

To make a special assistance request, call 739-1213 or email bbundy@midwestcityok.org no less than 24 hours prior to the start of a meeting. If special assistance is needed during a meeting, call 739-1388.

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.

SPECIAL CITY OF MIDWEST MEMORIAL HOSPITAL AUTHORITY BOARD OF GRANTORS MEETING AGENDA

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

August 06, 2020 - 5:30 PM

- A. <u>CALL TO ORDER.</u>
- B. <u>DISCUSSION ITEMS.</u>
 - 1. Discussion and consideration of approving the minutes from the June 25, 2020 Special meeting, as submitted. (Secretary S. Hancock)
 - 2. Discussion and consideration of 1) reviewing the FY 2020-21 COVID-19 Small Business Relief Program grant applications and 2) making recommendations to the Memorial Hospital Authority Trustees.
- C. <u>ADJOURNMENT.</u>

Notice of this special meeting was filed with the City Clerk of Midwest City 48 hours prior to the meeting. Public Notice of this agenda was posted at City Hall and on the City of Midwest City's website, and accessible to the public at least 24 hours in advance of the meeting.

Midwest City Memorial Hospital Authority Board of Grantors Minutes Special Meeting

June 25, 2020

This special meeting was held in the Midwest City Chambers at City Hall, 100 N. Midwest City, County of Oklahoma, State of Oklahoma.

Acting Chairman Sheila Rose called the meeting to order at 5:32 PM with following members present: Secretary/Treasurer Stacy Willard, *Karen Blanton, Edward Graham, Amy Otto, Amber Moody, Joyce Jackson, and Wade Moore with Secretary Sara Hancock, City Attorney Heather Poole, and Assistant City Manager Vaughn Sullivan. Absent: Dara McGlamery

DISCUSSION ITEMS.

1. Discussion and Consideration of approving the January 23, 2020 special meeting minutes, as submitted. Otto made a motion to approve the minutes, as submitted, seconded by Moore. Voting aye: Moore, Rose, Graham, Otto, Willard, Moody, and Acting Chairman Rose. Nay: none. Absent: Blanton and McGlamery.

*Blanton arrived at 5:53 PM.

2. Discussion and consideration of electing a Chairman, Vice-Chairman, and Secretary/Treasurer from the Board of Grantors to serve for a one-year term.

Moore made a motion to nominate McGlamery as Chairman, seconded by Willard. Voting aye: Moore, Blanton, Rose, Graham, Otto, Willard, Moody, and Acting Chairman Rose. Nay: none. Absent: McGlamery.

Graham made a motion to nominate Otto as Vice-Chairman, seconded by Willard. Voting aye: Moore, Blanton, Rose, Graham, Otto, Willard, Moody, and Acting Chairman Rose. Nay: none. Absent: McGlamery.

Rose made a motion to nominate Graham as Secretary/Treasurer, seconded by Otto. Voting aye: Moore, Blanton, Rose, Graham, Otto, Willard, Moody, and Acting Chairman Rose. Nay: none. Absent: McGlamery.

3. Discussion and consideration of accepting the Year-End Report of the Trust Board of Grantors for fiscal year 2019-20. Moore made a motion to accept the report, as submitted, seconded by Blanton. Voting aye: Moore, Rose, Graham, Otto, Willard, Moody, and Acting Chairman Rose. Nay: none. Absent: Blanton and McGlamery.

June 7, 2020 Memorial Hospital Authority Board of Grantors Meeting Minutes Discussion Items continued.

4. Discussion and consideration of establishing guidelines for the 2020 Midwest City Memorial Hospital Authority Board of Grantors COVID-19 Small Business Relief Program. R. Coleman addressed the Grantors. After Staff and Grantors discussion, Graham made a motion to approve guidelines, as submitted, seconded by Otto. Voting aye: Moore, Rose, Graham, Otto, Willard, Moody, and Acting Chairman Rose. Nay: none. Absent: Blanton and McGlamery.

<u>PUBLIC DISCUSSION.</u> There was no public discussion.

ADJOURNMENT.

There being no further business, Acting Chairman Sheila Rose adjourned the meeting at 6:08 PM.

ATTEST:

SHEILA ROSE, Acting Chairman

STACY WILLARD, Secretary/Treasurer



Memorial Hospital Authority Board of Grantors 100 North Midwest Boulevard, Midwest City, Oklahoma 73110 (405) 739-1201 Fax (405) 739-1208 tlyon@midwestcityok.org

MEMORANDUM

- TO: **Board of Grantors**
- FROM: Tim Lyon, General Manager/Administrator
- August 6, 2020 DATE:
- SUBJECT: Discussion and consideration of 1) reviewing the FY 2020-21 COVID-19 Small Business Relief Program grant applications and 2) making recommendations to the Memorial Hospital Authority Trustees.

Please see the attached applications and staff notes.

Action is at the Grantors discretion.

LLC Tim Lyon, General Manager/Administrator

FY 20-21 Staff Recommended Grant Applications

	Recommended
Applicant Name	Amount
Altitude 1291, LLC	\$4,000
Bare Essentials	\$1,500
Booger Red's	\$4,000
Brielle's Bistro	\$4,500
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
Junk in the Truck	\$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
	\$94.000

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

Total \$94,000





Application for Business Assistance

Business Name Altitude 1291, L.LC.
Physical Address 6235 SE 15th ST
Date Received July 1, 2020
X Completed Application X IRS W-9 Form X Impact Statement X OK SOS Certificate of Good Standing
Licensing State Licensing Required: Y N Health (OKCC) Alcoholic Beverage Keyiration: 8/31/2021 Expiration: 11/30/2021
City Licensing Required: Y N Family Amusement Alcoholic Beverage Expiration: <u>6/30/2021</u> <u>11/30/2021</u>
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: Alcoholic beverage licensing on file.
Recommended Award: \$ 4000.00
Ploteman
elGar 7-10-20

Administrator/General Manager

Date

6/30/2020

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

	MIDWEST CITY MEMORIAL HOSPITAL AUTHORITY
MIDNEST CITY	Board of Grantors
baser reduced	Application for Business Assistance
Business Name:	Afthtude 1291 LLC
Physical Addres	# Direction Street Suffix Unit#
Business Teleph	City ST Zip
Business Websi	ite: www.Attitude 1291.com
Business' NAIC	S Code: 7/3950 (https://www.census.gov/eos/www/naics/)
Authorized Appl	licant: Kile Allison Hirst Nome Last Name
Mobile Telephor	ne: (405) 20,6-1725
E-Mail Address:	Kyle @ altride 1291.com
By signing this ap	oplication, I attest:
✓ I am duly a ↓ I understar received w ↓ I understar ↓ understar will disqual the Midwest	tion provided is true and correct to the best of my knowledge. Authorized to submit this request on behalf of the business identified above. and and agree that I must provide documentation within 90 days of award proving funds here used for the purposes identified on this application. and that any money improperly spent must be repaid. and agree that any false information or failure to provide any required documentation lify the Applicant and any establishment they represent to receive future funding from st City Memorial Hospital Authority, and that any funds received as result of erroneous in must be repaid.
Dated this 30 c	day of Sine, 20 z.o. Applicant's Signature
SUBSCRIBED AND	D SWORN to before me this 30 day of June , 20 26
	July 28, 2021 July 29, 2021 July 29, 2021 July 29, 2021 July 29, 2021 July 2021 Ju
	Cose CAM

Business Information:	Time in Operation: Y Legal Structure:		oprietorship Liability Corp.	Corporation S-Corp.
Did you for State or Federal	assistance or any othe	r type of gran	t program(s): 📈	Yes No
Applications(s) State	is: Pending	Rejecte	d 📝 Approved	1
If approved, how muc	h assistance did you rece			
Grant(s)	Loans(:	(a)	_Combination of b	poth
Receipts for 3/1		Same period \$ 45,000	Zolt, We esti	male Josses at \$450,000

Do you own similar businesses in other communities? YES(NO) Total units owned: _____

(Attach separate page detailing information on other business)

Planned Expenditures Details:	Rent or Mortgage:	\$.00
	Other Debt Service:	\$.00
	Personnel or Benefits:	\$.00
	Materials or Supplies:	\$.00
	Contract Labor:	\$.00
	Utilities:	\$.00
	Advertising:	\$ 4,000 .00
	Other*:	\$.00
	*(Atlach details) Total Request:	\$ 4,000.00

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

Completed Internal Revenue Service Form W-9



Board of Grantors

Application for Business Assistance

Busin	ess Name	<u>Bare Essentia</u>	als					
Physic	cal Address	2839 <u>S Dougl</u>	las BL, l	Suite 1	07			
Date F	Received	<u>July 20, 2020</u>						
Docur		t leted Applicatio t Statement	on		IRS W-9 OK SOS) Form 5 Certificate of G	ood Standing	
Licens	sing State Licensir	ng Required:	Y	N				
	City Licensing) Required:	Y	N				
Addre	ess Informatio Certificate of Outstanding F Active Enviro Current on Ci	Occupancy: Permits: nmental Code I	Infractio	ons:	Y Y Y Y	N N N		
Staff I	Recommendat	tion						
	Tier:	1	2		<u>3</u>			
	Notes:							
	Recommende	ed Award:	\$ <u>150</u>	0.00	_			
			2	Udem	un!			
	10) V Aduministrator/Gene	and below and				7-23-2	<u>5</u>
		- THE PROPERTY OF THE PROPERTY OF THE	ap manage					

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 Pipaci

Joy DePace, Owner Bare Essentials Salon

				Log Out	My Account	My Work	Shopping Cart	Briefenn
ty Account : Transaction History								
ransaction History	View Briefcase	Submitted Date	Contact Name	Status	Totai Fee			
	071720AWRMHZ	7/17/2020 2:29:59 PM	Joy DePace	Processed	\$10.40			
Sach time a SoonerAccess Subscriber opens a web ession, a session code is displayed so that the subscriber can later retrieve orders or filing data elative to that session. Entry of that session code provides access to the status of or output from my order or filing.	1							
he contact name identifies the person from the Sient firm who submitted an order or filing.								

Visit Ok.gov Site Map Accessibility Disclaimer

Connect with us f 🔰 💿 in

Dear mr. Coleman.

as per our conversation, elan enclosing the request from the secretary of State. as soon as a can retrient ne certificate of good standing at will immediately bring de you.

Thank you so much for considering my application. I have owned this local business since april 2003. This year has been definitely hara and the mant money whe truly help keep us open. I my 10 Stylists employed.

Thank you asani,

MIDNEST CITY shell poddiate	MIDWEST CITY MEMORIAL HOSPITAL AUTHORITY Board of Grantors Application for Business Assistance
Business Name:	Bare Essential Salon
Physical Address:	3839 S. Douglas Bluch #107 # Direction Street Suffix Unit#
	Midwest City, OK 73130 City ST Zip
Business Telephon	e: (405) 741 - 8477 Extension:
Business Website:	Farehook Bare Essentials Salon
Business' NAICS C	ode: 812112 (https://www.census.gov/eos/www/naics/)
Authorized Applica	nt: Voy DePace FirstName Last Name
Mobile Telephone:	1405 1760 - 3947
E-Mail Address:	joydepace agrail con
By signing this applic	ation, I attest:
I am duly authous I understand au received were I understand the U understand au will disqualify t	provided is true and correct to the best of my knowledge. brized to submit this request on behalf of the business identified above. and agree that I must provide documentation within 90 days of award proving funds used for the purposes identified on this application. at any money improperly spent must be repaid. and agree that any false information or failure to provide any required documentation the Applicant and any establishment they represent to receive future funding from ty Memorial Hospital Authority, and that any funds received as result of erroneous st be repaid.
	of July_, 20 20 Applicant's Signature

SUBSCRIBED AND SWORN to before me this n day of July, 202G.

