or honestly just struggle with past debt and bad credit. Unemployment has not came through for me and I believe only three or four of the girls in the salon/spa have received it. While I have a savings, well I had a savings, it was not enough to cover all of our expenses during the closure. This grant would allow me to cover the bills I incurred for my business during quarantine. It would give us the security knowing that debt is paid. The debt that was incurred because we didn't have any option to work. Something else it will help with after the debt is paid is starting to rebuild the savings to fix our long to do list in the salon. Our salon chairs are literally patched up and the savings was going toward getting new ones as well as other things that need to be replaced or maintained around the salon like resealing the windows, adding more light to the parking lot for added safety, the list goes on. We have even resorted to day old glazed donuts instead of the assorted ones at salon meetings. I'm kidding but in all reality that's what it is. Being able to breathe deeply and not have a sickening, anxiety filled breath that comes with looking at the financial hit. The first week of the closure was filled with a deep depression, the first week we reopened was filled with unsure anxiety. We are still being

affected by Covid with increased sanitation costs, lower business traffic, increased last minute cancellations and our standard that if anyone comes to the salon that we find out tested positive we have to shut down, heavily sanitize and get tested. The quarantine put us in a pretty big financial burden. The loss of income from not working was hard enough but acquiring bills, that debt and increased cost, makes it sting a lot more. On the money requested line I only included what immediate bills I had during the closure.

Rent, estimated cost of the extra sanitation materials and supplies we needed, contract labor for the 3 ladies I paid for help with extra sanitation just before we closed, heavy cleaning/sanitation while we were closed and reopening. Then of course utilities which we were able to keep low since we weren't working much before the closure to then not at all.

I know it is a lot of money and any help that is offered would be greatly appreciated. I think it is wonderful that Midwest City is helping it's local businesses. We love living and working here. I appreciate being allowed to apply for this support.

Thank you sincerely,

Krista Graves K Guaus

The Tequila Daisy Hair Lounge



Board of Grantors

Application for Business Assistance

Business Name:	Tegula D	Deilsu +	tair 1	ninge	,	
Dusiliess Name.	regue to	ung i	10011	ourge		
Physical Address:	709 J. Cur # Direction	Depot	#C // Street	ndwest	Suffix)	OK 73/10 Unit#
	Midwest City,	OK ST		73110		
	City			Zip		
Business Telephone		741	. 555	4	Extensi	on:
Business Website:		. Aceb	ook.Cov	n/tegui	ladais	yhair/
Business' NAICS Co	ode: 8/2/12		(https://w	ww.census.g	ov/eos/wv	/w/naics/)
Authorized Applica	nt: Kri.	Sta t Name		Gra	VES Last Name	
Mobile Telephone:	, 405,	410	- 168	7	-	
E-Mail Address:	Tegulada	isyhair	@	gmai	<u>.(</u>	Com
By signing this applic	ation, I attest:			U		
All information I am duly author I understand an received were	provided is true and orized to submit this re and agree that I must used for the purposes at any money improp	equest on be provide docu s identified o	half of the b mentation v n this applic	ousiness iden vithin 90 day ation.		
I understand ar will disqualify t	nd agree that any fals he Applicant and any ity Memorial Hospital	se information y establishm	or failure to ent they rep	o provide any present to red	ceive future	funding from
Dated this 3/9 day	of Jely. 2	0 <u>20</u> .	K	Us Fr. Applicant	GUA 's Signature	Un
SUBSCRIBED AND SV			ay of <u>\u</u>	ly		20 <u>20</u> .
Notary F		My con	nmission ex	pires <u>: 8/3</u>	31/202	3

Business Information:	Time in Op Legal Stru	eration: icture:	<u></u>	Sole Pr		s:10ship Corp.	Corporation S-Corp.
Did you for State or Federal as	ssistance o	r any oth	er type	of gran	nt progra	am(s):Y	es _X No
Applications(s) Status						Approved	
If approved, how much	assistance o	lid you re	ceive in	total: \$			
Grant(s)		Loans	s(s)		_Combi	nation of both	1
LOSSES: What is the total loss of revenue the same time in 2020? How to compute losses: Receipts for 3/1/2 Receipts for 3/1/2	2019 – 4/30/2 2020 – 4/30/2	019:	\$ 4 \$ 2	5,000 27,500	\$17,50		% 38.89%
Do you own similar businesse	es in other o						l:
Planned Expenditures Deta		nt or Mo			\$	4000	.00
riamica Experiencico Dece		her Debt	7/17/		\$.00
	inter-	rsonnel			\$.00
	Ma	iterials o	r Suppli	es:	\$	500	.00
	Co	ntract La	abor:		\$	750	.00
	Uti	lities:			\$	800	.00
	Ad	vertising	:		\$.00
		her*:	****		\$.00
	(7)-17	tach details tal Requ	7.0		\$	5050	.00
Please Attach The Followin	g Docume	ents:					
A signed statement e Midwest City.	xplaining h	ow this g	ırant wil	l affect	the fut	ure of your b	ousiness in
Certificate of good sta	anding from /www.sos.o						
Completed Internal R	evenue Se	rvice Fo	rm W-9				



Board of Grantors

Application for Business Assistance

Staff Review Form

Business Name	Tez Wingz							
Physical Address	3801 N Oak Grove DR							
Date Received 7/10/2020								
Document Checklist X Completed Application X X Impact Statement X					9 Form S Certifica	ate of Good \$	Standing	
Licensing State Licensing Required: Health (OKCC)		Y	N	Expiration:8/31/2021				
City Licensing	g Required:	Y	N					
Address Information Certificate of Occupancy: Outstanding Permits: Active Environmental Code Infractions: Current on City Utilities: Staff Recommendation				<u>Y</u> Y Y Y	Z Z Z Z			
Tier:	1	2		3				
Notes:								
Recommende	ed Award:	\$_4000		on!				
	. J. C.	al Manager	Gebe librare yea	are i			Date	



Dear Midwest City, Memorial Hospital Authority

Tez Wingz is pleased to present this proposal for your review. Your assistance would be a great compliment to our ongoing customer service and business operations. We have encountered a substantial loss due to COVID-19. We are still experiencing business interruption today. Our objective is to remain open during these unforeseen circumstances. Our suppliers were limited, which caused inventory shortages. We have adjusted our hours to help compensate for low inventory. We don't want to close and have customers forget about Tez Wingz. Your assistance will help us make up for sales loss due to temporary closings. I have been forced to take loans with high interest rates to keep a steady cash flow in support of our employees and their families. We are asking for your assistance to buy time until the economy picks back up, and we can return to business as normal.

We appreciate Midwest City Memorial Hospital Authority in taking an interest in helping our establishment Tez Wingz among other Midwest City establishments. Please give me a call at 708-359-2782 if you require any further information or have any questions concerning this proposal.

Thank you,

William Jordan (owner/operator)

1/-



Board of Grantors

Business Name:	Tez Wingz				
Physical Address:	3801 TV # Direction Midwest City.	Ock Grove Str	Dr	Suffix	Unit#
	City	ST	Zip		
Business Telephone	:(405)	546 -	8777	_ Extensio	n:
Business Website:	Tez - Wingz.	com			
Business' NAICS Co	de: 7225M	(h	ttps://www.census	.gov/eas/www	v/naics/)
Authorized Applican Mobile Telephone:	First	Name	82	Jordan Last Name	
E-Mail Address:	Will Jordan 212	3	@ gmail.	om .	
By signing this applica					
√ I am duly author ✓ I understand an	rovided is true and or ized to submit this re d agree that I must p sed for the purposes	equest on behal	If of the business ide entation within 90 da	entified above.	
/	t any money improp				
will disqualify th	d agree that any false e Applicant and any y Memorial Hospital t be repaid.	establishment	they represent to r	eceive future	funding from
Dated this _00 day of	July , 20	20.	1/		
SUBSCRIBED AND SW	ORN to before me ti	his $\underline{\mathcal{S}_{th}}$ day of		nt's Signature , 2	0.20
Kim Chi Notary Pu	blic }	My commi	SSION EXPIRES 4	05/202	3
		3	#19003641	9 6 8	

Business Information:	Time in Operation: Y Legal Structure:	_x_Sole Pr	Months: oprietorship Liability Corp ship	Corporation S-Corp.
Did you for State or Federal as	ssistance or any other	type of gran	t program(s):Ye	s No
Applications(s) Status	: Pending	Rejecte	d X Approved	
If approved, how much a	assistance did you rece	ive in total: \$	173,400	
Grant(s)	Loans(s	s) <u>X</u>	_Combination of both	
LOSSES: What is the total loss of revenue the same time in 2020?	in comparing receipts t		γ, 2020 01 9 through April 30 , 2 700	2019 versus %
How to compute losses: Receipts for 3/1/2 Receipts for 3/1/2		\$ 45,000 \$ 27,500 \$ 17,500	\$17,500 ÷ \$45,000 = 3	8.89%
Do you own similar businesse		\sim	8	1
(Attach se	parate page detailing in	formation on (other business)	
Planned Expenditures Deta	ils: Rent or Morto	jage:	\$ 1665	.00
	Other Debt S	ervice:	\$ 303,400	.00
	Personnel or	Benefits:	\$ 17,156	.00
	Materials or S	Supplies:	\$.00
	Contract Laborate	or:	\$.00
	Utilities:		\$ 1133	.00
	Advertising:		\$ 100	.00
	Other*: *(Attach details)		\$ 26,724	.00
	Total Reques	st:	\$ 46,778	.00
Please Attach The Followin	g Documents:			
A signed statement ex Midwest City.	plaining how this gra	nt will affect	the future of your bu	siness in
Certificate of good sta	nding from the Oklaho www.sos.ok.gov/corp/o	oma Secreta	ry of State	
Completed Internal Re	evenue Service Form	W-9		



Board of Grantors

Application for Business Assistance

Business Name	The Guild				
Physical Address	2001 S Dougl	as BL			
Date Received	July 20, 2020				
	t leted Application t Statement	on	X IRS W-9 X OK SOS	Form Certificate of Good Standir	ng
Licensing State Licensin	ng Required:	<u>Y</u>	N		
City Licensing	g Required:	Υ	<u>N</u>		
Address Informatio Certificate of Outstanding F Active Enviror Current on Ci Staff Recommendate	Occupancy: Permits: nmental Code I ty Utilities:	nfractio	$\begin{array}{cc} & \frac{Y}{Y} \\ \hline y \\ ns: & Y \\ \underline{Y} \end{array}$	N <u>N</u> <u>N</u> N	
Tier:	1	2	<u>3</u>		
Notes:					
Recommende	ed Award:	\$	1500.00	_	
		4	Ubleman)		
	Administrator/Gener	ral Manager	r	Date	,

The Guild Salona Lit

2001 S. Douglas Blvd.

Midwest City, Oklahoma 73130

To whom it may concern:

If approved the Small Business Relief program would help my business tremendously. I did not qualify for any bailout money since we do not have any payroll and our revenue comes solely from booth rent from each stylist. We did not make the stylist pay booth rent while we were closed due to COVID-19 and to insure I had a full staff returning when we could reopen. This program would allow me to catch up my mortgage payments, insurance, and utilities for two months we were closed.