Leg:	Lim	e Proprietorship ited Liability Corp. tnership	Corporation
Did you for State or Federal assista	nce or any other type of g	IOan prod grant program(s)	
Applications(s) Status:	Pending Rej	ected Approved	no respo
If approved, how much assista	ance did you receive in tota	1: \$	
Grant(s)	Loans(s)	Combination of bo	th
LOSSES:		- A	
What is the total loss of revenue in co	mparing receipts for March		
the same time in 2020?		_5172	%
		4500 - 8700	= 51.72
	A 1945 (2010)		
How to compute losses Receipts for 3/1/2019 – Receipts for 3/1/2020 –			38.89%
Receipts for 3/1/2019 – Receipts for 3/1/2020 –	4/30/2020: \$ 27,50 Difference: \$ 17,50	00	1
Receipts for 3/1/2019 – <u>Receipts for 3/1/2020 –</u> Do you own similar businesses in c (Attach separate	4/30/2020 \$ 27.50 Difference: \$ 17,50 other communities? YES a page detailing information	NO Total units owne	1
Receipts for 3/1/2019 – <u>Receipts for 3/1/2020 –</u> Do you own similar businesses in c	4/30/2020: \$ 27,50 Difference: \$ 17,50 other communities? YES e page detailing information Rent or Mortgage:	NO Total units owne on other business)	d:
Receipts for 3/1/2019 – <u>Receipts for 3/1/2020 –</u> Do you own similar businesses in c (Attach separate	4/30/2020 \$ 27.50 Difference: \$ 17,50 other communities? YES a page detailing information	$\frac{10}{10}$ Total units owner on other business) $\frac{1005}{5}$	d:
Receipts for 3/1/2019 – <u>Receipts for 3/1/2020 –</u> Do you own similar businesses in c (Attach separate	4/30/2020: \$ 27.50 Difference: \$ 17.50 other communities? YES e page detailing information Rent or Mortgage: Other Debt Service:	$\frac{10}{100}$ Total units owne on other business) $\frac{\$ 1225}{\$}$ $\frac{\$ 1500}{2}$	d: 00 00
Receipts for 3/1/2019 – <u>Receipts for 3/1/2020 –</u> Do you own similar businesses in c (Attach separate	4/30/2020: \$ 27,50 Difference: \$ 17,50 other communities? YES e page detailing information Rent or Mortgage: Other Debt Service: Personnel or Benefits:	$\frac{10}{100}$ Total units owne on other business) $\frac{\$ 1225}{\$}$ $\frac{\$ 1500}{2}$	d: 00 00
Receipts for 3/1/2019 – <u>Receipts for 3/1/2020 –</u> Do you own similar businesses in c (Attach separate	4/30/2020: \$ 27,50 Difference: \$ 17,50 other communities? YES a page detailing information Rent or Mortgage: Other Debt Service: Personnel or Benefits: Materials or Supplies:	$\frac{10}{100}$ Total units owne on other business) $\frac{\$ 13 35}{\$$	d: 00 00 00
Receipts for 3/1/2019 – <u>Receipts for 3/1/2020 –</u> Do you own similar businesses in c (Attach separate	4/30/2020: \$ 27,50 Difference: \$ 17,50 other communities? YES e page detailing information Rent or Mortgage: Other Debt Service: Personnel or Benefits: Materials or Supplies: Contract Labor:	$\frac{10}{100}$ Total units owne on other business) $\frac{\$ 1335}{\$ 1500}$ $\frac{\$ 1500}{\$ 500}$	d: 00 00 00 00
Receipts for 3/1/2019 – <u>Receipts for 3/1/2020 –</u> Do you own similar businesses in c (Attach separate	4/30/2020: \$ 27,50 Difference: \$ 17,50 other communities? YES e page detailing information Rent or Mortgage: Other Debt Service: Personnel or Benefits: Materials or Supplies: Contract Labor: Utilities:	$\frac{10}{100}$ Total units owne on other business) $\frac{\$ 1225}{\$ 1225}$ $\frac{\$ 1220}{\$ 1520}$ $\frac{\$ 1520}{\$ 520}$ $\frac{\$ 5200}{\$ 520}$	d: 00 00 00 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

Pending from SOS

Completed Internal Revenue Service Form W-9

V



Board of Grantors

Application for Business Assistance

Business Name	Booger Red's				
Physical Address	<u>6125 SE 15th S</u> T	т			
Date Received	July 21, 2020				
	st bleted Application ct Statement		RS W-9 DK SOS) Form 3 Certificate of G	iood Standing
Licensing State Licens OCC	ing Required: <u>Y</u> HD		es: <u>8/31/</u>	/2020	
	g Required: <u>Y</u> olic Beverage y Amusement	Ехріге	es: <u>8/31/</u> es: <u>6/30/</u>	/ <u>2020</u> /2021	
Address Information Certificate of Outstanding Active Enviro Current on C	Occupancy: Permits: onmental Code Infi	ractions:	Y Y Y Y	N <u>N</u> N N	
Staff Recommenda	tion				
Tier:	<u>1</u> 2	2	3		
Notes:					
Recommend	ed Award: \$	<u>4000.00</u>			
J.A) Administrator/General i	Ulderrow Manager	an'		<u> 1 25-20</u> Date

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

Business Name:	C+D Entertain	Business Assistance Ment	DBA Booger
Physical Address:	125 SE. 15t		
# Mj	Direction Streetidwest City, OK	131	Suffix Unit#
Business Telephone: (405, 737.	1971	Extension:
Business Website:	NB		
	:	tps://www.census.g	ov/eos/www/naics/)
Authorized Applicant:	Jeffery First Name		Males
Aobile Telephone: <u>(</u>	405, 919.	2643	
-Mail Address:	Ray mates	@ hot	nail.com
	n, l attest:		2 · · · · · · 2 · · · · · · · · · · · ·
y signing this application	vided is true and correct to the bes		
/			
All information prov	d to submit this request on behalf gree that I must provide documer I for the purposes identified on thi	ntation within 90 day s application.	s of award proving funds
All information prov I am duly authorize I understand and a received were used I understand that a I understand and a will disqualify the A	d to submit this request on behalf gree that I must provide documer I for the purposes identified on this ny money improperly spent must I gree that any false information or the opplicant and any establishment to iemorial Hospital Authority, and the	ntation within 90 day s application. be repaid. failure to provide any they represent to rec	required documentation
All information prov I am duly authorize I understand and a received were used I understand that a I understand and a will disqualify the A the Midwest City M	d to submit this request on behalf gree that I must provide documer I for the purposes identified on this ny money improperly spent must I gree that any false information or the opplicant and any establishment to iemorial Hospital Authority, and the	ntation within 90 day s application. be repaid. failure to provide any they represent to rec at any funds receive	required documentation

Diama Cochan	Commission # 03000097 Exp	ublic ahoma Ires 01/30/23
		Months: Proprietorship Corporatio d Liability Corp S-Corp. ership
Did you for State or Federal assist		
Applications(s) Status:	PendingReject	and the second s
If approved, how much assis	tance did you receive in total:	5_1000.00
Grant(s) ໃ	<u>.</u> Loans(s) 2.	_Combination of both 2
LOSSES: What is the total loss of revenue in co the same time in 2020?	omparing receipts for March 1, .	2019 through April 30, 2019 versus
How to compute losses: Receipts for 3/1/2019 - <u>Receipts for 3/1/2020 -</u>		\$17,500 + \$45,000 = 38.89%
Receipts for 3/1/2019 - <u>Receipts for 3/1/2020 -</u> Do you own similar businesses in a	- 4/30/2020: \$ 27,500 Difference: \$ 17,500 other communities? YES No	0 Total units owned: 5
Receipts for 3/1/2019 - <u>Receipts for 3/1/2020 -</u> Do you own similar businesses in (Attach separat	- 4/30/2020: \$ 27,500 Difference: \$ 17,500 other communities? YES No te page detailing information on	0 Total units owned: <u>5</u>
Receipts for 3/1/2019 - <u>Receipts for 3/1/2020 -</u> Do you own similar businesses in (Attach separat	- 4/30/2020: \$ 27,500 Difference: \$ 17,500 other communities? TES No te page detailing information on Rent or Mortgage:	o Total units owned: <u>5</u> other business) \$6,6,0000
Receipts for 3/1/2019 - <u>Receipts for 3/1/2020 -</u> Do you own similar businesses in (Attach separat	- 4/30/2020: \$ 27,500 Difference: \$ 17,500 other communities? YES No te page detailing information on Rent or Mortgage: Other Debt Service:	Total units owned: 5 so ther business) $\frac{1}{5}$ $\frac{1}{6}$ $\frac{1}{6}$ $\frac{1}{6}$ $\frac{00}{00}$
Receipts for 3/1/2019 - <u>Receipts for 3/1/2020 -</u> Do you own similar businesses in (Attach separat	- 4/30/2020: \$ 27,500 Difference: \$ 17,500 other communities? YES No te page detailing information on Rent or Mortgage: Other Debt Service: Personnel or Benefits:	0 Total units owned: 5 b other business) $\frac{1}{5}$ 6 600 00 $\frac{1}{5}$ 000
Receipts for 3/1/2019 - <u>Receipts for 3/1/2020 -</u> Do you own similar businesses in (Attach separat	- 4/30/2020: \$ 27,500 Difference: \$ 17,500 other communities? YES No te page detailing information on Rent or Mortgage: Other Debt Service: Personnel or Benefits: Materials or Supplies:	Total units owned: 5 in other business) $\frac{1}{2}$ 6 600 00 $\frac{1}{2}$ 00 00 $\frac{1}{2}$ 00 00 $\frac{1}{2}$ 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 0
Receipts for 3/1/2019 - <u>Receipts for 3/1/2020 -</u> Do you own similar businesses in (Attach separat	- 4/30/2020: \$ 27,500 Difference: \$ 17,500 other communities? YES No te page detailing information on Rent or Mortgage: Other Debt Service: Personnel or Benefits:	0 Total units owned: 5 a other business) $\frac{1}{2}$ $\frac{1}{6}$ $\frac{600}{00}$ $\frac{.00}{00}$ $\frac{1}{500}$.00 $\frac{1}{500}$.00 $\frac{1}{500}$.00
Receipts for 3/1/2019 - <u>Receipts for 3/1/2020 -</u> Do you own similar businesses in (Attach separat	- <u>4/30/2020:</u> Difference: \$ 17,500 other communities? YES No re page detailing information on Rent or Mortgage: Other Debt Service: Personnel or Benefits: Materials or Supplies: Contract Labor:	O Total units owned: 5 s other business) $\frac{1}{2}$ $\frac{1}{6}$ $\frac{600}{00}$ $\frac{.00}{00}$ $\frac{1}{5}$ $\frac{.00}{.00}$ $\frac{1}{5}$ $\frac{.00}{.00}$ $\frac{1}{5}$ $\frac{.00}{.00}$ $\frac{1}{5}$ $\frac{.00}{.00}$
Receipts for 3/1/2019 - <u>Receipts for 3/1/2020 -</u> Do you own similar businesses in (Attach separat	- 4/30/2020: \$ 27,500 Difference: \$ 17,500 other communities? YES No te page detailing information on Rent or Mortgage: Other Debt Service: Personnel or Benefits: Materials or Supplies: Contract Labor: Utilities: Advertising: Other*:	0 Total units owned: 5 a other business) $\frac{1}{2}$ $\frac{1}{6}$ $\frac{600}{00}$ $\frac{.00}{00}$ $\frac{1}{500}$.00 $\frac{1}{500}$.00
Receipts for 3/1/2019 - <u>Receipts for 3/1/2020 -</u> Do you own similar businesses in (Attach separat	- 4/30/2020: \$ 27,500 Difference: \$ 17,500 other communities? YES No te page detailing information on Rent or Mortgage: Other Debt Service: Personnel or Benefits: Materials or Supplies: Contract Labor: Utilities: Advertising:	0 Total units owned: 5 5 other business) $\frac{1}{5}$ 6 600 00 $\frac{1}{5}$ 00 $\frac{1}{500}$ 00 00 $\frac{1}{500}$ 00 00 $\frac{1}{500}$ 00 00 $\frac{1}{500}$ 00 00 $\frac{1}{500}$ 00 0
Receipts for 3/1/2019 - <u>Receipts for 3/1/2020 -</u> Do you own similar businesses in <i>(Attach separat</i> Planned Expenditures Details:	- 4/30/2020: \$ 27,500 Difference: \$ 17,500 other communities? YES No te 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:	0 Total units owned: 5 5 other business) $\frac{1}{5}$ 6 600 00 $\frac{1}{5}$ 00 00 $\frac{1}{5}$ 00 $\frac{1}{5}$ 00 00 $\frac{1}{5}$ 00 00 00 $\frac{1}{5}$ 00 00 00 $\frac{1}{5}$ 00
Please Attach The Following Do A signed statement explain	- 4/30/2020: \$ 27,500 Difference: \$ 17,500 other communities? YES No te 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:	0 Total units owned: 5 5 other business) $\frac{1}{5}$ 6 600 00 $\frac{1}{5}$ 00 00 $\frac{1}{5}$ 00 $\frac{1}{5}$ 00 00 $\frac{1}{5}$ 00 00 00 $\frac{1}{5}$ 00 00 00 $\frac{1}{5}$ 00
Please Attach The Following Do A signed statement explain Midwest City. Certificate of good standing	- 4/30/2020: \$ 27,500 Difference: \$ 17,500 other communities? YES No te 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: bouments: hing how this grant will affect g from the Oklahoma Secret	Total units owned: 5 so ther business) $\frac{5}{6}$ $\frac{6}{6}$ $\frac{600}{00}$ $\frac{5}{8}$ $\frac{00}{00}$ $\frac{5}{8}$ $\frac{00}{00}$ $\frac{10}{8}$ $\frac{10}{10}$
Please Attach The Following Do A signed statement explain Midwest City. Certificate of good standing	- 4/30/2020: \$ 27,500 Difference: \$ 17,500 other communities? YES NO te 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: bouther the operation of the secret form the Oklahoma Secret (.sos.ok.gov/corp/order/orderE	Total units owned: 5 so ther business) $\frac{5}{6}$ $\frac{6}{6}$ $\frac{600}{00}$ $\frac{5}{8}$ $\frac{00}{00}$ $\frac{5}{8}$ $\frac{00}{00}$ $\frac{10}{8}$ $\frac{10}{10}$
Please Attach The Following Do A signed statement explair Midwest City. Certificate of good standing <u>https://www</u>	- 4/30/2020: \$ 27,500 Difference: \$ 17,500 other communities? YES NO te 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: bouther the operation of the secret form the Oklahoma Secret (.sos.ok.gov/corp/order/orderE	Total units owned: 5 so ther business) $\frac{5}{6}$ $\frac{6}{6}$ $\frac{600}{00}$ $\frac{5}{8}$ $\frac{00}{00}$ $\frac{5}{8}$ $\frac{00}{00}$ $\frac{10}{8}$ $\frac{10}{10}$