Thank you for the opportunity to apply for the relief program,

Sufful Sleepen PartillH Krystal Sleeper-Bartlett

The Guild Salon



Board of Grantors

Business Name:		<u> </u>	No. of the second	
Physical Address:	# Direction Midwest City,	Street	Suffix	Unit#
Business Telephone:	City	sr <u>(4. 1979)</u>	Zip Extens	ion:
Business Website:				
Business' NAICS Co	de: <u>477 (1843)</u>	(https://www	<u>v.census.gov/go</u> s/w	ww/n <u>ajcs/</u>)
Authorized Applicant	First Nam	ee	Last Namo	
Mobile Telephone:	1400 m	<u> </u>		
E-Mail Address:	Marie Car	2048¶ 🍙		<u> </u>
By signing this applica	tion, I attest:			•
All information p	ovided is true and corre	ect to the best of my kn	owledge.	
1 understand and received were us 1 understand tha 1 understand and will disqualify the	zed to submit this reque lagree that I must provi sed for the purposes ident tany money improperly lagree that any false infor Applicant and any esta Memorial Hospital Authoris be repaid.	ide documentation with ntified on this applicati spent must be repaid, formation or failure to p ablishment they repre	nin 90 days of award on. provide any required sent to receive futur	documentation e funding from
Dated this <u>lo</u> day of	July 20 av	<u>o</u> <u> </u>	Applicant's Signature	A Part It
SUBSCRIBED AND SW	ORN to before me this _	20 day of		, 20 <u>20</u> .

Hotary Public Notary Public	My con	nmission expir	es: 4105	13033	917
	me in Operation: Ye egal Structure:	Sale Prop	prietorship iability Corp.	Corporatio S-Corp.	Э <u>ў</u>
Did you for State or Federal assis	stance or any other t	type of grant	program(s):	Yes _> No	
Applications(s) Status:	Pending	Rejected	Approved		
If approved, how much assi	istance did you receiv	re in total: \$			
Grant(s)	Loans(s)		Combination of b	oth	
What is the total loss of revenue in the same time in 2020? How to compute losses: Receipts for 3/1/2019 Receipts for 3/1/2020 Do you own similar businesses in	3 - 4/30/2019: 3 - 4/30/2020: Difference: n other communities	\$ 45,000 \$ 27,500 \$ 17,500 \$? YES (NO)	\$17,500 ÷ \$45,000	% 0 = 38.89%	
·	ate page detailing info		ner ousiness)	(12	
Panned Expenditures Details Character Park Keepings Lawniser Nee	: Rent or Mortga	ervice: Benefits: upplies: r:	\$ 4, 12 \$ \$ 15 7 \$ \$ 16 8 \$ \$ 45 6 \$ 1,13	.00 .00 .00 .00 .00 .00	
Please Attach The Following I	Documents:			319	
A signed statement explain Midwest City. Certificate of good stand https://www.completed internal Reverse.	ling from the Oklaho ww.sos.ok.gov/corp/o	oma Secretar order/orgerDe	y of State	r business in	



Board of Grantors

Application for Business Assistance

Staff Review Form

Business Name	The Okies Fa	abric St	tash					
Physical Address	1315B Gatev	vay Pla	za			1		
Date Received	July 8, 2020							
	st oleted Application ct Statement	on	<u>X</u>	IRS W-9 OK SOS	9 Form S Certifical	te of Good	Standing	
Licensing State Licens	ing Required:	Υ	N		÷			
City Licensin	g Required:	Υ	N					
Address Information Certificate of Outstanding Active Environ Current on C	Occupancy: Permits: onmental Code	Infracti	ons:	<u>Y</u> Y Y	N N N N N N N N N N N N N N N N N N N			
Staff Recommenda	tion							
Tier:	1	2		3				
Notes:								
Recommend	ed Award:	\$	4000.	00	- 7			
		1	Aldem	an)				
1	—					7	111/20	

Administrator/General Manager



Dear Board of Grantors,

We are applying for the COVID-19 Business Assistance Grant. If approved, the grant funds would be used to keep our small fabric business open to serve the needs of the citizens of Midwest City and surrounding areas. We are the only local, small business fabric shop in Midwest City. We will use the funds to pay rent, whom is a local landowner, and other vendors, including local professional services providers. If possible, we will expand our services to include more classes to help the local citizenry to learn sewing, crafting, and mask making.

Sincerely,



Board of Grantors

Business Name:	The Okies	Fabric S	tash LLC			
Physical Address:	1315b Gat					
	† Direction		Street		Sulfix	Unit#
	Midwest City, City	OK S7		Zip		
Business Telephone	405	455-508	34		Extension:	
Business Website:	https://www	w.facebo	ok.com/c	kiesfa	bricstas	h
Business' NAICS Co	_{de:} 423920					
Authorized Applican	: Rella Joh	NSON st Name		Ĺ	ast Name	
Mobile Telephone:	405-343-9	743				
E-Mail Address:	theokiesfal	bricstash	@cox	inet	net	
E-Mail Address: By signing this applica		oricstash	©cox	inet	net	
All information p I am duly author I understand an received were u I understand tha I understand and will disqualify the	tion, I attest: rovided is true and ized to submit this d agree that I must sed for the purpose t any money impro il agree that any fal e Applicant and ar	correct to the request on bel provide docures identified on perly spent muse information by establishme	best of my known alf of the busing mentation within this application as the repaid or failure to promit they represe	wledge. ness identi n 90 days n. ovide any r ent to rece	fied above. of award prove required docu- tive future fur	ring funds mentation
All information p I am duly author I understand an received were u I understand tha I understand and will disqualify th	tion, I attest: rovided is true and ized to submit this d agree that I must sed for the purpose t any money impro il agree that any fal e Applicant and ar Memorial Hospital t be repaid.	correct to the request on bel provide docures identified on perly spent muse information by establishme	best of my known alf of the busing mentation within this application as the repaid or failure to promit they represe	wledge. ness identi n 90 days n. ovide any r ent to rece	fied above. of award provinced docurive future fural f	ring funds mentation
All information p I am duly author I understand and received were us I understand that I understand and will disqualify the the Midwest City information mus	tion, I attest: rovided is true and ized to submit this d agree that I must sed for the purpose t any money impro d agree that any fal e Applicant and ar Memorial Hospital t be repaid. JUNE	correct to the request on bel provide docures identified on perly spent muse information by establishmed Authority, and	best of my known alf of the busing mentation within this application as the repaid or failure to produce they represent they represent that any funds	wledge. less identi n 90 days n. less identi n 90 days n. less identi n 90 days n. less identi n 90 days n 10 days n	fied above. of award provinced docurive future fural f	ving funds mentation ding from erroneous



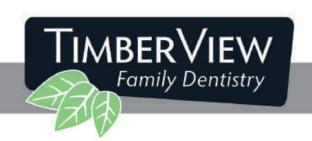
Business Information;		in Operation: al Structure:	Sole P	Months: 1 roprietorship t Liability Corp.	Corporation S-Corp.
Have you applied for Federal	assis	tance or any ot	her type of gra	ant program(s):	Yes 🗸 No
Applications(s) Statu	s:	Pending	Rejecte	ed Approve	ed .
If approved, how much	assist	ance did you red	ceive in total: \$		
Grant(s)		Loans	(s)	_Combination of	Both
What is the fotal loss of revenu the same time in 2020? How to compute losses: Receipts for 3/1. Receipts for 3/1.	/2019 –	4/30/2019:	\$ 45,000 \$ 27,500 \$ 17,500	2019 through April March 37,31%, April March 37,41%, April March 3	ni 0%%
Do you own similar business Please describe other busines Planned Expenditures Det	ses ov		ate sheet of pap		
		Other Debt		<u>\$</u> 0	.00
		Personnel o	or Benefits:	§ 0	.00
		Materials or	Supplies:	§ 1400	.00
		Contract La	bor:	\$ 1000	.00
		Utilities:		\$ 500	.00
		Advertising:		<u>\$</u> 100	.00
		Other*:		\$.00
		*(Altach detalls) Total Requ		<u>\$</u> 4000	.00
Please Attach The Followic	ng Do	cuments:			
A signed statement a business in Midwest		ing how obtain	ing this grant	will affect the fu	ture of your
A Certificate of good (Order at: https://www		_			
Completed Internal R	evenu	le Service Fari	m W-9		



Board of Grantors

Application for Business Assistance

Business Name	Julie Storm D	MD, P.L	L.C., c	i/b/a Timber	View Fa	mily De	ntistry	
Physical Address	1342 S Doug	las BL, S	Suite B				4	
Date Received	July 1, 2020							
Document Checklis X Compl X Impac	t eted Application t Statement	on		RS W-9 For OK SOS Ce		of Good	Standing	
Licensing State Licensin	ng Required:	Y	N	Expiration:	12/3	31/2020		
City Licensing	Required:	Υ	N	Expiration:	0 19 <u>2</u> ()	<u></u>	<i>I</i>	
Address Information Certificate of Coutstanding Four Active Enviror Current on Cit Staff Recommendat Tier:	Occupancy: Permits: Inmental Code I Ty Utilities:	Infractio 2	ns;	Y N Y <u>N</u> Y <u>N</u> Y N				
Notes:								
Recommende	ed Award:	\$	1500.0	00				
16	Administrator/Gene	ral Manager		kman)_	_	7	-20 ·20	7



To Whom It May Concern:

The grant provided by the City of Midwest City will assist our office with expenses for the dental practice. Our office was closed to all but emergency treatment due to Covid-19. The funding would go toward the new personal protective equipment and supplies we are using to keep our patients and our team safe while serving the people in Midwest City. Our team's payroll benefits would also be a beneficiary of the funds granted.

Your time and thoughtfulness are appreciated when dispersing the available funds.

Sincerely,

Julie J Storm, DMD



Board of Grantors

Business Name:	Julied Storm DMI	PLLC DBA	TimberView Fan	nily Dentistry
Physical Address:	1342 S. Dougl # Direction Midwest City.	OK ST	Suffix 73130 Zip	Stc B_ Unit#
Business Telephon	ne: (405) 73	37 - 040	<u>4</u> Exte	ension:
Business Website:	www.tvfden	histry .com		
Business' NAICS C	ode: 621210	(https://	www.census.gov/eo	s/www/naics/)
Authorized Applica	int: Julie First Ne	ame	Storr	
Mobile Telephone:	(405) 2	.04 - 117	9	
E-Mail Address: By signing this appli	JULIEJSTORM :	DMD (O TVFDENTIS	TRY.COM
I am duly auth I understand a received were I understand to I understand a will disqualify	provided is true and cor- orized to submit this req- and agree that I must pro- used for the purposes in hat any money improper- and agree that any false in the Applicant and any e city Memorial Hospital Au- ust be repaid.	uest on behalf of the ovide documentation dentified on this app ly spent must be rep information or failure establishment they re	e business identified an within 90 days of an lication. paid. e to provide any requirepresent to receive for a second control of the contro	ward proving funds red documentation future funding from
Dated this 30 day	of JUNL , 20_	20 .	Applicant's Signa	-
SUBSCRIBED AND S La Kelan Notary	WORN to before me this		Tune expires: Z-1-2	, 20 <u>20</u> . 23



Business Information:	_⊀_ Limi	Months: 8 Proprietorship Corporatio ted Liability Corp S-Corp.
Did you for State or Federal ass	sistance or any other type of g	rant program(s): X Yes No
Applications(s) Status:		cted X Approved
If approved, how much as	ssistance did you receive in total:	\$ 60,000
Grant(s)	Loans(s)	∠ Combination of both ∠
LOSSES: What is the total loss of revenue ir the same time in 2020? How to compute losses: Receipts for 3/1/202	19 – 4/30/2019: \$ 45.000	
(Attach sepa	rate page detailing information of	n other business)
	Other Debt Service:	\$ 4,000 .00
	Personnel or Benefits:	\$
	Materials or Supplies:	\$ 3,750 .00
	Contract Labor:	\$
	Utilities:	\$
	Advertising:	\$ 1,000 .00
	Other*:	\$
	*(Attach details) Total Request:	\$ 11,687 .00
Please Attach The Following I	Documents:	
A signed statement expla Midwest City.	aining how this grant will affec	t the future of your business in
Certificate of good stand	ing from the Oklahoma Secret w.sos.ok.gov/corp/order/order[ary of State Default.aspx
Completed Internal Reve	nue Service Form W-9	



Board of Grantors

Application for Business Assistance

Business Name	Tumble Stars	L.L.C.				
Physical Address	1700 Republi	c AV				
Date Received	July <u>1</u> , 2020					
	t eted Applicatio Statement			RS W-9 Form OK SOS Certificate	e of Good	d Standing
Licensing State Licensin	g Required:	Υ	N	Expiration:	_/	
City Lic <mark>e</mark> nsing	Required:	Υ	<u>N</u>	Expiration:		1
Address Information Certificate of C Outstanding P Active Environ Current on Cit Staff Recommendati Tier:	Occupancy: Permits: Imental Code I y Utilities:	infraction 2	ns:	Y N Y <u>N</u> Y <u>N</u> Y N		
Recommende			1500.0			7-10-20

TUMBLE STARS GYMNASTICS CENTER

1700 REPUBLIC AVE. MIDWEST CITY, OK 73110 (405) 741-7827 INFO@TUMBLESTARS.COM

JUNE 29, 2020

Dear Board of Grantors,

We appreciate you considering our business for the Midwest City Community Improvement Grant Program.

I'd like to share how our current COVID crisis has affected our business and the future of our business at Tumble Stars Gymnastics Center. We run our business slightly differently than most in that we hold various "sessions" throughout the year. Most recently, our Session 3 of the 2019-2020 school year started February 24 and was set to continue through May. When enrolling, our gym families pay for the entire session up front. So, while our financial numbers during the time period of March 1-April 30 may not seem alarmingly disappointing, our gym closure for COVID and the fear that continues among some will have residual effects on our business for months to come. We still owe many of these families what they previously paid for. We have offered our "ReOpen Session" to makeup for the missed classes but many of our families weren't quite ready to return. So, each of these families still holds a tuition credit that will be used when they do choose to return. While we are happy to offer them credit for what they originally paid for, we will also be losing out on tuition payments that would normally be coming in for our summer session and for the upcoming sessions during the next school year.

Also, Our competitive program is on a monthly tuition basis and was directly affected as we lost tuition for April and part of May from that group. We also have lost out on merchandise sales and income from various other events we often host at the gym.

In addition, our enrollment numbers have dropped substantially and we anticipate that will be the trend through the remainder of 2020 into 2021. While we normally host a 6-week summer session, this summer we are only able to fit in a 4-week session (due to our ReOpen



Board of Grantors

	- Constante
Business Name:	Tumble Stars Gymnastics Center
Physical Address:	# Direction Republic Ave.
	Midwest City, OK 73/10 City ST Zin
Business Telephone	e: (405) 74/ - 7827 Extension:
	tumblestars, com
Business' NAICS Co	de: 713940
Authorized Applicant	: Randall Taylor First Name Last Name
Mobile Telephone:	(405)410-1148
E-Mail Address: By signing this application	info @ tumblestars.com
I understand and received were use I understand that a I understand and a will disqualify the Midwest City Minformation must be	ed to submit this request on behalf of the business identified above. agree that I must provide documentation within 90 days of award proving funds and for the purposes identified on this application. any money improperly spent must be repaid. Applicant any false information or failure to provide any required documentation and any establishment they represent to receive future funding from the property and that any funds received as a result of erroneous erepaid.
Dated this 29 day of _	June , 20,20. Jaylell V
SUBSCRIBED AND SWOR	N to before me this 29 day of June, 20 2020.
Notary Public	My commission expires: 3-16-23
	(EXP. 09/16/27)

Business Information:	<u> </u>	Months: 3 le Proprietorship Corporation S-Corp.
LOSSES:	Pending Rej	Approved 1: \$ 3 / 800 Combination of Both 1, 2019 through April 30, 2019 versus 75 % \$17,500 ÷ \$45,000 = 38.89%
Planned Expenditures Details:	Rent or Mortgage: Other Debt Service: Personnel or Benefits: Materials or Supplies: Contract Labor: Utilities: Advertising: Other*: *(Attach details) Total Request:	\$ 26 0 .00 \$ 399 .00 \$ 13,756 .00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00
ease Attach The Following Do	cuments:	
A Certificate of good standi (Order at: https://www.sos.co	ing how obtaining this grant or ng from the Oklahoma Secre ok.gov/corp/order/orderDefau	
Completed Internal Revenu	e Service Form W-9	



Board of Grantors

Application for Business Assistance

Busine	ss Name	Wert - Simpso	on Denta	al Clinic	:		
Physic	al Address	1471 S Post F	RD				
Date R	eceived	July 21, 2020					
Docum		eted Applicatio Statement	n		RS W-9 K SOS	Form Certificate of Good Standing	
Licensi	ing State Licensin	g Required:	Y	N			
	City Licensing	Required:	Υ	N			
	s Information Certificate of C Outstanding P Active Environ Current on City	Occupancy: ermits: mental Code I y Utilities:	nfractior	าร:	<u>Y</u> Y Y <u>Y</u>	N <u>N</u> <u>N</u>	
	Tier:	1	2		<u>3</u>		
	Notes:						
	Recommende	d Award:	\$ <u>1500</u>	0.00			
			1/2	Ulema	m		
		Administrator/Gener	al Manager				



1471 S. Post Rd Midwest City, OK 73013



wert-simmpsondental.com

City of Midwest City

07-21-2020

The possibility of a grant from the City of Midwest City was quite unexpected. We have been in business here since 2003 and love the way the city has progressed. We have no intentions of going anywhere else. A grant will help us to keep as many people employed as possible and give our employees some security for the near future. We intend to use any money towards personnel costs and for payment of Midwest City utilites.

Thank you

Peter Wert, DDS



Board of Grantors

Business Name:	West-Sin	npson T	Dental		
Physical Address:	# Direction Midwest City,	n Post OK	Street	Suffix 3130	Unit#
Business Telephon	77.70	58	- 1181	Extens	lon:
Business Website:	www. west	-simpsor	dental.co	- Ayo	
Business' NAICS C	ode: 621210		(https://www	.census.gov/eos/w	ww/naics/)
Authorized Applica					
Mobile Telephone:	(405)	326	- 3148		
E-Mail Address:	dr. wert@c	oxinet.r	net a		
I am duly author I understand a received were I understand the I understand at will disqualify to the Midwest Conformation multiple I day of the I d	provided is true and prized to submit this and agree that I must used for the purpose at any money improved agree that any failthe Applicant and an ity Memorial Hospitalist be repaid.	request on be provide docus identified or perly spent mose information y establishmed Authority, ar	half of the busi mentation within this application ust be repaid. In or failure to present they represend that any fund	ness identified above in 90 days of award in. ovide any required ent to receive futured as results. Applicant's Signature	documentation e funding from It of erroneous
SUBSCRIBED AND S	WORN to before me	this 2/da	ay of Jul	100000	20_20

		roprietorship X	Corporation S-Corp.
Did you for State or Federal assista	nce or any other type of gra	nt program(s): XYes	No
Applications(s) Status:	Pending Reject	ed Approved	
If approved, how much assist	ance did you receive in total:	118,000-Fed	State-Pen
~1	Loans(s)	Combination of both	
LOSSES: What is the total loss of revenue in co the same time in 2020?	4/30/2019: \$ 45,000	2019 through April 30, 20	%
Do you own similar businesses in o	other communities? YES) Total units owned:	
(Attach separate	page detailing information on	other business)	
Planned Expenditures Details:	Rent or Mortgage:	\$.00
VEV.	Other Debt Service:	\$.00
	Personnel or Benefits:	\$ = 1500	.00
	Materials or Supplies:	\$.00
	Contract Labor:	\$.00
	Utilities:	s = 300	.00
	Advertising:	\$.00
	Other*:	\$.00
	*(Attach details) Total Request:	\$.00
Please Attach The Following Do	cuments:		
A signed statement explain Midwest City.	ing how this grant will affect	t the future of your bus	iness in
	from the Oklahoma Secret sos.ok.gov/corp/order/order[
Completed Internal Revenu	e Service Form W-9		



Board of Grantors

Application for Business Assistance

Physical Address 9015 SE 29 th ST
Date Received July 20, 2020
Document Checklist X Completed Application X IRS W-9 Form OK SOS Certificate of Good Standing
State Licensing Required: OCCHD Alcoholic Beverage City Licensing Required: Alcoholic Beverage Expiration: State Licensing Required: Alcoholic Beverage Expiration: State Licensing Required: State Licensing Required: Expiration: State Licensing Required: State Licensing R
Address Information Certificate of Occupancy: Y N Outstanding Permits: Y N Active Environmental Code Infractions: Y N Current on City Utilities: Y N
Staff Recommendation
Tier: <u>1</u> 2 3
Notes:
Recommended Award: \$\\\ \frac{4000.00}{Aldeman}
Administrator/General Manager Date

This grant for business assistance will allow me to continue operating my resturant and Kitchen as an organize entity. It will allow me to retain my current staff without any reductions in hours or reductions in pay. It will allow me to maintain my high standards of auality and service at a fair price. And it will help me keep my doors open as a service to my community and a benefit to my employees.

mellos 3 minas



Board of Grantors

Business Name: Wholly Guacamole LLC
Physical Address: 9015 SE 39TH St. # Direction Street Suffix Unit#
Midwest City, OK 73 130
Business Telephone: (405) 610-6594 Extension:
Business Website:
Business' NAICS Code: 7225 (https://www.census.gov/eos/www/naics/)
Authorized Applicant:
Mobile Telephone: (405) 479 - 9709
E-Mail Address: 2 peru o Kacat, Como aol, Com
By signing this application, I attest:
All information provided is true and correct to the best of my knowledge.
 I am duly authorized to submit this request on behalf of the business identified above. I understand and agree that I must provide documentation within 90 days of award proving funds received were used for the purposes identified on this application. I understand that any money improperly spent must be repaid. I understand and agree that any false information or failure to provide any required documentation
will disqualify the Applicant and any establishment they represent to receive future funding from the Midwest City Memorial Hospital Authority, and that any funds received as result of erroneous information must be repaid.
Dated this 20 day of JV/4, 20 20. Mello 3: Musicant's Signature
SUBSCRIBED AND SWORN to before me this 20 day of 30 ly , 2020 .