Application for Business Assistance

Business Name Brielle's Bist	iro	
Physical Address 9205 NE 23	rd ST, Su	uite 4
Date Received July 8, 2020	D	
Document Checklist X Completed Applicat X Impact Statement	ion	X IRS W-9 Form X OK SOS Certificate of Good Standing
Licensing State Licensing Required: Health (OKCC) Alcoholic Beverage	Y	N Expiration: <u>8/31/2021</u> Expiration: <u>1/15/2021</u>
City Licensing Required: Alcoholic Beverage	Y	N Expiration: <u>1/15/2021</u>
Address Information Certificate of Occupancy: Outstanding Permits: Active Environmental Code Current on City Utilities:	e Infractio	$\begin{array}{ccc} \underline{Y} & \mathbf{N} \\ \underline{Y} & \underline{N} \\ \mathbf{Dns:} & \underline{Y} & \underline{N} \\ \underline{Y} & \mathbf{N} \end{array}$
Staff Recommendation		
Tier: <u>1</u>	2	3
Notes:		
Recommended Award:	\$ <u>4</u>	500.00 Udaman
L Con Administrator/Gen	ieral Manago	er Date

To Whom It May Concern,

July 07,2020

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 Brow

Brielle's Bistro

MIDWEST CITY GRANT PRESERVE	MIDWEST CITY MEMORIAL HOSPITAL AUTHORITY Board of Grantors Application for Business Assistance
Business Name:	Brickles Bistro
Physical Address:	<u>9205 NE 23rd 84</u> # Direction Street Suffix Unit# <u>Midwest City, OK 73141</u>
Business Telephor	
	www.BriellerBistro.com
Business' NAICS C Authorized Applica	int: <u>RUNNING AND First Name</u> (<u>https://www.census.gov/eos/www/naics/</u>) BICHOURD BIDUM
Mobile Telephone: E-Mail Address:	(405) 313 -9280 Brielly Bistro 23 @ gmail .com
By signing this appli	cation, I attest:
I am duly auth I understand a received were I understand th I understand th	provided is true and correct to the best of my knowledge. orized to submit this request on behalf of the business identified above. and agree that I must provide documentation within 90 days of award proving funds used for the purposes identified on this application. hat any money improperly spent must be repaid. and agree that any false information or failure to provide any required documentation the Applicant and any establishment they represent to receive future funding from thy Memorial Hospital Authority, and that any funds received as result of erroneous ust be repaid.
Dated this 20th day	of July , 2020. Applicant's Signature
SUBSCRIBED AND S	WORN to before me this $\frac{7^{+4}}{10}$ day of $\frac{3}{10}$, $\frac{9}{10}$, $\frac{20}{20}$.

	Limite	Months: Proprietorship d Liability Corp ership	_ Corporation _ S-Corp.
Did you for State or Federal as	sistance or any other type of gra	ant program(s): <u>X</u> Yes	No
Applications(s) Status:	Pending Rejec	ted 🖳 Approved	
If approved, how much a	ssistance did you receive in total:	\$ 10,300	
<u> </u>	Loans(s)	Combination of both	
the same time in 2020? How to compute losses: Receipts for 3/1/20 <u>Receipts for 3/1/20</u>	120 - 4/30/2020: \$ 27,500 Difference: \$ 17,500	\$17,500 ÷ \$45,000 = 38.	
	arate page detailing information or	J –	¥—
Planned Expenditures Detai	and the second second	s 1800	.00
riamou Expenditures Detai	Other Debt Service:	<u>\$ 1000</u>	.00
	Personnel or Benefits:	\$.00
	Materials or Supplies:	\$ 20,000	.00 -
	Contract Labor:	\$.00
	Utilities:	\$ 1,300	.00
	Advertising:	\$ 500	.00

Other*: *(Attach details) **Total Request:**

Advertising:

\$

\$

23,600

.00

.00

Please Attach The Following Documents:

 \checkmark

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





Application for Business Assistance

Business Name	Celebrity Club)					-
Physical Address	2125 S Air De	pot BL					-
Date Received	July 10, 2020	<u>)</u>					
	t leted Applicatio t Statement	n		IRS W-9 For OK SOS Ce		ood Standing	
	ng Required: (OKCC) blic Beverage	Y	Ν	Expiration: Expiration:	<u>8/31/20</u> 5/31/20	020 021	
City Licensing Alcoho	Required: blic Beverage	Y	Ν	Expiration:	5/31/20	021	
Address Informatio Certificate of Outstanding F Active Environ Current on Ci Staff Recommendat	Occupancy: Permits: nmental Code I ty Utilities:	nfractio	ns:	Y N Y N Y Y Y			
Tier:	1	2		3			
Notes:					X		
Recommende	ed Award:	\$	4000.0	00 an!			
	L. L. Go Administration Gener	ral Manager	r			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,

join Kogla

Lori Kreke Owner

	MIDWEST	CITY MEMORIAL HOSPITAL	AUTHORITY
	Boa	ard of Gran	tors
LADAVEST COMP Control Control Control Sandy Information	Appl	ication for Business Assis	itance
Business Name	» Cash Cow	, Inc. dba (Celebrity Club
Physical Addre	ss: <u>225 S. A</u> Birection	<u>e Depot</u>	i Suffix Unit#
	<u>Midwest City,</u> ^{City}	<u>ок 73</u> sт	<u>3110</u>
Business Telep	ohone: (405) 67	7 - 5969	Extension:
Business Webs	site: NONE		
Business' NAIC	CS Code: 7224/0	(https://www.ce	ensus.gov/eos/www/naics/)
Authorized App	blicant: UP	e	Last Name
Mobile Telepho	one: <u>(405)</u> U	77 - 5969	
E-Mail Address	:: <u>Lo</u>	eikeeke @ma	ryco-usa.com
By signing this a	pplication, I attest:		~
🗾 🗾 🖌 All informa	ation provided is true and corre	ect to the best of my know	ledge.
	authorized to submit this reque		ess identified above. 90 days of award proving funds
received v	were used for the purposes ide	ntified on this application.	
🗾 🗹 🕴 l understa		ormation or failure to prov	vide any required documentation
the Midwe	est City Memorial Hospital Aut		nt to receive future funding from received as result of erroneous
А.	on must be repaid. اب ا	· Ani	Kalla.
Dated this	_day of <u>_luly</u> . 20 <u>_</u> 2		Applicant's Signature
SUBSCRIBED AN	ND SWORN to before me this _	<u>S</u> day of Ju	14 .20 <u>20</u>
Auganzi	Sland Cours	•• • • • •	. SHOCK
(Junan (afary Public	My commission expires:	420006880
·	Ŭ	3	

•

.

Business Information:		in Operation: ` I Structure:	\$o Lin	le Prop	Months: <u>4</u> prietorship iability Corp. tip	Corporation
Did you for State or Federal	assista	nce or any othe	er type of	grant	program(s): _	Yes No
Applications(s) Stat	us:	Pending	Re	jected	<u> </u>	d
If approved, how muc	h assista	ince did you rea	eive in tot	al: \$	7600-	
Grant(s		Loansi			Combination of	both
LOSSES: What is the total loss of reven the same time in 2020? How to compute losses: Receipts for 3/ <u>Receipts for 3/</u>	1/2019 – J	4/30/2019:	for March \$ 45,0 \$ 27,5 \$ 17,5	000	19 through Apri 817,500 + \$45,00	%
Do you own similar busines	ises in o	ther communit	ies? YES	(NO)	Total units ow	/ned:
(Attach	səparate	page detailing l	nformatio	n on of	her business)	
Planned Expenditures De	atalis:	Rent or Mor	lgage:		<u>\$</u>	1100.00
		Other Debt	Service:		\$.00
		Personnel o	r Benefits	5:	\$	261elp.00
		Materials or	Supplies	:	\$	1361.00
		Contract La	2001:		\$	3904_00
		Utilities:			\$	1194.00
		Advertising:			<u>\$</u>	.00
		Other*:			\$	00
		*(Allach delails) Total Reque	est:		<u>\$</u>	4000.00

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 <u>https://www.sos.ok.gov/corp/order/orderDefault.aspx</u>

Completed Internal Revenue Service Form W-9





Application for Business Assistance

Business Name	C'Est Si Bon		-				
Physical Address	101 N Dougl	as BL					
Date Received	July 21, 2020	2		5			
	it ileted Applicati st Statement	on	<u>_x</u>	IRS W- OK SOS		ate of Good S	Standing
Licensing		-					
State Licensi	ng Required:	Ϋ́	Ν				
City Licensing	g Required: Expires:	<u>Y</u> <u>8/31/</u>	N 2020			20	
Address Informatio Certificate of Outstanding I Active Enviro Current on Ci	Occupancy: Permits: nmental Code	Infracti	ons:	<u>Ү</u> Ү Ү	Z Z Z		
Staff Recommenda	tion						
Tier:	1	<u>2</u>		3			
Notes:		nent. I	Make s	ure these			ary of State; also pre issuing check;
Recommende	ed Award:	\$ <u>20</u>	00.00				
	0.10		Alle	, man!			
	L.J.Go	eral Manas	er				Date

MIDWEST CITY MEMORIAL HOSPITAL AUTHORITY
Board of Grantors
MIDWEST CITY Application for Business Assistance
Business Name: <u>LISST 51 BON</u> INC.
Physical Address: 101 N Doughas BLVD SWITE L # Direction Street Suffix Unit#
Midwest City. OK 73136 City ST Zip
Business Telephone: (405) 610 - 2655 Extension:
Business Website: _ GASUNCATFISHAND POBOTS, COM
Business' NAICS Code: (https://www.census.gov/eos/www/naics/)
Authorized Applicant:
Mobile Telephone: (405) 209-6906
E-Mail Address: KEMILLS 310 @ HOTMAIL.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 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.
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 erroneou information must be repaid.
Dated this 21 day of July, 20 20. how Wills
SUBSCRIBED AND SWORN to before me this <u>20</u> day of <u>July</u> , 20 <u>20</u>
Type linh My commission expires: 07/06/2024
Notary Public

ć

Business Information:	Time in Operation: Legal Structure:	Sole P	Months: <u>3</u> roprietorship I Liability Corp. rship	Corporation S-Corp.
Did you for State or Federal	assistance or any oth	er type of grai	nt program(s):	_Yes No
Applications(s) Stat	us: Pending	Reject	ed Approve	d
If approved, how muc	h assistance did you re	ceive in total: \$	j)
Grant(s) Loan	s(s)	_Combination of I	both
LOSSES:				
What is the total loss of reven	ue in comparing receip	ts for March 1, 2	2019 through April	30, 2019 versus
the same time in 2020?			ā 	%
How to compute losses:				
	1/2019 - 4/30/2019:	\$ 45,000	\$17,500 + \$45,00	0 = 38.89%
Receipts for 3/	1/2020 - 4/30/2020:	\$ 27,500		
	Difference:	\$ 17,500		

Do you own similar businesses in other communities? YES NO Total units owned:____

(Attach separate page detailing information on other business)

Planned Expenditures Details:	Rent or Mortgage:	<u>\$</u>	2500.00
	Other Debt Service:	<u>\$</u>	.00
	Personnel or Benefits:	<u>\$</u>	BODO .00
	Materials or Supplies:	<u>\$</u>	9000 .00
	Contract Labor:	\$.00
	Utilities:	<u>\$</u>	2000.00
	Advertising:	<u>\$</u>	300.00
	Other*:	\$.00
	*(Attach details) Total Request:	\$	21.800.00

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 <u>https://www.sos.ok.gov/corp/order/order/Default.aspx</u>
- Completed Internal Revenue Service Form W-9



Board of Grantors

Application for Business Assistance

Business Name	Chong Wah Asian Bistro			
Physical Address	9301 NE 10 th ST			
Date Received	July 21, 2020			
	ted Application X IRS W-9 Form Statement X OK SOS Certificate of Good Standing			
Licensing State Licensing OCCHD City Licensing F	Expiration: <u>8/31/2020</u>			
Address Information Certificate of Oc Outstanding Per Active Environm Current on City	ermits: Y N nental Code Infractions: Y N			
Staff Recommendatio	on			
Tier: <u>1</u>	<u>1</u> 2 3			
Notes:				
Recommended Award:	\$ <u>4000.00</u>			
	Pelbleman			
-LG	Administrator/General Manager			



9301 NE10th Street Midwest, 0K 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 dinein 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

19		Ro	ard of	Grante)[5	
	c	hong Wah	Asian Bistro)		
Business Name:		0301	NE 10th St			10188
Physical Address:		Street and	Stree		Suffix	
			OK		73160	
	Midwost	CRV.	ST	2.p		
Business Telephon	e: [405)	610 ,	6898	Extensio	n:
Business Website:	Http://	chongwah	wixsite.com	/chongwah-b	istro	
Business' NAJCS C					sus.gov/eas/www	w/naics/)
Authorized Applica Mobile Telephone:			7 Tu, Chen C Norme 207 .	hen 8355	Last Name	
E-Mail Address:		Chong	wah.mwo	æ	Gmail	Com
By signing this appli	cation, I a	tlest:				
X I am duly auth X I understand a received were X I understand to X I understand to automatical automatical automa	orized to s ind agree used for to nat any mo ind agree to the Applic by Memor	ubmit this m that I must (the purposes any improp- that any fals- ant and any fal Hospital	quest on beha rovide docum identified on t arly spent mus a information o establishmen	entation within 5 his application t be repaid. If failure to prov t they represen	idge. Is identified abov 30 days of award ide any required t to receive futur received as resu	documentation te funding from
Dated this 21 day	of	July 21 2	2020	1.Fri	Arriy Tu Icolcan's Signature	_
		halora ma t	nin Esti			.20 20
UBSCRIBED AND S	WORNto	And C lines			T	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

Business Information:	Time in Operation: Legal Structure:	X Sole Pr	Months: roprietorship Liability Corp. rship	Corporation S-Corp.
Did you for State or Federal a	assistance or any oth	er type of grar	nt program(s):	_Yes_X_No
Applications(s) Statu	s: Pending	Rejecte	ed Approve	d
If approved, how much	assistance did you re	ceive in total: \$	·	
Grant(s)	Loans	s(s)	_Combination of I	both
LOSSES: What is the total loss of revenu the same time in 2020?	e in comparing receipt	s for March 1, 2	019 through April 25	30, 2019 versus %
	/2019 – 4/30/2019: /2020 – 4/30/2020: Difference:	\$ 45,000 <u>\$ 27,500</u> \$ 17,500	\$17,500 ÷ \$45,00	0 = 38.89%

Do you own similar businesses in other communities? YES NO Total units owned:_____

(Attach separate page detailing information on other business)

Planned Expenditures Details:	Rent or Mortgage:	<u>\$</u>		.00
	Other Debt Service:	<u>\$</u>		.00
	Personnel or Benefits:	<u>\$</u>		.00
	Materials or Supplies:	<u>\$</u>	2000	.00
	Contract Labor:	<u>\$</u>		.00
	Utilities:	<u>\$</u>		.00
	Advertising:	<u>\$</u>		.00
	Other*:	<u>\$</u>	4000	.00
	*(Attach details) Total Request:	\$	4500	.00

Please Attach The Following Documents:

- X 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 <u>https://www.sos.ok.gov/corp/order/orderDefault.aspx</u>
- ____ Completed Internal Revenue Service Form W-9





Application for Business Assistance

Staff Review Form

Business Name	<u>Cookies by D</u>	lesign			
Physical Address	2801 S Doug	las BL, Suite 1	01		
Date Received	<u>July 21, 2020</u>	<u>)</u>			
	at leted Application t Statement			-9 Form S Certificate of Good Standi	ng
Licensing State Licensi OCC	ng Required: Health Expires:	<u>Y</u> N:	<u>8/31/2</u>	/2020	
City Licensing Expire		<u>Y</u> N	<u>8/31/2</u>	/2020	
Address Informatio Certificate of Outstanding Active Enviro Current on Ci	Occupancy: Permits: nmental Code I	Infractions:	Y Y Y Y	N <u>N</u> N	
Staff Recommenda	tion				
Tier:	1	<u>2</u>	3		
Notes:	the Governor's	Executive Orde	er; howe	1+) were allowed to be open as a ever, the Owner advised he ch vas only open limited hours for a	ose to close
Recommende	ed Award:	\$ <u>4000.00</u>			
		Ablen	en		

Administrator/General Manager

21 July 2020

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

- Business Telephone Business Website: Business' NAICS Co	2801 S Dou # Direction <u>Midwest City.</u> City : (405 	glas Blvd., OK S7) 610 sByDesign.co	Street - 6444	Sut 73130 Zip Ex	xtension:
Business Telephone Business Website: Business' NAICS Co	# Direction <u>Midwest City,</u> City : (405	OK ST) 610 sByDesign.co	Street - 6444	73130 <i>Zip</i> E	xtension:
Business Telephone Business Website: Business' NAICS Co Authorized Applican	<u>Midwest City,</u> <i>City</i> : (405 www.Cookie ode:311811	ST) 610 sByDesign.co	- 6444 om	73130 <i>Zip</i> E	xtension:
Business Website: Business' NAICS Co	: (405 www.Cookie ode:311811	sByDesign.cc	om	Ex	
Business' NAICS Co	de: <u>311811</u>				ens/www/paics/)
			(https://w	www.census.gov/e	os/www/paics/)
Authorized Applican				in the constant of the	.os/ www/nates/
Mobile Telephone: E-Mail Address:	(405 CookiesByDesig) 317 gnOKC@gma	- 3003 ail.com @		•
By signing this applica					
	provided is true a				
 I understand and 	d agree that I mu	ust provide do	ocumentation		d above. award proving funds
received were u	sed for the purpo at any money imp				
 I understand and will disgualify th 	d agree that any le Applicant and y Memorial Hosp	false information any establish	tion or failure t ment they re	to provide any req present to receive	uired documentation e future funding from s result of erroneous
Dated this 29 day of	f_June	_, 20 <u>20</u>	. De	Applicant's Sig	inature
SUBSCRIBED AND SW	ORN to before n	ne this $\underline{\partial}$)	_day of _JL	ily	, 20
Kalina J	Brun	er My c	commission ex	(pires <u>: 4)05</u>	\$ 2606 ja
					International States

Business Information:	Time in Operation: Legal Structure:	Sole Pro	Months: 9 pprietorship Liability Corp. ship	Corporation
Did you for State or Federa	l assistance or any oth	er type of grant	t program(s): 🔄	Yes No
Applications(s) Stat	tus: Pending	Rejected	d <u> </u>	d
If approved, how muc	ch assistance did you ree	ceive in total: \$_	10,100	
Grant(s	s) Loans	s(s)	_Combination of	both
LOSSES:				
What is the total loss of rever the same time in 2020?	nue in comparing receipt	s for March 1, 20)19 through April	30, 2019 versus 5_%
How to compute losses:				
Receipts for 3	/1/2019 – 4/30/2019: /1/2020 – 4/30/2020:	\$ 45,000 \$ 27,500	\$17,500 + \$45,00	0 = 38.89%
	Difference:	\$ 17,500		

Do you own similar businesses in other communities? YES NO Total units owned:

(Attach separate page detailing information on other business)

Planned Expenditures Details:	Rent or Mortgage:	\$	1415.00
	Other Debt Service:	\$.00
	Personnel or Benefits:	\$	4000.00
	Materials or Supplies:	\$	2000.00
	Contract Labor:	\$.00
	Utilities:	\$	550.00
	Advertising:	<u>\$</u>	250.00
	Other*:	\$.00
	*(Attach details) Total Request:	\$	8215.00

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 <u>https://www.sos.ok.gov/corp/order/orderDefault.aspx</u>
- Completed Internal Revenue Service Form W-9



Board of Grantors

Application for Business Assistance

Staff Review Form

Business Name	Cut Loose Ha	air Desig	gn				1
Physical Address	2400 S Doug	las BL,	Suite ()	 		
Date Received	July 17, 2020						
Document Checklis	t leted Applicatio t Statement	on		IRS W- OK SO		ood Stan <mark>d</mark> ing	
Licensing State Licensin Health	ng Required: n (OKCC)	Y	Ν				
City Licensing	Required:	Y	N				
Address Informatio Certificate of Outstanding F Active Environ Current on Ci	Occupa <mark>n</mark> cy: ^p ermits: nmental Code I ty Utilities:	Infractio	ons:	$\frac{Y}{Y}$ Y Y			
Tier:	1	2		<u>3</u>			
Notes:							
Recommende	ed Award:	\$ <u>150</u>	00.00 Uller	ian)			
Ze +	Administrator/Genes	110			L.	7-20.20 Date	1