	Structure: Sole Pro	oprietorship Liability Corp	Corporatio S-Corp.
Did you for State or Federal assistar	nce or any other type of gran	t program(s)	;YesNo
Applications(s) Status:	Pending Rejecte	d Appr	oved
If approved, how much assista	nce did you receive in total: \$		
Grant(s)	Loans(s)	_Combination	n of both
	,		
LOSSES: What is the total loss of revenue in con the same time in 2020?	nparing receipts for March 1, 2	019 through A	April 30, 2019 versus 40%
How to compute losses: Receipts for 3/1/2019 – 4 Receipts for 3/1/2020 – 4	1/30/2019: \$ 45,000 1/30/2020: \$ 27,500 Difference: \$ 17,500	\$17,500 + \$4	15,000 = 38.89%
Do you own si <mark>m</mark> ilar businesses in o	ther communities? (YES) NO	Total units	owned:
	ther communities? (YES)NO page detailing information on		
(Attach separate	page detailing information on		(s)
(Attach separate	page detailing information on Rent or Mortgage:	other busines	3500 .00
(Attach separate	page detailing information on Rent or Mortgage: Other Debt Service:	other busines	3500 .00 .00
(Attach separate	page detailing information on Rent or Mortgage: Other Debt Service: Personnel or Benefits:	other busines	\$\\\000\\000\\000\\\000\000\\000\\000\\000\\000\\000\\000\\000\\000\\000\\000\\000\\000\000\\000\000\000\\000
(Attach separate	page detailing information on Rent or Mortgage: Other Debt Service: Personnel or Benefits: Materials or Supplies:	\$ \$ \$ \$ \$	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
(Attach separate	page detailing information on Rent or Mortgage: Other Debt Service: Personnel or Benefits: Materials or Supplies: Contract Labor:	\$ \$ \$ \$ \$ \$	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
(Attach separate	page detailing information on Rent or Mortgage: Other Debt Service: Personnel or Benefits: Materials or Supplies: Contract Labor: Utilities: Advertising: Other*:	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$\\\ 2500\\\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
(Attach separate	page detailing information on Rent or Mortgage: Other Debt Service: Personnel or Benefits: Materials or Supplies: Contract Labor: Utilities: Advertising:	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$\\\ \partial \frac{00}{500.00} \\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
(Attach separate	page detailing information on Rent or Mortgage: Other Debt Service: Personnel or Benefits: Materials or Supplies: Contract Labor: Utilities: Advertising: Other*: *(Attach details) Total Request:	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$\\\ \partial \text{3500} \\ \text{.000} \\ .
Planned Expenditures Details: Please Attach The Following Do A signed statement explain	page detailing information on Rent or Mortgage: Other Debt Service: Personnel or Benefits: Materials or Supplies: Contract Labor: Utilities: Advertising: Other*: *(Attach details) Total Request:	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	3,000.00 3,000.00 3,000.00 5,00.00 7,00.00 26,700.00
Planned Expenditures Details: Please Attach The Following Do A signed statement explain Midwest City.	page detailing information on Rent or Mortgage: Other Debt Service: Personnel or Benefits: Materials or Supplies: Contract Labor: Utilities: Advertising: Other*: *(Attach details) Total Request: cuments:	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	3,000.00 3,000.00 3,000.00 5,00.00 7,00.00 26,700.00



Board of Grantors

Application for Business Assistance

Business Name	10-8 Tactical				
Physical Address	2419 S Dougla	ıs BL, Suite B	<u> </u>		
Date Received	July 20, 2020				
Document Checklis X Compl X Impac	t eted Applicatior t Statement	1 <u>X</u>	RS W-9 OK SOS	Form Certificate of Good S	Standing
Licensing State Licensin	ng Required:	Y <u>N</u>			
City Licensing	Required:	Y <u>N</u>			
Address Information Certificate of Coutstanding For Active Enviror Current on City Staff Recommendate	Occupancy: Permits: nmental Code In ty Utilities:	nfractions:	$\begin{array}{c} \frac{Y}{Y} \\ Y \\ Y \\ \underline{Y} \end{array}$		
Tier:	1	2	3		
Notes:	eligibility was in incorrect on the Executive Orde	n question at e application ers called dee	the time and sho emed this	Midwest City employ of this report. NAICS uld be 611699. (Gove s category as "essent I to remain open).	Code is rnor's Stitt
Recommende	ed Award:	\$		-	
	L. L.Gor Administrator Genera	Riban	an)		Date

Midwest City Memorial Hospital Authority Board of Grantors Application of Business Assistance

In July of 2019, we moved 10-8 Tactical LLC from our location in Oklahoma City to Midwest City (2412 S Douglas Suite B) to concentrate on Civilian, Private Security, Church Security and Law Enforcement use of force training. Our focus moved to this training due to the increase in violent encounters across the United States and also the Constitutional Carry laws passed in Oklahoma. Our goal is to provide a safe and realistic use of force training environment to educate and train individuals for such encounters. Our training facility in Midwest City teaches the physical skills, mental skills and legal skill that armed civilians need to survive a critical incident.

Our classes are held in person with face to face interactions. We coach physical skills to prepare individuals to deal with high stress use of force encounters. This coaching begins with the basics of firearm handling skills and builds up to fully immersive scenario training.

March 2020 was set up to be our best month at the 10-8 Tactical training facility. Our marketing and sells began to peak with each weekend in March fully booked with our 8 hour Church Security Response to Active Shooter class, 8 hour Citizen Response to Active Shooter class and our 2 hour Guns 101 class.

However, once Covid-19 emerged and the lockdowns began, all in person classes had to be postponed. Since then, 10-8 Tactical has had difficulty keeping up with expenditures due to the Covid-19 lockdown and with individuals being hesitant on public interaction.

With the help of this grant, 10-8 Tactical will be able to continue operating. Rent, utilities, supplies and payroll will be the focus of the assistance provided. It will also help with the maintenance of the training equipment and operating inventory. I believe if we can make it through the current spike in Covid-19 cases with this assistance, we will be able to provide a valuable service to the Midwest City community by be able to continue training individuals, church security teams and law enforcement to mitigate critical violent situations.

Respectfully,

Greg Wipfli

10-8 Tactical LLC

Owner

Sean Anderman 10-8 Tactical LLC

Owner



Board of Grantors

MINOR		application for bus	iness Assistance	e	
usiness Name:	10-8	TACTI	CAL	LL(<u>د</u>
ysical Address:	2412 # Direction	S. De	OU GLAS	Sulfix	#J3
	Midwest City, City	OK ST	7313	30	
usiness Telephone	: (405)	931 - 2	729	Extensio	n:
usiness Website:	10000	ACTICA	4LOK.	com	
usiness' NAICS Co	ode: 713	900			
uthorized Applica	nt: Gr	EG Name		WIPF	21
obile Telephone:	(405)		2109	B TACT	icale
y signing this applic	ation, I attest:				
All Information	provided is true and o	correct to the best o	of my knowledge		
I understand a	onzed to submit this ro nd agree that I must used for the purposes	provide documenta	tion within 90 d		
I understand as will disqualify t	at any money improp nd agree that any fals he Applicant and any ty Memorial Hospital st be repaid.	e information or fail	lure to provide a y represent to	receive future	funding from
Dated this day	of 2	0	W Marie	ant's Signature	-
UBSCRIBED AND SV	WORN tæbefore me t	his 21 day of	2014		20.20
Atta D. (Jane de 15011e	57	on expires; D)	11/2023	
134.00		5			
2 3					

Business Information:	Time in Operation: \\ Legal Structure:			nip	Corporation S-Corp.
Have you applied for Federal	assistance or any oth	er type of gra	int progra	im(s):Yes	& No
Applications(s) Status	E Pending	Rejecte	ed/	Approved	
If approved, how much	assistance did you rec	eive in total: S			
Grant(s)	Loans(s)	_Combin	ation of Both	
	e in comparing receipts 2019 – 4/30/2019: 2020 – 4/30/2020: Difference:	\$ 45,000 \$ 27,500 \$ 17,500)	gh April 30, 201 92 + \$45,000 = 38.89	_%
Do you own similar businesse (Please describe other business Planned Expenditures Deta	ses owned on a separa	te sheet of par			.00
Flamed Expenditures Dete	Other Debt S	and a	S	1000	.00
	Personnel or		\$	650	-
	Materials or		S	300	.00
	Contract Lab	or	s	450	.00
	Utilities:		S	1300	00. C
	Advertising:		S		.00
	Other*:		\$.00
	*(Altach details) Total Reque	st:	S	4060	.00
Please Attach The Followin	g Documents:				
A signed statement e. business in Midwest (ng this grant	will affec	t the future of	your
A Certificate of good s (Order at https://www.	standing from the Ok	lahoma Secre	etary of 8	State	
Torus at Intersection	sos.ok.gov/corp/ord/		ult.aspx)		

6



Board of Grantors

Application for Business Assistance

Staff Review Form

Business Name	Chris' Grill	& Frozer	Treats	Food	Truck			
Physical Addre	ss 1300 S Do	uglas BL						
Date Received	July 20, 20	020						
	c klist ompleted Applic npact Statement				/-9 Form S Certi		Good Stan	ding
	ensing Required CCHD: <u>9/3</u>	: <u>Y</u> <u>0/2020</u>	N					
	nsing Required: CCHD: <u>9/3</u>	<u>Y</u> <u>0/2020</u>	N					
Outstand Active Er	e of Occupancy: ling Permits: nvironmental Coo on City Utilities:			Y Y Y	2 2 2 2			
Tier:	1	2		3				
Notes:	for public	facing st program	orefron to Mid	ts. Sho west C	ould the	ed, prope	nd MCMH	set up strictly IA choose to d food trucks, I.
Recomm	ended Award:	\$	0.00					
10	20	2	Alban	rean)			J	21-25

Date

Administrator/General Manager

Chris' Grill & Frozen Treats Food Truck

July 17, 2020

If I receive this grant I will be able to get my bills caught up and resume business in Midwest City. I have recently renewed my MWC business license (within 14 days) and am currently in negotiations with a property owner to set up on his property long term. If I receive this grant I will be able to pursue that opportunity.