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,

WEST CITY Company of the company of the compan		Boar	ry MEMORIAL HO COLOF GI ation for Busines		(
Business Name:	Cut Loo	se, Inc. (dba Cut Lo	ose Hair De	sign
Physical Address:		<u> </u>	Blvd, STE		
		ction ty, O Si	Street K	su 73130 <i>Zip</i>	ffix Unit#
Business Telephon		455		·	xtension:
Business Website:	CL	itloosemia	dwestcity.co	om	
Business' NAICS C	ode:81	2111	(https://w	/ww.census.gov/	eos/www/naics/)
Authorized Applica	nt: (DOMM	IERT
/ allon Lou / approa	·····	First Name		Last	'Name
Mobile Telephone:	405 () ³⁸⁸	3256		
E-Mail Address:		x1guy	/ @	sbcglobal	net
By signing this applic	ation, I attes	t:			
I am duly autho I understand a received were I understand th I understand a will disqualify t	prized to subm nd agree that used for the p nat any money nd agree that he Applicant ity Memorial F	it this request I must provide urposes identi improperly sp any false infori and any estab	documentation of fied on this applic ent must be repa mation or failure t lishment they rep	business identifie within 90 days of cation. id. o provide any rec present to receive	award proving funds uired documentation future funding from s result of erroneous
SUBSCRIBED AND S	WORN to befo	re me this	day of	ly	, 20 <u>_20_</u> .
0 20 TAR 4 08601296 EXP. 01/307A 2 01/307A) >	*	, S	

(see attached page)	My cor	nmission ovnire	es:	
Notary Public Business Information:	Time in Operation: Ye	ears: <u>6</u> Nole Prop	7 Nonths: rietorship ability Corp.	Corporation <mark>S-Corp.</mark>
Did you for State or Federal as	ssistance or any other	type of grant p	program(s): <mark>}</mark>	<mark>′es</mark> No
Applications(s) Status	Pending	Rejected	Approved	
If approved, how much	assistance did you receiv	ve in total: \$		
Grant(s)	Loans(s)	C	combination of bot	h
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			9 through April 30 43.89 17,500 ÷ \$45,000 =	%
Do you own similar businesse	es in other communities	s? YES NO	Fotal units owne	d: <mark>1</mark>
(Attach se	parate page detailing inf	ormation on oth	er business)	
Planned Expenditures Deta	-	0	\$ <mark>2600</mark>	.00
	Other Debt Se		\$ ⁵⁶⁰	
	Personnel or I		\$ ⁷⁵ \$ ¹⁰⁷⁵	.00
	Materials or S			<u> </u>
	Contract Labo Utilities:	ſ.	<u>\$</u> \$ ⁴¹⁶	<u>.00</u> .00
	Advertising:		<u>\$</u>	<u>.00</u>
	Other*:		<u>\$</u> \$ ²³²	<u>.00.</u> 00.
	*(Attach details) Total Reques	t:	\$ ⁴⁹⁵⁸	.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 <u>https://www.sos.ok.gov/corp/order/orderDefault.aspx</u>
- ____ Completed Internal Revenue Service Form W-9

MIGNAEST CITY BRITH VECKERAR	0.000	Boa	rd o	f Gi	ospital AUTHORITY rantors ss Assistance		
		Staff	Revie	v For	m		
Business Name	Douglas Hai	Salon					
Ph <mark>y</mark> sical Address	<u>351 N Air De</u>	pot BL,	Suite E			-	
Date Received	July 21, 2020	<u>)</u>					
	i st pleted Applicati act Statement	on		RS W-9 0K SOS	Form Certificate of Goo	d Standing	
Licensing State Licens	sing Required:	Y	N				
City Licensi	ng Required:	Y	N				
Outstanding Active Envir Current on (f Occupancy: Permits: onmental Code City Utilities:	Infractio	ons:	Υ Υ Υ Υ	Z <u>Z</u> Z		
Staff Recommend	ation						
Tier:	1	2		<u>3</u>			
Notes:					h		
Recommen	ded Award:	\$ <u>150</u>	00.00	-			
	0 -	2	Ublem	ant			
Zt	A				-	1-23-	-2

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! Jammy Luffinbarge

Tammy Puffinbarger Douglas Hair Salon LLC

MIDWEST CITY UNIT PROGRAM	MIDWEST CITY MEMORIAL HOSPITAL AUTHORITY Board of Grantors Application for Business Assistance
Business Name:	Douglas Hair Salon LLC
Physical Address:	<u>351 NAIR Depot Ste E</u> <u># Direction</u> Street Suffix Unit# <u>Midwest City. OK 73/10</u>
	City ST Zip
Business Telephon	e: (405) 737-2742 Extension:
Business Website:	NA
Business' NAICS Co	ode: 812112 (https://www.census.gov/eos/www/naics/)
Authorized Applican	1405, 5170-3466
E-Mail Address: By signing this applic	puffinbarger @ att. net.
All information I am duly author I understand ar received were of I understand th I understand ar will disqualify th the Midwest Cir information mut	provided is true and correct to the best of my knowledge. prized to submit this request on behalf of the business identified above. Ind agree that I must provide documentation within 90 days of award proving funds used for the purposes identified on this application. at any money improperly spent must be repaid. Ind 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. Inf July
Notary	My commission expires: 03/21/2021 3 ublic 3

	in Operation: Years: <u>4</u> Months: <u>9</u> al Structure: <u>X</u> Sole Proprietorship <u>Corporation</u> Limited Liability Corp. <u>S-Corp.</u> Partnership
Did you for State or Federal assista	nce or any other type of grant program(s): X Yes No
Applications(s) Status:	Pending Rejected Approved
If approved, how much assista	ance did you receive in total: \$ 11,000.00
Grant(s)	Loans(s)Combination of both
the same time in 2020? How to compute losses: Receipts for 3/1/2019 – <u>Receipts for 3/1/2020 –</u> Do you own similar businesses in o	
(Attach separate	e page detailing information on other business)
Planned Expenditures Details:	Rent or Mortgage:Mark $3 45$.00Other Debt Service:\$.00Personnel or Benefits:\$.00Materials or Supplies:\$.00Contract Labor:\$ 387 .00Utilities:\$ 368 .00Advertising:\$ 368 .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

Completed Internal Revenue Service Form W-9

4

MIDWEST CITY GAME FROM M	ſ	Boa	ard	of (AUTHORITY tors stance		
		Staf	f Revi	ew F	orm			
Business Name	Ghost Ride	rs Saloo	on				-	_
Physical Address	9802 NE 23	B rd ST					1	_
Date Received	<u>July 20, 20</u>	20						
	ist pleted Applica act Statement	tion	and the second sec		V-9 Form OS Certif	icate of Go	od Standir	ng
Heal	si <mark>n</mark> g Required: th (OKCC) holic Beverage	Y	Ν	Exp Exp	iration: iration:	8/31/202 05/17/202	20 21	
Fam	ng Required: ily Amusement holic Beverage		Ν	Exp Exp	iration: iration:	6/30/2021 05/17/202	21	
Outstanding	f Occupancy: Permits: onmental Code	e Infract	tions:	Y Y Y Y	ZZZZ			
Staff Recommend	ation							
Tier:	1	2		3				
Notes:								
Recommend	ded Award:	\$	4000	.00	6			3
			Meler	an)				
1	0		10-52 - 32 •		62		7.2	-2
	Administrator/Ge	neral Mana	ger			-	/ Date	_

From C& DEnsertainement, Inc. ROC Enterprises DBABOOBER Reds Ghost 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

	Boar	Y MEMORIAL HOSPI COLOF GRA Ition for Business A	Intors	
Business Name:	RDC Enterprise	S	OBA	Ghost Ri
Physical Address:	# Direction	23rd St	: 13141	x Unit#
3usiness Telephone	Midwest City, OI City ST :: (405) No			tension:
Business Website: Business' NAICS Co	N)A 	(h++===//unit	w.census.gov/ec	
Authorized Applican	Tolloc	(https://www		163
Nobile Telephone:	<u>, 405 , 91</u>	9.26	43	ana
E-Mail Address:	Ray malles	@	hotmail	. Com
By signing this applica	ation, I attest: provided is true and correct i	to the best of my kr	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 215t day of July, 20	20. Alferry R Males
SUBSCRIBED AND SWORN to before me th	is 21st day of July 20,20
Atanna Cochan	My commission expire gianna cochrand 33
Notary Public	3 Commission # 03000097 Expires 01/30/23

Lega		Months: Corporation roprietorship Liability Corp. X S-Corp.
Did you for State or Federal assista	nce or any other type of grar	nt program(s): XYesNo
Applications(s) Status:	Pending Rejecte	^d — ^{Approved} λ
If approved, how much assista	ance did you receive in total: \$	1 000.00
Grant(s) 7	Loans(s)2	_Combination of both Z
What is the total loss of revenue in cor the same time in 2020? How to compute losses: Receipts for 3/1/2019 – Receipts for 3/1/2020 –	4/30/2019: \$45,000	\$17,500 + \$45,000 = 38.89%
Do you own similar businesses in o	ther communities YES	Total units owned: 5
	other communities YES C	Total units owned: 5
(Attach separate	\smile	
(Attach separate	e page detailing information on Rent or Mortgage:	other business) \$3,000.00
(Attach separate	e page detailing information on Rent or Mortgage: Other Debt Service:	other business) <u>\$ 3,000 .00</u> \$.00
	e page detailing information on Rent or Mortgage: Other Debt Service: Personnel or Benefits:	other business) \$ 3,000 .00 \$.00 \$.00
(Attach separate	e page detailing information on Rent or Mortgage: Other Debt Service: Personnel or Benefits: Materials or Supplies:	other business) <u>\$ 3,000 .00</u> <u>\$.00</u> <u>\$.00</u> <u>\$.4,000 .00</u>
(Attach separate	e page detailing information on Rent or Mortgage: Other Debt Service: Personnel or Benefits: Materials or Supplies: Contract Labor:	other business) <u>\$3,000.00</u> <u>\$.00</u> <u>\$.00</u> <u>\$4,000.00</u> <u>\$1,000.00</u> <u>\$1,000.00</u>
(Attach separate	e page detailing information on Rent or Mortgage: Other Debt Service: Personnel or Benefits: Materials or Supplies: Contract Labor: Utilities:	other business) <u>\$3,000.00</u> <u>\$.00</u> <u>\$.00</u> <u>\$.4,000.00</u> <u>\$1,000.00</u> <u>\$1,000.00</u> <u>\$1,000.00</u> <u>\$1,000.00</u>

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

Completed Internal Revenue Service Form W-9



Board of Grantors

Application for Business Assistance

Staff Review Form

Business Name	<u>Hair by Julia</u>						_
Physical Address	<u>6912 E Reno</u>	AV, St	uite 100				
Date Received	July 14, 2020	2					
Document Checklis X Comp X Impac	t leted Application t Statement	on	X IF	rs W-9 DK SOS	Form Certificate of (Good Standing	
Licensing State Licensir	ng Required <mark>:</mark>	Y	N				
City Licensing	Required:	Y	N				
Address Information Certificate of Content Outstanding F Active Enviror Current on Cir Staff Recommendat	Occupancy: Permits: nmental Code ty Utilities:	Infractio	ons:	Y Y Y Y			
Tier:	1	2		<u>3</u>			
Notes:							
Recommende	ed Award:	\$ <u>15</u>	60 .00	<u>-5</u>			
		1	Udeim	an'			
Ч	P.J.C.	Yuman	ć				

Administrator General Manager

Date

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

	MIDWEST CITY MEMORIAL HOSPITAL AUTHORITY
	Board of Grantors
DWEST CITY	Application for Business Assistance
Business Name:	Color Euture SALON COBA HAIR DY
Physical Address:	6912 E. RENO # Direction Street Suffix Unit#
	Midwest City, OK 75110
Business Telephon	e: (45) 639 - 0190 Extension:
Business Website:	N/A
Business' NAICS C	ode: 81211 Z (https://www.census.gov/eos/www/naics/)
Authorized Applica	nt: JuliA PollARd First Name Last Name
Mobile Telephone:	(405)639.0140
E-Mail Address: By signing this applic	TPoller @ gmail . com
1	provided is true and correct to the best of my knowledge.
	prized to submit this request on behalf of the business identified above.
I understand a received were	nd agree that I must provide documentation within 90 days of award proving funds used for the purposes identified on this application.
Junderstand th	at any money improperly spent must be repaid.
will disqualify	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 ist be repaid.
Dated this day	of 20 Julin Vellen
10.	NORN to before me this day of 20
Jenom Notary	My commission expires

Business Information:	Time in Operation: Legal Structure:	Sole Pro	Months: <u>0</u> prietorship Liability Corp. hip	Corporation S-Corp.
Did you for State or Federal a	ssistance or any othe	er type of grant	program(s):	_Yes 🛴 No
Applications(s) Status	e: Pending	Rejected	Approve	d
If approved, how much	assistance did you rec	eive in total: \$_	NA	
Grant(s)	Loans	(s)	Combination of I	both
LOSSES: What is the total loss of revenue the same time in 2020? How to compute losses:			19 through April 7.5 \$17,500 + \$45,00	. 46 %
	2019 – 4/30/2019: 2020 – 4/30/2020: Difference:	\$ 45,000 \$ 27,500 \$ 17,500	\$17,500 + \$45,00	0 - 36.69%
Do you own similar business		-		ned:/
(Attach se	eparate page detailing	information on c	other business)	
Planned Expenditures Det	ails: Rent or Mor	tgage:	\$ 900	.00
	Other Debt	Service:	\$.00
	Personnel o	r Benefits:	\$.00
	Materials or	Supplies:	\$ 450	.00
	Contract La	bor:	\$.00
	Utilities:		\$.00
	Advertising:		\$ 150	.00
	Other*:		\$.00
	*(Attach details) Total Requ	est:	\$ 1500	.00
Please Attach The Followi	na Documents:		1	
1	explaining how this gr	ant will affect	the future of you	ur business in

Midwest City.

A

V

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

Staff Review Form

Business Name	Jazzercise			
Physical Address	2839 S Doug	las BL, Suite	#109	
Date Received	<u>July 20, 2020</u>			
Document Checklist	: eted Applicatio Statement	on <u>X</u>	IRS W-9 OK SOS	9 Form 5 Certificate of Good Standing
Licensing State Licensin	g Required:	Y <u>N</u>		
City Licensing	Required:	Y <u>N</u>		
Address Information Certificate of C Outstanding P Active Environ Current on Cit Staff Recommendation	Decupancy: ermits: mental Code I y Utilities:	Infractions:	Ү Ү Ү Ү	N N N N
Tier:	1	2	<u>3</u>	
Notes:				
Recommende	d Award:	\$ <u>1500.0</u>	0	
		1 Alite	eman!	
-	e. I.Go	, 		

Administrator/General Manager

Date

July 21, 2020

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,

Keely Swithe

Kelly Smithee Owner, Jazzercise Midwest City Jazzercise 405, LLC 405.971.4107 2839 S. Douglas Blvd. Ste 109 Midwest City, OK 73110

Attachments:

- 1. Completed Application
- 2. W-9 Form
- 3. 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

MICHAESE CITY INVALUEITAR	Board	of Grantors n for Business Assistance	2.0
Business Name:	Jazzeverse Midwes	+ City	_
Physical Address:	<u>2839</u> S Dauglas # Direction		St 109 Suffix Unit#
	Midwest City, OK City ST	Zip	
Business Telephor	ne: (405) 971	- 4107	Extension:
Business Website:	WWW. Jazzercisc. Co	m	
Business' NAICS C	ode: 713940	(https://www.census.gov	//eos/www/naics/)
Authorized Applica	Int: Kelly First Name	S. Li	ast Name
Mobile Telephone:	<u>(405)971</u>	- 4107	
E-Mail Address:	JazzMWC	@ gmail	com
By signing this appli		he heat of my knowledge	
	provided is true and correct to t porized to submit this request on		fied above.
I understand a	and agree that I must provide do used for the purposes identified		of award proving funds
<u> </u>	hat any money improperly spent and agree that any false informat the Applicant and any establish City Memorial Hospital Authority, ust be repaid.	must be repaid.	solution of the solution of th
Dated this <u></u> day	of <u>July</u> , 20 <u>20</u> .	Luly Sout	Signature THE OKLAHOM
SUBSCRIBED AND S	WORN to before me this $\underline{\mathcal{U}}$	day of July	20 20 20 20 20 20 20 20 20 20 20 20 20 2
	3	Milen	E Bul

Notary Public Notary Public Business Information: Time Lega		roprietorship Corporation I Liability Corp S-Corp.
Did you for State or Federal assistar	nce or any other type of grar	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
the same time in 2020? How to compute losses: Receipts for 3/1/2019 – 4	4/30/2019: \$45,000	2019 through April 30, 2019 versus <u>12.69</u> % \$17,500 ÷ \$45,000 = 38.89%
the same time in 2020? How to compute losses: Receipts for 3/1/2019 – 4 <u>Receipts for 3/1/2020 – 4</u> Do you own similar businesses in o	4/30/2019: \$45,000 4/30/2020: \$27,500 Difference: \$17,500 ther communities? YES NO	% \$17,500 ÷ \$45,000 = 38.89%
the same time in 2020? How to compute losses: Receipts for 3/1/2019 – 4 <u>Receipts for 3/1/2020 – 4</u> Do you own similar businesses in o	4/30/2019: \$ 45,000 4/30/2020: \$ 27,500 Difference: \$ 17,500	% \$17,500 ÷ \$45,000 = 38.89% Total units owned: other business) July ? los Ang
the same time in 2020? How to compute losses: Receipts for 3/1/2019 – 4 <u>Receipts for 3/1/2020 – 4</u> Do you own similar businesses in o (Attach separate	4/30/2019: \$45,000 4/30/2020: \$27,500 Difference: \$17,500 ther communities? YES NO page detailing information on Rent or Mortgage:	$\frac{12.69}{\%}$ \$17,500 + \$45,000 = 38.89% Total units owned: other business) July ? los Ang \$ 750 .00 Per
the same time in 2020? How to compute losses: Receipts for 3/1/2019 – 4 <u>Receipts for 3/1/2020 – 4</u> Do you own similar businesses in o (Attach separate	4/30/2019: \$45,000 4/30/2020: \$27,500 Difference: \$17,500 Ather communities? YES NO page detailing information on Rent or Mortgage: Other Debt Service:	$\frac{12.64}{\%}$ \$17,500 + \$45,000 = 38.89% Total units owned: other business) July flow Ang \$750,00 \$
the same time in 2020? How to compute losses: Receipts for 3/1/2019 – 4 <u>Receipts for 3/1/2020 – 4</u> Do you own similar businesses in o (Attach separate	4/30/2019: \$45,000 4/30/2020: \$27,500 Difference: \$17,500 Ather communities? YES NO a page detailing information on Rent or Mortgage: Other Debt Service: Personnel or Benefits:	$\frac{12.64}{\%}$ \$17,500 + \$45,000 = 38.89% Total units owned: other business) $\frac{12.64}{\%}$ $\frac{12.64}{\%}$ $\frac{12.64}{\%}$ $\frac{12.64}{\%}$
the same time in 2020? How to compute losses: Receipts for 3/1/2019 – 4 <u>Receipts for 3/1/2020 – 4</u> Do you own similar businesses in o (Attach separate	4/30/2019: \$45,000 4/30/2020: \$27,500 Difference: \$17,500 Ather communities? YES NO a page detailing information on Rent or Mortgage: Other Debt Service: Personnel or Benefits: Materials or Supplies:	$\frac{12.64}{17,500} = 38.89\%$ (\$17,500 + \$45,000 = 38.89%) (\$) Total units owned:
the same time in 2020? How to compute losses: Receipts for 3/1/2019 – 4 <u>Receipts for 3/1/2020 – 4</u> Do you own similar businesses in o (Attach separate	4/30/2019: \$45,000 4/30/2020: \$27,500 Difference: \$17,500 ther communities? YES NO a page detailing information on Rent or Mortgage: Other Debt Service: Personnel or Benefits: Materials or Supplies: Contract Labor:	$\frac{12.64}{5},000 = 38.89\%$ \$17,500 + \$45,000 = 38.89% Total units owned: other business) July Plot Aug $\frac{\$ 750 .00}{\$.00}$ $\frac{\$.00}{\$.00}$
the same time in 2020? How to compute losses: Receipts for 3/1/2019 – 4 <u>Receipts for 3/1/2020 – 4</u> Do you own similar businesses in o (Attach separate	4/30/2019: \$45,000 4/30/2020: \$27,500 Difference: \$17,500 Ather communities? YES NO a page detailing information on Rent or Mortgage: Other Debt Service: Personnel or Benefits: Materials or Supplies:	$\frac{12.64}{17,500 + $45,000 = 38.89\%}$ Total units owned: other business) $5uly + log + hog$ $\frac{$750.00}{$.00}$ per $\frac{$.00}{$.00}$ $\frac{$.00}{$.00}$ $\frac{$.00}{$.00}$ $\frac{$.00}{$.00}$ $\frac{$.00}{$.00}$ $\frac{$.00}{$.00}$ $\frac{$.00}{$.00}$ $\frac{$.00}{$.00}$ $\frac{$.00}{$.00}$ $\frac{$.00}{$.00}$ $\frac{$.00}{$.00}$ $\frac{$.00}{$.00}$
the same time in 2020? How to compute losses: Receipts for 3/1/2019 – 4 <u>Receipts for 3/1/2020 – 4</u> Do you own similar businesses in o	4/30/2019: \$45,000 <u>4/30/2020: \$27,500</u> Difference: \$17,500 Ather communities? YES NO a page detailing information on Rent or Mortgage: Other Debt Service: Personnel or Benefits: Materials or Supplies: Contract Labor: Utilities:	$\frac{12.64}{17,500 + $45,000 = 38.89\%}$ Total units owned: other business) $5uly + low flux$ $\frac{$750.00}{$750.00} Pirmon \frac{$00}{$750.00}$

- 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
- Completed Internal Revenue Service Form W-9



Board of Grantors

Application for Business Assistance

Staff Review Form

Business Name	Junk in the Tr	unk					- 1
Physical Address	1624 S Post I	RD					
Date Received	July 20, 2020						
	t leted Applicatio t Statement	<mark>n</mark>		W-9 Form SOS Certific	cate of Good	Standing	
Licensing State Licensi	ng Required:	Y	N				
City Licensing	g Required:	Y	N				
Address Informatio Certificate of Outstanding I Active Enviro Current on Ci Staff Recommendat	Occupancy: Permits: nmental Code I ty Utilities:	nfraction 2	ης: Υ Υ Υ <u>Υ</u> 3	N <u>N</u> N N N			
Notes:							
Recommende	ed Award:	\$ <u>1</u> !	<u>500.00</u> Wiliwan	/			
the	Administrator/Genes	ral Manager			7	-20-25 Date	2