Board of Grantors

Business Name: CHS Martin Enterprises
Physical Address: 1300 5. Douglas Blvd # Direction Street Suffix Unit#
Midwest City, OK 13/30 City ST Zip
Business Telephone: (405) 30/ - 3384 Extension:
Business Website: Chrisgrill 405-Com
Business' NAICS Code: 2-350 (https://www.census.gov/eos/www/naics/)
Authorized Applicant: Chrotopher Mark-
Mobile Telephone: (405) 301 - 3384
E-Mail Address: Chrisgrill 405 @ grant.com
By signing this application, I attest:
V All information provided in true and correct to the best of my knowledge
All information provided is true and correct to the best of my knowledge. I am duly authorized to submit this request on behalf of the business identified above. I understand and agree that I must provide documentation within 90 days of award proving fund received were used for the purposes identified on this application. I understand that any money improperly spent must be repaid. I understand and agree that any false information or failure to provide any required documentation will disqualify the Applicant and any establishment they represent to receive future funding from the Midwest City Memorial Hospital Authority, and that any funds received as result of erroneous information must be repaid.
Dated this 2 day of Tuly, 20 20. Applicant's Signature
SUBSCRIBED AND SWORN to before me this 215t day of 315t day of 320 20

Instrue 1 Stateshau	My commission exp	pires: 9 27 2021	
Business Information: Time	in Operation: Years: 5	Months: oprietorship Liability Corp	Corporation
Did you for State or Federal assista	nce or any other type of gran	nt program(s):Yes_	χ No
Applications(s) Status:	Pending Rejecte	ed Approved	
If approved, how much assists	ance did you receive in total: \$		
Grant(s)	Loans(s)	_Combination of both	
LOSSES: What is the total loss of revenue in cothe same time in 2020? How to compute losses: Receipts for 3/1/2019 –	mparing receipts for March 1, 2 4/30/2019: 3063 \$ 45,000 \$ 27,500	\$17,500 + \$45,000 = 38.8	%
Do you own similar businesses in o	Difference: 2975-\$ 17,500	Total units owned:	
	e page detailing information on		
Planned Expenditures Details:	Rent or Mortgage:	s 700	.00
	Other Debt Service:	\$ 2775	.00
	Personnel or Benefits:	\$ 1000	.00
	Materials or Supplies:	\$ 600	.00
	Contract Labor:	\$ 500	.00
	Utilities:	\$.00
	Advertising:	\$.00
	Other*:	\$.00
	*(Attach details) Total Request:	\$ 5875	.00
Please Attach The Following Do	cuments:		
A signed statement explain Midwest City.	ing how this grant will affect	the future of your busi	ness in
	g from the Oklahoma Secreta .sos.ok.gov/corp/order/orderD		
Completed Internal Revenu	ue Service Form W-9		



Board of Grantors

Application for Business Assistance

Business Name	David's Flowers, Gifts & Interiors, Inc.				
Physical Address	9201 E Reno AV				
Date Received	July 16, 2020				
	t leted Applicatio t Statement		RS W-9 OK SOS	Form Certificate of G	o <mark>od</mark> Standing
Licensing State Licensin	ng Requ <mark>ir</mark> ed:	Y <u>N</u>			
City Licensing	Required:	Υ <u>Ν</u>			
Current on Ci Staff Recommendat Tier: Notes: The G March David' excep	Occupancy: Permits: Inmental Code Inty Utilities: Ition 1 Sovernor's Executant April, but nown as closed tion of very limited.	2 cutive Order a naterial availa from approx ted business o	bility dic imately during th	tated otherwise. March 27 th un ne week Easter	in open at all times in The Applicant advised til April 27 th with the due to lack of products west City florists, which
also ir	cludes these fo	our other floris	sts: Pen		wers & Gifts, Evelyn's
Recommende	ed Award:	\$	van!	<u></u>	
CG.					7-20-26
	Administrator/Genera	al Manager			Date

David Flowers P.O. Box 10468 This grant will assist in my brisiness Dlaying open until Sales return to normal. Sophie Clary



Board of Grantors

Application for Business Assistance

Business Name: Davids Placers GiffS V Interiors INC
Physical Address: 9201 E Revio Street Suffix Unit#
Midwest City OK 73.13.0
Midwest City, OK /3/3/ City ST Zip
Business Telephone: (405) 137 - 9466 Extension:
Business Website: davidsflowers, Rom
Business' NAICS Code: 453/10 (https://www.census.gov/eos/www/naics/)
Authorized Applicant: Sophie Clary First Name Last Name
Mobile Telephone: (405) 596 - 3718
E-Mail Address: davidsflowers @ Coxinet. net
By signing this application, I attest:
All information provided is true and correct to the best of my knowledge.
I am duly authorized to submit this request on behalf of the business identified above.
I understand and agree that I must provide documentation within 90 days of award proving funds received were used for the purposes identified on this application.
I understand that any money improperly spent must be repaid.
I understand and agree that any false information or failure to provide any required documentation will disqualify the Applicant and any establishment they represent to receive future funding from the Midwest City Memorial Hospital Authority, and that any funds received as result of erroneous information must be repaid.
Dated this 15 day of July , 20 70. Applicant's Signature
SUBSCRIBED AND SWORN to before me this 5 day of July , 20 20.

ERIN N COTE

Notary Public - State of Oklahoma Commission Number 19006175 My Commission Expires Jun 19, 2023

Business Information: Tim Leg		Proprietorship d Liability Corp. S-Corp.
Did you for State or Federal assist	ance or any other type of gra	ant program(s): X Yes No
Applications(s) Status:	Pending Reject	
If approved, how much assist	tance did you receive in total:	s 24 303.36
Grant(s)	Loans(s)	Combination of both
c same time in 2020?	19 - 103,780 20 - 31 489 4/30/2019: \$45,000	2019 through April 30, 2019 versus — 69, 2% % \$17,500 + \$45,000 = 38.89%
	e page detailing information on	other business)
(Attach separate	e page detailing information on Rent or Mortgage:	other business) \$ 2,000 .00
(Attach separate	e page detailing information on Rent or Mortgage: Other Debt Service:	\$ 2,000 .00 \$.00
(Attach separate	e page detailing information on Rent or Mortgage:	\$ 2,000 .00 \$.00 \$.00
(Attach separate	Rent or Mortgage: Other Debt Service: Personnel or Benefits:	\$ 2,000 .00 \$.00 \$.00 \$ 10843 .00 \$ 41141 .00
(Attach separate	Rent or Mortgage: Other Debt Service: Personnel or Benefits: Materials or Supplies:	\$ 2,000 .00 \$.00 \$.00 \$ 10843 .00 \$ 4/14/ .00 \$ 0 .00
(Attach separate	Rent or Mortgage: Other Debt Service: Personnel or Benefits: Materials or Supplies: Contract Labor:	\$ 2,000 .00 \$.00 \$.00 \$ 10843 .00 \$ 41141 .00 \$ 0 .00 \$ 256 .00
(Attach separate	Rent or Mortgage: Other Debt Service: Personnel or Benefits: Materials or Supplies: Contract Labor: Utilities: Advertising: Other*:	\$ 2,000 .00 \$.00 \$.00 \$ 10843 .00 \$ 41141 .00 \$ 0.00 \$ 256 .00 \$ 51 .00
(Attach separate	Rent or Mortgage: Other Debt Service: Personnel or Benefits: Materials or Supplies: Contract Labor: Utilities: Advertising:	\$ 2,000 .00 \$.00 \$.00 \$ 10843 .00 \$ 41141 .00 \$.00 \$.00 \$.00 \$.00
(Attach separate	Rent or Mortgage: Other Debt Service: Personnel or Benefits: Materials or Supplies: Contract Labor: Utilities: Advertising: Other*: *(Attach details) Total Request:	\$ 2,000 .00 \$.00 \$.00 \$.00 \$.00 \$.4/14/ .00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00
(Attach separate	Rent or Mortgage: Other Debt Service: Personnel or Benefits: Materials or Supplies: Contract Labor: Utilities: Advertising: Other*: *(Attach details) Total Request:	\$ 2,000 .00 \$.00 \$.00 \$.00 \$.00 \$.4/14/ .00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00



Board of Grantors

Application for Business Assistance

Business Name	Evelyn's Flow	ers			
Physical Address	2400 S Dougl	as BL, Suite	A		
Date Received	July 21, 2020				
	eted Applicatio Statement	n X	IRS W-9 OK SOS	Form Certificate of G	ood Standing
Licensing State Licensin	g Required:	Y <u>N</u>			
City Licensing	Required:	Υ <u>Ν</u>			
Address Information Certificate of Coutstanding P Active Environ Current on Cit Staff Recommendation	Occupancy: lermits: Imental Code I y Utilities:	nfractions:	<u>Y</u> Y Y Y	N <u>N</u> N	
Tier:	1	2	3		
March likely th other fl	and April, but he case with th	material av ne other Midv	ailability vest City	dictated otherw florists, which a	in open at all times in ise. This situation was also includes these four lowers & Gifts, and City
Recommende	d Award:	\$	·	-	
1Gn	Administrator/Gener	A Manager	man!	-	7-22,20

This grant money will help with the loss I took March and April 2020 due to Covid-19.

This money will keep the business going and growing.

Thank you,

Karen Cantwell

President

Evelyn's



Board of Grantors

Application for Business Assistance

INM PROGRAM
Business Name: Lucy's Flowers
Physical Address: 2400 S. Dagas Blyl. Ste. a. Unit#
Midwest City. OK 73/30 City ST Zip
Business Telephone: (405) 733.9935 Extension:
Business Website: <u>evelynsflowers</u> . Com
Business' NAICS Code: 44-45 (https://www.census.gov/eos/www/naics/)
Authorized Applicant: Authorized Applicant: Carrier Name
Mobile Telephone: (405) 863-3971
E-Mail Address: Evelyps Flower OK @ uphn-Com
By signing this application, I attest:
All information provided is true and correct to the best of my knowledge.
I am duly authorized to submit this request on behalf of the business identified above.
I understand and agree that I must provide documentation within 90 days of award proving funds received were used for the purposes identified on this application.
I understand that any money improperly spent must be repaid.
I understand and agree that any false information or failure to provide any required documentation will disqualify the Applicant and any establishment they represent to receive future funding from the Midwest City Memorial Hospital Authority, and that any funds received as result of erroneous
information must be repaid.
Dated this 21 37 day of July , 202020 Applicant's Signature
SUBSCRIBED AND SWORN to before me this 215th day of July . 20 2020
// /