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

Barren Labo	and the address will be a set of the set of	
	MIDWEST CITY MEMORIAL HOSPITAL AUTHORITY Board of Grantors Application for Business Assistance	
Business Name:	Jana and Melissa Junk In The Trunk, LLC	
	1424 S Post Rd. Sullix Un	nit#
	Midwest City, OK 73/30 City ST Zip	
Business Telephon	e: (405) 465_2177 Extension:	
Business Website:	N/A	
Business' NAICS C	the second se	<u>:s/</u>)
Authorized Applica	nt: <u>Melissa</u> Lone First Name Last Name	
Station Station	<u>(405), 226 - 1720</u>	
E-Mail Address:	jandmjunk 2 @ gmail . com	
By signing this applic	ition, l'attest:	
 ✓ I am duly author ✓ I understand an received were u ✓ I understand that ✓ I understand that ✓ I understand and will disgualify th 	rovided is true and correct to the best of my knowledge. ized to submit this request on behalf of the business identified above. d agree that I must provide documentation within 90 days of award provin- sed for the purposes identified on this application. t any money improperly spent must be repaid. I agree that any false information or failure to provide any required docum e Applicant and any establishment they represent to receive future fund Memorial Hospital Authority, and that any funds received as result of er- be repaid.	nentation
Dated this day of	July, 2020. Applicant's Signature	and and
SUBSCRIBED AND SW	DRN to before me this 17 day of July , 20 2	2.0
LOTAR B		Ranu -

3

S

	My commission ex	pires: November 15 202
Rusiness Information: Tim	e in Operation: Years: 3 Sole P Limited Partne	Months: Corport roprietorship S-Corp d Liability Corp S-Corp rship
Did you for State or Federal assista	ance or any other type of gra	nt program(s):Yes Y No
Applications(s) Status:	PendingReject	edApproved
	tance did you receive in total:	5
Grant(s)		_Combination of both
the same time in 2020? How to compute losses: Receipts for 3/1/2019 – Receipts for 3/1/2020 –	4/30/2020: \$ 27,500 Difference: \$ 17,500	\$17,500 + \$45,000 = 38.89%
How to compute losses: Receipts for 3/1/2019 – Receipts for 3/1/2020 –	4/30/2020: \$ 27,500 Difference: \$ 17,500	Total units owned:
How to compute losses: Receipts for 3/1/2019 – Receipts for 3/1/2020 –	4/30/2020: \$ 27,500 Difference: \$ 17,500 other communities? YES NO a page detailing information on) Total units owned:
How to compute losses: Receipts for 3/1/2019 – Receipts for 3/1/2020 – Do you own similar businesses in c (Attach separate	4/30/2020: \$ 27,500 Difference: \$ 17,500	Total units owned:
How to compute losses: Receipts for 3/1/2019 – Receipts for 3/1/2020 – Do you own similar businesses in c (Attach separate	4/30/2020: \$ 27,500 Difference: \$ 17,500 other communities? YES No e page detailing information on Rent or Mortgage:	Total units owned:
How to compute losses: Receipts for 3/1/2019 – Receipts for 3/1/2020 – Do you own similar businesses in c (Attach separate	4/30/2020: \$ 27,500 Difference: \$ 17,500 other communities? YES a page detailing information on Rent or Mortgage: Other Debt Service:	Total units owned: 130° other business) $\frac{130^{\circ}}{\frac{1}{000}}$
How to compute losses: Receipts for 3/1/2019 – Receipts for 3/1/2020 – Do you own similar businesses in c (Attach separate	A/30/2020: \$ 27,500 Difference: \$ 17,500 Difference: \$ 17,500 Difference	Total units owned: other business) \$
How to compute losses: Receipts for 3/1/2019 – Receipts for 3/1/2020 – Do you own similar businesses in c (Attach separate	4/30/2020: \$ 27,500 Difference: \$ 17,500 other communities? YES NO e page detailing information on Rent or Mortgage: Other Debt Service: Personnel or Benefits: Materials or Supplies: Contract Labor: Utilities:	Total units owned: 1300 s 1000 or 300 s 3000 or 300 s 3000 or 300 s 00 s 000 s 000 s 000 s 000 s 00
How to compute losses: Receipts for 3/1/2019 – Receipts for 3/1/2020 – Do you own similar businesses in c (Attach separate	A/30/2020: \$ 27,500 Difference: \$ 17,500 Difference: \$ 17,500 Difference	Total units owned: 1300 s 1000 00 s 3000 00 s 3000 00 s 000 s 0000 s 0000 s 0000 s 0000 s 0000 s 000
How to compute losses: Receipts for 3/1/2019 – Receipts for 3/1/2020 – Do you own similar businesses in c (Attach separate	4/30/2020: \$ 27,500 Difference: \$ 17,500 other communities? YES NO e page detailing information on Rent or Mortgage: Other Debt Service: Personnel or Benefits: Materials or Supplies: Contract Labor: Utilities:	Total units owned: 13 other business) $\frac{13}{\frac{1000}{\frac{1}{5}}}$ $\frac{1000}{\frac{5}{3000}}$ $\frac{5}{\frac{5}{5}}$ $\frac{600}{5}$

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

Completed Internal Revenue Service Form W-9



Board of Grantors

Application for Business Assistance

Staff Review Form

Business Name	La Greek				
Physical Address	2839 S Douglas	BL, Suite 10)2		
Date Received	July 17, 2020				
	st leted Application st Statement		RS W-9 Form K SOS Certific	ate of Good Standing	
Licensing State Licensi Healti	ng Required: <u>Y</u> n (OKCC)	N	Expiration:	<u>8/31/2021</u>	
City Licensing	g Required: Y	N			
Address Informatio Certificate of Outstanding I Active Enviro Current on C	Occupancy: Permits: nmental Code Infr	ractions:	Y N Y N Y N Y Y		
Staff Recommenda	tion				
Tier:	<u>1</u> 2		3		
Notes:					
Recommend	ed Award: 5		an)		
The				7-20-2	7

Date

Administrator/General Manager

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,

c/m

Ted Oh Owner of La Greek

alaggeriou (frontainer), II -			500
		of Granto	
MONEST CITY	Applicatio	n for Business Assistance	9
Business Name:	La Greek		7
Physical Address:	2839 S. Dougla # Direction	<u>street</u>	suffix Unit#
I	Midwest City. OK City ST	73/5 Zip	30
Business Telephor	ne: (405, 733	.4444	Extension:
Business Website:	NIA.		
Business' NAICS C	ode: 722511	(https://www.census	.gov/eos/www/nalcs/)
Authorized Applica	ant: TED First Name		OLF Last Name
Mobile Telephone:		- 7979	
E-Mail Address:	tedoh 123	@ gn	ail.com
By signing this appli	cation, I attest:	0	
I am duly auth I understand a received were	n provided is true and correct to the norized to submit this request on and agree that I must provide do a used for the purposes identified	behalf of the business ide cumentation <u>within 90 da</u> on this application.	entified above.
I understand a will disqualify the Midwest 0	hat any money improperly spent and agree that any false informat the Applicant and any establish Dity Memorial Hospital Authority, ust be repaid.	ion or failure to provide a ment they represent to r	eceive future funding from
Dated this day	of July, 20, 20.		felh nt's Signature
SUBSCRIBED AND S	WORN to before me this 17	day of July	, 20Zc2c
		ommission expires <u>;</u> 3-	16-23
Notary	Public 3		407A87 # 07002077 01 (EXP. 03/16/23)
-		а.	Contraction of the second

÷

		oprietorshipCorporation Liability CorpS-Corp.
Did you for State or Federal as	sistance or any other type of gran	t program(s): Yes
Applications(s) Status:	Pending Rejecte	d <u>V</u> Approved
If approved, how much a	ssistance did you receive in total: \$	5160-
Grant(s)	Loans(s)	_Combination of both
LOSSES: What is the total loss of revenue the same time in 2020? How to compute losses:	in comparing receipts for March 1, 2	019 through April 30, 2019 versus
Receipts for 3/1/20 Receipts for 3/1/20		\$17,500 + \$45,000 = 38.89%
	CONTRACTOR CONTRA	
in a suite a suite and a suite and a suite a s	~	
Do you own s <mark>i</mark> milar businesse	s in other communities? YES)Total units owned:
	s in other communities? YES NO	
(Attach sep	parate page detailing information on	
(Attach sep Planned Expenditures Detai	barate page detailing information on initial information on initial information on initial initia initial initia initial initia initial initial initia initial	other business)
(Attach sep Planned Expenditures Detai	barate page detailing information on initial information on initial information on initial initia initial initia initial initia initial initial initia initial	other business) <u>\$ 1300.00</u>
(Attach sep Planned Expenditures Detai	barate page detailing information on initial information on initial information on initial initia initial initia initial initia initial initial initia initial	other business) <u> \$ 1300.00 </u> \$ 000
(Attach sep Planned Expenditures Detai	barate page detailing information on initial information on initial information on initial initia initial initia initial initia initial initial initia initial	other business) $ \begin{array}{c} $
(Attach sep Planned Expenditures Detai This is based one month portion expenditure. Fi	Dearate page detailing information on Ils: Rent or Mortgage: Other Debt Service: Personnel or Benefits: OM Materials or Supplies: GM Contract Labor: Utilities:	other business)
(Attach sep Planned Expenditures Detai This is based one month portion expenditure. Fi	Dearate page detailing information on Ils: Rent or Mortgage: Other Debt Service: Personnel or Benefits: OM Materials or Supplies: GM Contract Labor: Utilities:	other business) $ \begin{array}{c} $
(Attach sep Planned Expenditures Detai This is based one month portion expenditure. Fi	Dearate page detailing information on Ils: Rent or Mortgage: Other Debt Service: Personnel or Benefits: OM Materials or Supplies: GM Contract Labor: Utilities: Advertising: Other*:	$\begin{array}{c} \text{other business} \\ & \underline{1300.00} \\ & \underline{5000} \\ & \underline{5000} \\ & \underline{6000} \\ & \underline{5000} \\ $
(Attach sep	Dearate page detailing information on Ils: Rent or Mortgage: Other Debt Service: Personnel or Benefits: OM Materials or Supplies: GM Contract Labor: Utilities:	other business)
(Attach sep Planned Expenditures Detai This is based one month portion expenditure. Fi	parate page detailing information on ils: Rent or Mortgage: Other Debt Service: Personnel or Benefits: Materials or Supplies: GM Materials or Supplies: GM Contract Labor: Utilities: Advertising: Other*: *(Attach details) Total Request:	other business)

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

V



Board of Grantors

Application for Business Assistance

Staff Review Form

Business Name <u>Me</u>	usiness Name Meiji Midwest City of Midwest City						
Physical Address 58	05 SE 15 th ST						
Date Received Ju	ly <u>1</u> , 2020						
Document Checklist X Completer X Impact Sta	d Application	X IRS W-9 Form X OK SOS Certificate of Good St <mark>a</mark> nding					
Licensing State Licensing R Health (O Alcoholic	KCC)	Expiration: <u>8/31/2021</u> Expiration: <u>12 /04 /2020</u>					
City Licensing Re Alcoholic		Expiration: <u>12 /04 /2020</u>					
Address Information Certificate of Occ Outstanding Pern Active Environme Current on City U Staff Recommendation	nits: ental Code Infractions: Itilities:	$\begin{array}{ccc} $					
Tier: 1	2	3					
Notes:							
Recomme	ended Award:\$2	2000.00					
	Re	Heren !					
L.	I.Gor						
Adn	unistrator General Manager	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.