3

Le		roprietorshipCorporation
	Limited	I Liability Corp. S-Corp.
Did you for State or Federal assis	stance or any other type of gran	nt program(s):YesNo
Applications(s) Status:	Pending Rejecte	ed Approved
If approved, how much ass	istance did you receive in total: \$	5
Grant(s)	Loans(s)	_Combination of both
LOSSES:	Z'	
What is the total loss of revenue in the same time in 2020?	comparing receipts for March 1, 2	2019 through April 30, 2019 versus
How to compute losses: Receipts for 3/1/2019 Receipts for 3/1/2020	0 - 4/30/2020: \$ 27,500	\$17,500 + \$45,000 = 38.89%
	Difference: \$ 17,500	/
Do you own similar businesses i	_	E
(Attach separ	rate page detailing information on	
(Attach separ	: Rent or Mortgage:	\$ 1,300 x 2.00 mor
***************************************	: Rent or Mortgage: Other Debt Service:	\$ 1,300 12.00 mor \$ 10,000 .00
***************************************	Rent or Mortgage: Other Debt Service: Personnel or Benefits:	\$ 1,300 (2.00 mor \$ 10,000 .00 \$.00
***************************************	Other Debt Service: Personnel or Benefits: Materials or Supplies:	\$ 1,300 12.00 mor \$ 10,000 \$ 00 \$ 5585.64.00 mad
***************************************	Other Debt Service: Personnel or Benefits: Materials or Supplies: Contract Labor:	\$ 1,300 12.00 mor \$ 10,000 \$ 0.00 \$ 5555.64.00 march \$ 3442.67.00
***************************************	Other Debt Service: Personnel or Benefits: Materials or Supplies: Contract Labor: Utilities:	\$ 1,300 12.00 mor \$ 10,000 \$ 00 \$ 5585.64.00 mad
***************************************	Other Debt Service: Personnel or Benefits: Materials or Supplies: Contract Labor: Utilities: Advertising: Other*:	\$ 1,300 12.00 mon \$ 10,000 00 \$ 000 00 \$ 5585. 64.00 march \$ 3442.67.00 \$ 76630 .00
***************************************	Other Debt Service: Personnel or Benefits: Materials or Supplies: Contract Labor: Utilities: Advertising:	\$ 1,300 k 2.00 more \$ 1,300 k 2.00 more \$ 000 \$ 5585.64 .00 mared \$ 3442.67 .00 \$ 76630 .00 \$ -6 .00
***************************************	Other Debt Service: Personnel or Benefits: Materials or Supplies: Contract Labor: Utilities: Advertising: Other*: *(Attach details) Total Request:	\$ 1,300 (2.00 more) \$ 1,300 (2.00 more) \$ 000 \$ 000 \$ 3442.67 .00 \$ 716630 .00 \$ 000 \$ 000
Please Attach The Following	Other Debt Service: Personnel or Benefits: Materials or Supplies: Contract Labor: Utilities: Advertising: Other*: (Attach details) Total Request: Documents:	\$ 1,300 (2.00 more) \$ 1,300 (2.00 more) \$ 000 \$ 000 \$ 3442.67 .00 \$ 716630 .00 \$ 000 \$ 000
Please Attach The Following A signed statement expl Midwest City. Certificate of good stand	Other Debt Service: Personnel or Benefits: Materials or Supplies: Contract Labor: Utilities: Advertising: Other*: (Attach details) Total Request: Documents:	\$ 1,300 (2.00 mon) \$ 1,300 (2.00 mon) \$ 0.00 \$ 0.00 \$ 3442.67 .00 \$ 716630 .00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 12394.61 It the future of your business in tary of State
Please Attach The Following A signed statement expl Midwest City. Certificate of good stand https://www.expl.	Other Debt Service: Personnel or Benefits: Materials or Supplies: Contract Labor: Utilities: Advertising: Other*: '(Attach details) Total Request: Documents: laining how this grant will affected	\$ 1,300 (2.00 mon) \$ 1,300 (2.00 mon) \$ 0.00 \$ 0.00 \$ 3442.67 .00 \$ 716630 .00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 12394.61 It the future of your business in tary of State
Please Attach The Following A signed statement expl Midwest City. Certificate of good stand https://www.expl.	Other Debt Service: Personnel or Benefits: Materials or Supplies: Centract Labor: Utilities: Advertising: Other*: '(Attach details) Total Request: Documents: laining how this grant will affecting from the Oklahoma Secre	\$ 1,300 (2.00 mon) \$ 1,300 (2.00 mon) \$ 0.00 \$ 0.00 \$ 3442.67 .00 \$ 716630 .00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 12394.61 It the future of your business in tary of State



Board of Grantors

Application for Business Assistance

Business Name	Good Shephe	erd Luth	eran Church		
Physical Address	700 N Air De	pot BL			<u> </u>
Date Received	July 20, 2020	1			
	st oleted Application ct Statement	on	X IRS W-S	Form Certificate of G	Good Stan <mark>d</mark> ing
Licensing State Licens ODH	ing Required: S	Y	N Expires:	6/30/2021	
City Licensin	g Required:	Y	<u>N</u>		
Outstanding	f Occupa <mark>n</mark> cy: Permits: onmental Code City Utilities:	Infractio	ons: $\frac{Y}{Y}$	N <u>N</u> N	
Tier:	1	2	3		
Notes:	program. Sta	ff recon	nmends declini		consideration of this on. There are estimated City.
Recommend	led Award:	\$	Aldaman)	- :	
19	Administrator/Gene	eral Manag	er		7-22-26 Date



The Good Shepherd Lutheran Church Day School & Early Childhood Center

700 N Air Depot Blvd † Midwest City, Oklahoma 73110 † (405) 73Z-0070 † www.nylutheran.school

July 21, 2020

COVID-19 Business Assistance Program c/o Economic Development Dept. City of Midwest City 100 N Midwest Blvd Midwest City, Oklahoma 73110

Good Shepherd Lutheran Church has been part of the Midwest City community for nearly 70 years. Besides our Church we operate a Day School for grades Preschool through 8th grade and an Early Childhood Center for ages 6-weeks through 5 years. Our Day School and Early Childhood Center have been in operation for nearly 40 of those 70 years.

The enrollment for our Day School is approximately 100 students and the enrollment for our Early Childhood Center is approximately 105 children. About 90% of our total enrollment of 205 students and children are from Midwest City. Good Shepherd Lutheran Church employees 42 people and the majority of our employees are Midwest City residents.

During this pandemic we have not furloughed any of our employees and have continued to provide them their full salary with paid benefits even though we closed our Day School on March 23 and remained closed for the rest of the school year. By closing the Day School, we did not collect any tuition for the last 9-weeks of school which was a loss of about \$115,000.

While the Early Childhood Center remained open, the enrollment dropped by 50% and has just started to rebound. Our loss for the Center is about \$75,000. However, on Monday, June 29, 2020, we were contacted by the State Health Department and notified an employee tested positive for COVID-19. Because of this incident, we closed the entire facility for two weeks and reopened on July 6th. After closing, we contacted a decontamination provider to cleanse the entire facility. Because we were closed and did not collect tuition, the Early Childhood Center lost about \$25,000 in tuition and the cost to sanitize the facility was \$7,000.

We included the above information to show even though we only showed a 13% reduction for March and April, we have continued to experience losses through May and June, declined enrollment for the next school year, and finally about a 50% drop enrollment in our summer day camp program.

Since we are a 501(c)(3) non-profit entity, we operate without reserves for events such as what we have experienced. We have kept our tuition rates low so that we can serve our community with the needed services. We will use the requested \$67,000.00 to provide payroll for the month of August to our employees and it will allow us to continue providing needed services to the Midwest City community.

Thank you for considering The Good Shepherd Lutheran Church, Day School, and Early Childhood Center in your discussions.

Van M Guillotte Administrator

Van M. Dullable



Board of Grantors

Business Name:	The Good Shepher	d Lutheran Churc	h	
Physical Address:	700 N Air Depot Blv # Direction Midwest City, City	Street OK ST	Suffix 73110 Zip	Unit#
Business Telephone	e: <u>(</u> 405)	732 - 0070	Exte	ension:
Business Website:	www.MyLuteran.	Church / www.My	Lutheran.Schoo	NA CONTRACTOR OF THE PROPERTY
Authorized Applica	nt:Van M G		Last Na	me
Mobile Telephone:	(405)	620 - 7554		
E-Mail Address:	4 	van.guillotte @	gslsmwc	com
By signing this applic	ation, I attest:			
I am duly author information multiple in the following interests in the following information in the following in the following information in the following info	provided is true and corrized to submit this required agree that I must proused for the purposes id at any money improperly agree that any false in the Applicant and any exity Memorial Hospital Aust be repaid.	vide documentation ventified on this applic y spent must be repain of or this applic y spent must be repain of or failure to stablishment they rep	ousiness identified a vithin 90 days of av ation. id. o provide any requi present to receive f	vard proving funds red documentation uture funding from
Dated this 20 day of the control of	of July , 20_2		Applicant's Signa	ture , 20_20

Levalle King	My commission exp	oires <u>:</u> 10 - 2	5-2020
Business Information: Time		oprietorship Liability Corp.	✓ Corporation
Did you for State or Federal assista	ance or any other type of gran	nt program(s): _	✓Yes No
Applications(s) Status:	Pending Rejecte	d 🗸 Approve	d
If approved, how much assist	tance did you receive in total: \$	222,700.00	
Grant(s)	Loans(s)	_Combination of	both
LOSSES: What is the total loss of revenue in cothe same time in 2020? How to compute losses:			13_%
Receipts for 3/1/2019 - Receipts for 3/1/2020 -		\$17,500 + \$45,00)0 = 38.89%
Do you own similar businesses in	other communities? YES NO		ned:
DEMONSTRATION OF THE PROPERTY		e e	0.00
Planned Expenditures Details:	Rent or Mortgage: Other Debt Service:	\$	0.00
	Personnel or Benefits:	ф Ф	0.00 67,000.00
	Materials or Supplies:	\$	0.00
	Contract Labor:	\$	0.00
	Utilities:	\$	0.00
	Advertising:	\$	0.00
	Other*:	\$	0.00
	*(Attach details) Total Request:	\$	67,000 .00
Please Attach The Following Do	ocuments:		
	ning how this grant will affect	the future of yo	ur business in
	g from the Oklahoma Secreta v.sos.ok.gov/corp/order/orderD		
✓ Completed Internal Reven	ue Service Form W-9		



Board of Grantors

Application for Business Assistance

Business Name	Hawthorne Inn & Suites
Physical Address	5701 Tinker Diagonal
Date Received	July 21, 2020
Document Checklist X Compl X Impact	t Statement X IRS W-9 Form OK SOS Certificate of Good Standing
Licensing State Licensin	ng Required: Y N
City Licensing	Required: <u>Y</u> N Expires: <u>8/31/2020</u>
Address Information Certificate of Coutstanding For Active Enviror Current on City Staff Recommendate	Occupancy: Y N Permits: Y N nmental Code Infractions: Y N ty Utilities: Y N
Tier:	<u>1</u> 2 3
Notes:	This business appears to be ineligible as the program was set up strictly for those ordered closed by the Governor's Executive Orders. Hotels were not on these lists, but they were certainly affected. This is the second inn that applied. Should the BOA and MCMHA choose to extend the program to Midwest City hotels, we estimate an additional 9 applicants would be interested. Staff recommends considering this possibility as a Tier I applicant since hotels were definitely affected and are Lodging Tax collection points.
Recommende	ed Award: \$
	Ploteman)
1 Go	7-22-20
	Administrator/General Manager Date

To:

Board of Grantors

For the amount requested of \$ 68000.00, we intend to use the funds as follows:

\$ 25000.00 for interest to Bank

\$ 23000.00 for employee's payroll

\$ 9000.00 for supplies for rooms & laundry

\$ 11,000 for utilities (OGE, Water and Cox cable)

These funds will help us keep our business open during this pandemic.

Sincerely,

Kirit Bhakta



Board of Grantors

Business Name:	MIDWEST	HOSPITALI	TY LLC			
Physical Address:	# 5701 7,	NKER L	DIAGINAL		new Sal	
						Unit#
	Midwest City,	OK		73/10		
	City	ST		Zip		
Business Telephone	e: <u>(405</u>)	737-	-7777	1	Extension	:
Business Website:	HAWTHERN	· Com				
Business' NAICS Co	ode:		(https://ww	w.census.gov	/eos/www/	'naics/)
Authorized Applica	nt:	t Name		B+,	AIGTA st Name	
Mobile Telephone: E-Mail Address:	(HOS) hawthernt				CoM	
By signing this applic	ation, I attest:					
All information	provided is true and	correct to the	e best of my ki	nowledge.		
I understand at received were I understand the I understand at will disqualify t	orized to submit this not agree that I must used for the purposes at any money improposed agree that any fals he Applicant and any ty Memorial Hospital st be repaid.	provide doct s identified o perly spent m se information y establishm	umentation with this applicate the repaid or failure to the representation or failure to the represent they represent the representation with the representation with the representation with the representation that the representation is the representation that the representation that the representation that the representation is the representation that the representation that the representation that the representation is the representation that	thin 90 days o ion. provide any re esent to recei	of award pro equired doc ve future fu	umentation
Dated this 20 day	of Just , 2	0 <u>20</u> .		Applicant's S	Signature	W.
SUBSCRIBED AND SV	VORN to before me t	his 20 d	lay of <u>Su</u>			20

Dicke Stachols	19004577 0.080423 2/81.92 My commission	n expires <u>: 5/</u>	1/23	
Business Information: Time Lega	in Operation: Years: Sol Sol Par	Months: 5 le Proprietorship nited Liability Corp. rtnership		orporation Corp.
Did you for State or Federal assista	nce or any other type of	grant program(s):	✓Yes	No
Applications(s) Status:	Pending Rej	jected Appro	ved	
If approved, how much assist	ance did you receive in tota	11: \$ 60700 PP	0	
Grant(s)	Loans(s)	Combination	of both	
What is the total loss of revenue in co the same time in 2020? How to compute losses: Receipts for 3/1/2019 – Receipts for 3/1/2020 – Do you own similar businesses in compute losses:	4/30/2019: \$ 45,00 4/30/2020: \$ 27,50 Difference: \$ 17,50		,000 = 38.89%	%
(Attach separate	page detailing information	on other business,)	
Planned Expenditures Details:	Rent or Mortgage:	\$	25000	.00
	Other Debt Service:	\$.00
	Personnel or Benefits	: \$	23000	.00
	Materials or Supplies:	\$	9000	.00
	Contract Labor:	\$.00
	Utilities:	\$	11000	00. (
	Advertising:	\$.00
	Other*: *(Attach details)	\$.00
	Total Request:	\$	68000	.00
Please Attach The Following Do	cuments:			

/	A signed statement explaining how this grant will affect the future of your business in Midwest City.
_	Certificate of good standing from the Oklahoma Secretary of State https://www.sos.ok.gov/corp/order/orderDefault.aspx
	Completed Internal Revenue Service Form W-9



Board of Grantors

Application for Business Assistance

Business Name	Hilton Home2	2 Suites				
Physical Address	1820 Warren	DR				
Date Received	July 17, 2020	1				
	t leted Application t Statement	on X	_ IRS W- _ OK SO		of Good Stan	ding
Licensing State Licensing City Licensing		<u>Y</u> N <u>Y</u> N <u>8/31/2020</u>				
Address Informatio Certificate of Outstanding F Active Enviror Current on Ci Staff Recommendate	Occupancy: Permits: nmental Code ty Utilities:	Infractions:	ΥΥ Υ Υ	Z		
Tier:	1	2	3			
Notes:	but they were	by the Gover certainly affect and MCMHA additional s spossibility as	nor's Exec ted. Anoth A choose to applicants a Tier I ap	cutive Orders. In their hotel has we be extend the pro- ts would be in oplicant since I	lotels were not loiced an intent ogram to Midwe nterested. Staff	on these lists, to apply, and est City hotels, recommends
Recommende	ed Award:	\$		19		
16	Administrator/Gener	Alche ral Manager	iman'		7-2	7.20 Date

To Whom It May Concern:

This is for the grant request for K.A.R.S. Investments, LLC dba Home2 Suites by Hilton, located at 1820 Warren Drive, Midwest City, OK 73110. The grant will help pay for materials and supplies that are needed in the daily operation of our business. Due to the Covid-19 situation, the hotel industry was one of the first industries that was effected and will be one of the last industries to recover as most travel came to a standstill during the lockdown. We have had a decrease of \$259917.52 in room revenue from 3/1/20-4/30/20 compared to 3/1/19-4/30/19 room revenue. Also, May/June 2020 revenue was also much lower than May/June 2019 revenue. This grant will help with some of our costs to keep the hotel running. Anything will help.

Sincerely,

Manish Patel

Managing Member

K.A.R.S. Investments, LLC

405-209-4036



Board of Grantors

Business Name:	K.A.R.S. Investments, U.C. dba Home 2 Suites
Physical Address:	1820 Warren Drive # Direction Street Suffix Unit#
	Midwest City. OK 73110
Business Telephone	11-5 / 10 / 2011
Business Website:	www.hilton.com
Business' NAICS Co	ode: 72111 (https://www.census.gov/eos/www/naics/)
Authorized Applica	nt: Manish Patel First Name Last Name
Mobile Telephone:	· 405 , 209 - 4036
E-Mail Address:	manish.patel ocox net
By signing this applic	eation, I attest:
	provided is true and correct to the best of my knowledge.
I understand a received were	orized to submit this request on behalf of the business identified above. Indicate that I must provide documentation within 90 days of award proving funds used for the purposes identified on this application. Instead any money improperly spent must be repaid.
will disqualify t	nd agree that any false information or failure to provide any required documentation the Applicant and any establishment they represent to receive future funding from ity Memorial Hospital Authority, and that any funds received as result of erroneous set be repaid.
Dated thisday	of July , 2020. Applicant's Signature
SUBSCRIBED AND S	WORN to before me this 17 th day of Quely , 20 20.



Business Information:	Time in Operation: Ye Legal Structure:	Sole Prop	orietorship ability Corp.	_ Corporation _ S-Corp.
Did you for State or Federal as	sistance or any other t	ype of grant p	program(s): XYes	No
Applications(s) Status:	Pending	Rejected	Approved	
If approved, how much a	ssistance did you receiv	e in total: \$	299624.28	
Grant(s)	Loans(s)	\times	combination of both	
	4/30/19 \$468535.55 -4/30/2019: 119-4/30/2019: 120-4/30/2020:	3	9 through April 30, 20 55,47 317,500 ÷ \$45,000 = 38.	%
	arate page detailing info		-	
Planned Expenditures Detail	s: Rent or Mortga	ge:	\$.00
	Other Debt Ser	vice:	\$.00
	Personnel or Be	enefits:	\$.00
	Materials or Su	pplies:	\$ 4500.	.00
	Contract Labor:		\$.00
	Utilities:		\$.00
	Advertising:		\$.00
	Other*: *(Attach details)		\$.00
	Total Request:		s 4500	.00
Please Attach The Following	Documents:			
A signed statement exp Midwest City.	laining how this grant	will affect the	future of your busi	ness in
Certificate of good stand	ding from the Oklahon ww.sos.ok.gov/corp/orc	na Secretary ler/orderDefa	of State ult.aspx	
Completed Internal Rev	enue Service Form W	-9		



Board of Grantors

Application for Business Assistance

Business Name	Anna Parker, I	DVM d/b/a So	utheast Vet <mark>erinary</mark> Ho	ospital
Physical Address	5608 SE 15th S	ST		
Date Received	July 10, 2020			
	t eted Application Statement		RS W-9 Form K SOS Certificate of 0	Good Standing
Licensing State Licensin DVM L	g Required: icense Expires	<u>Y</u> N	6/30/2021	
City Licensing	Required:	Y <u>N</u>		
Address Information Certificate of C Outstanding P Active Environ Current on City Staff Recommendati	Occupancy: Permits: Imental Code Ir y Utilities:	nfractions:	Y N Y <u>N</u> Y <u>N</u> Y <u>N</u>	
Tier:	1	2	<u>3</u>	
Notes:	at all times; ho message had indicate Ms. Pa	wever, it is un not been retur arker has beer	certain if Dr. Parker d	report, State records ian for 49 years. It is
Recommende	d Award:	\$N/A	-	
26	7 5 Administrator/Genera	Aldism d Manager	m)	7-20.20 Date

STATEMENT OF USE OF GRANT

The funds received would be used to help defray expenses not covered by income. These expenses are wages, rent, supplies, and utilities.

ANNA B PARKER, DVM

Chra B. Parker Dom



Board of Grantors

2000000000			
Business Name:	Anna PARKER DVM	VBlA SENTHEAST	VETERINARY H
hysical Address:	5608 SE 15th St # Direction	Street	Suffix Unit#
	Midwest City, OK	73110 Zip	X
usiness Telephor	e: <u>(405</u>) 733-3	603	_ Extension:
Business Website:	None		
usiness' NAICS C	ode: <u>541940</u>	(https://www.census.g	gov/eos/www/naics/)
Authorized Applica	nt: Anna PARKE	n_	Last Name
E-Mail Address:	(405) 275	@	-
By signing this appli	cation, I attest:		
All information I am duly auth I understand a received were	provided is true and correct to the orized to submit this request on beind agree that I must provide docused for the purposes identified	ehalf of the business idea	
I understand to I understand a will disqualify the Midwest C	nat any money improperly spent in and agree that any false information the Applicant and any establishment ity Memorial Hospital Authority, a	must be repaid. on or failure to provide an nent they represent to re	ceive future funding from
information mo Dated this 9 day	of July , 2020.	Unna	Parker
্ট্রী WBSCRIBED AND S	WORN to before me this 9	day of July	t's Signature , 20 <u>2</u> 0
Van IIIA	11	mmission avairas: 3/	21/22
Wotary Notary	Public Wily co	mmission expires: 3/4	pa

	in Operation: Years al Structure:	Sole Proprietorship Limited Liability Cor Partnership	
Did you for State or Federal assista	ince or any other typ	e of grant program(s	s):Yes <u>X</u> No
Applications(s) Status:	Pending	Rejected App	proved
If approved, how much assist	ance did you receive i	n total: \$O	
Grant(s)	Loans(s)	Combinatio	on of both
LOSSES: What is the total loss of revenue in cohe same time in 2020? How to compute losses: Receipts for 3/1/2020 – Receipts for 3/1/2020 –	4/30/2019: 4/30/2020:	F === -	April 30, 2019 versus /5 % 45,000 = 38.89%
Oo you own similar businesses in a (Attach separate		nation on other busine	
	Other Debt Servi	ce: <u>\$</u>	.00
	Personnel or Ber	nefits: \$.00
	Materials or Sup	plies: \$	4734.00
	Contract Labor:	\$.00
	Utilities:	\$	4/6 .00
	Advertising:	\$	120.00
	Other*: WAGES	\$	2207.00
	*(Attach details) Total Request:	\$	8057.00
Please Attach The Following Do	cuments:		
A signed statement explair Midwest City.	ning how this grant v	vill affect the future of	of your business in
Certificate of good standing https://www	g from the Oklahom .sos.ok.gov/corp/ord	a Secretary of State er/orderDefault.aspx	NOT REGISTERED WITH (S Secretary of ST
Completed Internal Reveni	ue Service Form W-	9	



Board of Grantors

Application for Business Assistance

Business Name	Top Tier Tactical		_
Physical Address	2412 S Douglas BL		
Date Received	July 17, 2020		
	t eted Application t Statement	X IRS W-9 X OK SOS	Form Certificate of Good Standing
Licensing State Licensin	ng Required: Y	<u>N</u>	
City Licensing	Required: Y	<u>N</u>	
Address Information Certificate of Coutstanding Fourth Active Enviror Current on Cit Staff Recommendate	Occupancy: Permits: Imental Code Infract By Utilities:	ions: $\frac{Y}{Y}$	N <u>N</u> <u>N</u> N
Tier:	1 2	3	
Notes:	Tactical (NAICS Co	de 453998) as "e pen. Staff recom	emed businesses like Top Tier essential" and they were nmends rejecting the
Recommende	d Award: \$		_
		Alleman)	

This grant will help fund the business growth of Top Tier Tactical by proving the procure of an embroidery machine that will further grow the revenue and security of Top Tier Tactical into the future. Although we have sustained revenue needed to stay open to serve the public and our first responder's we have not been able to grow the business or save the funding to grow the business further. A large portion of our revenue goes into the rental of the business building and the utilizes to support the building every month. We have put off the investment of embroidery and advertising because monthly costs of building, utilities and payroll are covered by our revenue with much never left over for expansion and growth. Plus, the current situation with COVID-19 is worrisome. This grant would enable to procure the embroidery machine, pay for advertising and expenses that would enable us to grow and move forward.

Thank you for this consideration for a grant.

LAWRENCE J. NUGENT

Owner, Top Tier Tactical

(405) 795-9137

tnugent@toptiertac.com



Board of Grantors

	P TIER TA			
Physical Address: 2	112 S. Dove	IAS BIUD	Suffix	15.24
	vest City, OK			Unit#
Business Telephone: (405 , 737	-2424	Extension:	
Business Website: Wil	UW. TOPTIERT	AC. COM		
Business' NAICS Code: _	453998	(https://www.cen	sus.gov/eos/www/r	naics/)
Authorized Applicant:	L'AWSEUCE First Name		NU GEN Last Name	T
Mobile Telephone: 1	105,795	- 9137		
E-Mail Address:	TNUGE	UT @ TOP	TIER TA	c.co
By signing this application, I	attest:			
I am duly authorized to understand and agree received were used for understand that any n understand and agree will disqualify the Appli		ehalf of the business umentation within 90 on this application. nust be repaid. In or failure to provide their they represent to not that any funds rec	identified above. days of award provious any required document receive future functions as result of e	nentation
UBSCRIBED AND SWORN to		<i>✓</i> Appli	cant's Signature	2020

Notary Public	Му с	ommission e	xpires:	3-16-23) # (62/91 / (5/91 / 2 / 4/95)
Business Information: T	ime in Operation: \ egal Structure:	/ears:	_ Month Proprietor d Liability	s: 2	Corporation
Did you for State or Federal assi	stance or any other	type of gra	nt progra	am(s): / Ves	Ne
Applications(s) Status:	Pending				NO
If approved, how much ass	istance did you recei	ive in total: 9	201	Approved	
Grant(s)	Loans(s			nation of both	
OSSES: What is the total loss of revenue in one same time in 2020? ow to compute losses: Receipts for 3/1/2019	- 4/30/2019:	or March 1, 2 \$ 45,000	-		%
Receipts for 3/1/2020		\$ 27,500 \$ 17,500	417,000	+ \$45,000 = 38.	69%
o you own similar businesses in (Attach separa lanned Expenditures Details:	te page detailing info	rmation on c			
- Aponditures Details:	Rent or Mortga		\$	5,500	.00
	Other Debt Ser		\$.00
	Personnel or Be		\$.00
	Materials or Su		\$	10,000	.00
	Contract Labor:		\$.00
	Utilities:		\$	500	00
	Advertising:		\$	1,000	.00
	Other*; *(Attach details)		\$.00
	Total Request:		\$	17,000	e00
ase Attach The Following Doo	cuments:				× = 7
A signed statement explain Midwest City.	ing how this grant v				ess in
Certificate of good standing	from the Oklahom	a Secretary	of State		
https://www.s	os.ok.gov/corp/orde	er/orderDef	ult seny		



Board of Grantors

Application for Business Assistance

Staff Review Form

Business N	ame	Junk in the Tr	unk					
Physical Ac	ldress	1624 S Post I	RD					
Date Receiv	red	July 20, 2020						
Document (Comp	t leted Application t Statement	on		RS W-9 OK SOS		Good Standing	
Licensing State	Licensii	ng Required:	<u>Y</u>	N				
City I	_i <mark>censin</mark> (g Required:	Υ	N				
Outs Activ	ficate of tanding f e Enviro	Occupancy:	nfractio	ns:	<u>Y</u> Y Y <u>Y</u>	N <u>N</u> <u>N</u> N		
Staff Recon	nmenda	tion						
Tier:		1	2		<u>3</u>			
Note	s:							
Reco	mmende	ed Award:	\$1	500.00	-			
			1	Welm	an!			
		1						

Administrator/General Manager

Date

This grant will effect our business by allowing us to keep our doors open providing jobs for our five stylist and four employees. We have not caught up from the financial burden Covid bestowed upon our business and this is a heavy load to carry as business owners. Jana and Melissa Junk n the Trunk dba Grit n Grace is owned by two women who were both born and raised in Midwest City, our roots run deep. We love our city and company and pray some relief will allow us the opportunity to continue on this journey. Thank you for your consideration.

Thank you Jana Wherrell Melissa Lane



Board of Grantors

GAMY PROGRAM	Mark The Control of t	THE RESERVE TO SERVE THE PARTY OF THE PARTY	AND THE RESERVE OF THE PARTY OF
Business Name:	Jana and Melissa Ju	nk In The Trun	k,LLC
Physical Address:	Midwest City, OK		Suffix Unit#
Business Telephor	ne: (405 , 465	- 2177	Extension:
Business Website:	N/A		
Business' NAICS C	ode:	(https://www.censu	is.gov/eos/www/naics/)
Authorized Applica	nt: Welissa First Name	L	CAL Last Name
Mobile Telephone:	,405,226	- 1720	The Company of Section 19
E-Mail Address:	jand Mjunk 2	@ gma	il com
By signing this applic	ation, I attest:	distance of	
I am duly autho I understand an received were used in understand that it understand an will disqualify the Midwest City information muse.		ehalf of the business umentation within 90 on this application. nust be repaid.	identified above. days of award proving funds any required documentation
Dated this 11 day of	July , 2020.	ADD ADD	licant's Signature
SUBSCRIBED AND SW	ORN to before me this 17	day of July	, 20_ Z •
HEINTZE TOTAL			

OK #1/0/039	/P My commiss	4			
Business Information: Tim	Jai Structure	O Mo Sole Proprie Limited Liab Partnership	nths: _ torship ility Co	rp.	Corp S-Co
Did you for State or Federal assist		of grant pro	ogram((s):Yes	平N
Did you for State or Federal assist	ance or any other type	Rejected	Ap	proved	
Applications(s) Status:					THE STATE OF
If approved, how much assist	tance did you receive in t	total: \$		of both	
Grant(s)	Loans(s)	Co	mbinati	ion of both	1
What is the total loss of revenue in co	emparing receipts for Mai	rch 1, 2019	through	h April 30, 2	019 ve
the same time in 2020?	impaning receipts for ivid			18	%
How to compute losses:	Name (State of State		7.500	\$45,000 = 38	89%
Receipts for 3/1/2019	4/20/2040 E 4	5,000 \$1	たわしけす	545,000 - 50	.0070
Receipts for 3/1/2020 -	4/30/2020: \$ 2	7,500	,000		
Receipts for 3/1/2020 –	4/30/2020: \$ 2 Difference: \$ 1	7,500 7,500			
Receipts for 3/1/2020 – Do you own similar businesses in o	4/30/2020: \$ 2 Difference: \$ 1	7,500 7,500 ES NO To	otal uni	its owned:_ ess)	130
Receipts for 3/1/2020 – Do you own similar businesses in o	Difference: \$ 2 Difference: \$ 1 other communities? Yes page detailing informations.	7,500 7,500 ES (NO) To ion on other	otal uni	its owned:_	1 130
Receipts for 3/1/2020 – Do you own similar businesses in a	2 Difference: \$ 2 Difference: \$ 1 Difference:	7,500 7,500 ES (NO) To ion on other	otal uni	its owned:_ ess)	1 /3
Receipts for 3/1/2020 – Do you own similar businesses in a	2/30/2020: \$ 2 Difference: \$ 1	7,500 7,500 ES NO To ion on other :	otal uni	its owned:_ess)	1 13
Receipts for 3/1/2020 – Do you own similar businesses in a	Difference: \$ 1 other communities? Yie page detailing informate Rent or Mortgage: Other Debt Service Personnel or Benef	7,500 7,500 ES NO To ion on other :	otal uni	(ts owned:_ess)	1 130
Receipts for 3/1/2020 – Do you own similar businesses in o	Difference: \$ 1 other communities? Yie page detailing informate Rent or Mortgage: Other Debt Service Personnel or Benef Materials or Supplie	7,500 7,500 ES NO To ion on other :	s \$ \$ \$ \$	its owned:_ess)	1 130
Receipts for 3/1/2020 – Do you own similar businesses in a	Difference: \$ 1 other communities? Yes page detailing informate Rent or Mortgage: Other Debt Service Personnel or Benef Materials or Supplie Contract Labor:	7,500 7,500 ES NO To ion on other :	s \$ \$ \$ \$	(ts owned:_ess)	1 13
Receipts for 3/1/2020 – Do you own similar businesses in a	Difference: \$ 1 other communities? Yes page detailing informate Rent or Mortgage: Other Debt Service Personnel or Benef Materials or Supplie Contract Labor: Utilities: Advertising: Other*:	7,500 7,500 ES NO To ion on other :	s \$ \$ \$ \$ \$	(ts owned:_ess)	1 13
Receipts for 3/1/2020 – Do you own similar businesses in a	Difference: \$ 1 other communities? Yie page detailing informate Rent or Mortgage: Other Debt Service Personnel or Benef Materials or Supplie Contract Labor: Utilities: Advertising:	7,500 7,500 ES NO To ion on other :	s \$ \$ \$ \$ \$ \$	ts owned:_ess) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1 13
Planned Expenditures Details: Sgirls Bother Receipts for 3/1/2020 -	Difference: \$ 1 other communities? Yie page detailing informate Rent or Mortgage: Other Debt Service Personnel or Benef Materials or Supplie Contract Labor: Utilities: Advertising: Other*: *(Attach details) Total Request:	7,500 7,500 ES NO To ion on other :	s \$ \$ \$ \$ \$ \$	ts owned:_ess) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1 13
Receipts for 3/1/2020 – Do you own similar businesses in a	Difference: \$ 1 other communities? Yie page detailing informate Rent or Mortgage: Other Debt Service Personnel or Benef Materials or Supplie Contract Labor: Utilities: Advertising: Other*: '(Attach details) Total Request:	7,500 7,500 To ion on other i: fits:	\$ \$ \$ \$ \$ \$ \$ \$ \$	(ts owned:_ess) 1000 3000	1 13 9

7 Week 2 86.00/



(405) 739-1201 tlyon@midwestcityok.org



MEMORANDUM

TO: Memorial Hospital Authority Chair and Trustees

FROM: Tim Lyon, General Manager/Administrator

DATE: August 18, 2020

SUBJECT: Discussion and guidance regarding the distribution of the remainder of the FY 20-

2021 Memorial Hospital Authority Grant Program funds.

On Thursday, August 6, 2020, the Board of Grantors met to review and make recommendations to award COVID-19 Small Business Relief Program grant funds to eligible Midwest City businesses.

The recommended funds totaled \$92,000. As you may recall, the budgeted grant amount is \$433,090. If the Trustees approve these recommendations, there is a remaining balance of \$341,090 to award or save in case of another crisis.

Tim Lyon, General Manager/Administrator