Kim. I

Kalpana N Patel Meiji Midwest City, LLC

MIDWEST CITY SAME PICKESM	MIDWEST CITY MEMORIAL HOSPITAL AUTHORITY Board of Grantors Application for Business Assistance
Business Name:	Meiji Michnest City, LLC
Physical Address	s: <u>5805 SE 15H SF.</u> # Direction Street Suffix Unit#
	Midwest City, OK 73/10 City ST Zip
Business Teleph	one: (<u>405</u>) <u>931</u> - <u>3668</u> Extension:
	e: meijiexperience ofjapan. com
Business' NAICS	Code: 7325// (https://www.census.gov/eos/www/naics/)
Authorized Appli	cant: Kalpana Polel First Name Last Name
Mobile Telephon	
E-Mail Address:	noveshg patel 1 @ yahoo . com
By signing this app	
	on provided is true and correct to the best of my knowledge. Ithorized to submit this request on behalf of the business identified above.
I understand	d and agree that I must provide documentation within 90 days of award proving funds
received we	ere used for the purposes identified on this application. If that any money improperly spent must be repaid.
ا understand will disquali the Midwest	d and agree that any false information or failure to provide any required documentation fy the Applicant and any establishment they represent to receive future funding from t City Memorial Hospital Authority, and that any funds received as result of erroneous must be repaid.
Dated this	ay of July, 20 . K. M. Applicant's Signature
SUBSCRIBED AND	SWORN to before me this 157 day of July
SUBSCRIBED AND	SWORN to before me this <u>JSF</u> day of <u>Jwy</u> My commission expires: <u>Job</u> (# 15010759 EXP. 12/03/23 BULC BULC BULC BULC BULC BULC BULL B

	me in Operation: Y egal Structure:	Years: Sole Pro ★Limited I Partners	prietorship Liability Cor	<mark>6</mark>	Corporation S-Corp.
Did you for State or Federal assi	stance or any othe	r type of grant	program(s	s): 🗹 Yes	No
Applications(s) Status:	Pending	Rejected	d 🗹 App	proved	
If approved, how much as	sistance did you rece	eive in total: \$_	20,200		
Grant(s)	Loans(s)	_Combinatio	on of both	
LOSSES: What is the total loss of revenue in the same time in 2020? How to compute losses: Receipts for 3/1/201 Receipts for 3/1/202	9 – 4/30/2019:	for March 1, 20 \$ 45,000 <u>\$ 27,500</u> \$ 17,500		0)/2 1 45,000 = 38	% - 02)== - 102,003 · 1)
Do you own similar businesses	in other communiti	es? YES NO			
(Attach sepa	rate page detailing ir	nformation on o	ther busine.	ss)	
Planned Expenditures Details	Rent or Mort	gage:	S	56	7 00 .00
	Other Debt S	ervice:	<u>ş</u>		.00
For 3 mindus Mojure Expanses	Personnel or	Benefits:	\$	60,1	00.00
Ford Exponse	Materials or \$	Supplies:	<u>\$</u>		.00
H EL a	Contract Lab	or:	\$.00
V	Utilities:		<u>\$</u>	15,0	00. Va
	Advertising:		\$.00
	Other*: *(Attach details) Total Request:		\$.00
			\$	131,7	00. 00
Please Attach The Following	Documents:			1	

- 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

 \checkmark

Completed Internal Revenue Service Form W-9





Application for Business Assistance

Staff Review Form

Business Name	Pelican's					
Physical Address	291 N Air Depot	BL				
Date Received	July 20, 2020					
	t leted Application t Statement	<u> </u>	IRS W-9 Form OK SOS Certifi	cate of Good Standing		
	ng Required: <u>Y</u> n (OKCC) olic Beverage	N	Expiration:	<u>8/31/2020</u> 9/21/2020		
City Licensing Alcoh	g Required: <u>Y</u> olic Beverage	Ν	Expiration:	9/21/2020		
Address Informatio Certificate of Outstanding I Active Enviro Current on Ci	Occupancy: Permits: nmental Code Infra ty Utilities:	actions:	Y N Y N Y Y Y			
Tier:	<u>1</u> 2		3			
Notes:						
Recommended Award: <u>\$4000.00</u> Recommended Award:						
Ar	Administrator/General M	laiazer		1-25° 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

	MIDWEST CITY MEN	NORIAL HOSPITAL A	UTHORITY	
	Board	of Grant	tors	
WEST CITY	Application f	or Business Assist	ance	
Business Name:	Pelican's Resta	wrant		
Physical Address:		t Blud	Suffix	Uniti
	# Direction	Street 7311		Unia
	Midwest City, OK City ST	Zip		
Business Telephon	e: (405) 732	4392	Extensio	on:
Business Website:	Pelicansok.co	m		-
Business Website:		m		-
Business Website: Business' NAICS C	Pelicansok.co ode:722511	m (https://www.cen	sus.gov/eos/ww	-
Business Website: Business' NAICS C	Pelicansok.co ode:722511	m	sus.gov/eos/ww	-
Business Website: Business' NAICS C Authorized Applica	Pelicansok.co ode:722511	m (https://www.cen	sus.gov/eos/ww	-
Business Website: Business' NAICS C Authorized Applica	Pelicansoh.co ode: 722511 Int: Timothy First Name	m (https://www.cen Theli - Goz	sus.gov/eos/ww	w/naics/

- I am duly authorized to submit this request on behalf of the business identified above. XX
 - 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.
- XX 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 disgualify 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 day of (_, 20_ Applicant's Signature H day of SUBSCRIBED AND SWORN to before me this 20 20

Zfarmen Julsez	SUTUR HULSO	ommission exp	ires <u>: 0</u>	9/2213	DD]
Business Information: Time Lega	in Operation: Il Structure:	Sole Pro	prietorsh Liability (nipC	orporatio -Corp.
Did you for State or Federal assista	nce or any othe	er type of grant	t prograr	m(s): <u>X</u> Yes	No
Applications(s) Status:	Pending	Rejected	tt	Approved	
If approved, how much assista	ance did you rec	eive in total: \$_	1184	150.00	-
Grant(s) PPP					
How to compute losses: Receipts for 3/1/2019 – Receipts for 3/1/2020 –		\$ 45,000 <u>\$ 27,500</u> \$ 17,500	\$17,500	+ \$45,000 = 38.899	10
Do you own similar businesses in c (Attach separate		\sim			1
Planned Expenditures Details:	Rent or Mor	tgage:	\$	18000	.00
	Other Debt	Service:	<u>\$</u>	ø	.00
	Personnel o	r Benefits:	<u>\$</u>	90000	.00
	Materials or	Supplies:	<u>\$</u>	ø	.00
	Contract La	oor:	\$	ø	.00
	Utilities:		<u>\$</u>	9000	.00
	Advertising:		\$	1000	.00

Other*: *(Attach details) Total Request:

\$

\$

ø

118000

.00

.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
- Completed Internal Revenue Service Form W-9





Application for Business Assistance

Business Name	Planet Bowl		-	
Physical Address	6601 Tinker Diagona	1		
Date Received	July 20, 2020			
	st pleted Application ct Statement		IRS W-9 Form OK SOS Certif	icate of Good Standing
Heal Alcol	ing Required: <u>Y</u> th (OKCC) nolic Beverage	N	Expiration: Expiration:	
Fami	ng Required: <u>Y</u> ly Amusement nolic Beverage	N	Expiration: Expiration:	
Outstanding	f Occupancy: Permits: onmental Code Infractic City Utilities:	ons:	Y N Y N Y N Y	
Tier:	<u>1</u> 2		3	
Notes: Alcol	- nolic beverage licensing	a on file	<u>.</u>	
Recommend	led Award: \$	4000. Udherr	00 van/	
LZ	Administrator/General Manage	er		

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.

Sincerely,

Darlere Hatt

Darlene Hatt Planet Bowl

	MID	WEST CITY MEMOR	RIAL HOSPITAL AU	THORITY	
	B	oard of	f Grant	ors	
MIDWEST CITY Clarinello university divuit resource		Application for	a state of the second	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Business Name:	JDJ Pla	net Bowl	, UC		
Physical Address	# Direction	Ker De	agonal	Suffix	Unit#
	Midwest City,	OK	73	110	
	City	ST	Zip		
Business Telepho	ne: (405)	732 -0	391	Extensio	on:
Business Website	$\mathcal{N}/$	A			
Business' NAICS	Code: 7139	50 (h	ttps://www.cens	us gov/eos/ww	w/naics/)
		(11)	(193.// WWW.00113	103.gov/ cos/ ww	W/Hales/
Authorized Applic	ant: <u>D. Da</u>	r/LAC		Hatt	
Mobile Telephone	: <u>(405)</u> Jdjplan	615 -	Contraction of the second		out
E-Mail Address:	Jajplan	etoqui	@ COL	net	194
By signing this app	lication, I attest:				
an an Sherzonikkin analasi	n provided is true and			77/2 ¹⁴ 3929 - 07 - 57	
	horized to submit this and agree that I must	고양 두 옷을 걸려갈 고양을 관려가 앉았다.			
received wer	e used for the purpose that any money impro	s identified on thi	is application.		
I understand will disqualify the Midwest	and agree that any fals the Applicant and an City Memorial Hospita nust be repaid.	se information or y establishment	failure to provide they represent to	o receive future	funding from
Dated this ///_ day	y of July .:	20 20.	Marles	w Ha	tt
NUMBER OF THE AND	SWORN to before me	this 17 day o		licant's Signature	2020.
AND STAR		this / / day o		J''	
HE NOTE OF	Strons	My commis	ssion expires <u>:</u>	June 10	, 2022
Notan Notan	Comm. # 101			7	
TATE OF MULTING		3			

	VI	Sole Prop Limited Li Partnersh	rietorship ability Co		Corporation S-Corp.
Did you for State or Federal assista	nce or any other type o	of grant p	program(s): <u>Ves</u>	No
Applications(s) Status:	Pending F	Rejected		proved	
If approved, how much assist:	ance did vou receive in to	otal: \$	0	00.00	
1	1			on of both	
LOSSES: What is the total loss of revenue in conthe same time in 2020? How to compute losses: Receipts for 3/1/2019 –	4/30/2019: \$45	5,000 \$	C	April 30, 2019	_%
Receipts for 3/1/2020 -	4/30/2020: \$ 2/ Difference: \$ 17	7, <u>500</u> 7,500			
Do you own similar businesses in o (Attach separate	ther communities? YE	\sim		0	
Planned Expenditures Details:	Rent or Mortgage:		\$	4090	.00
	Other Debt Service:	2	\$.00
	Personnel or Benefi	its:	\$	4400	.00
	Materials or Supplie	es:	\$.00
	Contract Labor:		\$		00
			1999	3200	.00
	Utilities:		\$	50200	.00
	Utilities: Advertising:		<u>\$</u>	0	100000
				0	.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
- Completed Internal Revenue Service Form W-9





Application for Business Assistance

Business Name	Red Rock De	ntistry	-
Physical Address	1200 S Air De	epot BL, S	Suite I
Date Received	July <u>1</u> , 2020		
	t leted Applicatio t Stat <mark>e</mark> ment	on _	X IRS W-9 Form X OK SOS Certificate of Good Standing
Licensing			
State Licensir	ig Required:	<u>Y</u> N	N Expiration: <u>12/31/2020</u>
City Licensing	Required:	<u>Y</u> Y	Expiration: / /
Address Information Certificate of (Outstanding F Active Enviror Current on Cit Staff Recommendat	Occ <mark>u</mark> pancy: Permits: hmental Code I ty Utilities:	Infractions	$ \begin{array}{ccc} Y & N \\ Y & \underline{N} \\ Y & \underline{N} \\ \underline{Y} & N \end{array} $
Tier:	1	2	<u>3</u>
Notes:			
Recommende	ed Award:	\$ <u>\$1500</u>	
1 Cum	Administrator/Gene		106man 7-10-20 Date
l		er er litter i trefferen (†	

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!

1

Thank you for your consideration in this matter.

aure Auffaker DDS

Lauren Huffaker, DDS

MIDWEST CITY MEMORIAL HOSPITAL AUTHORITY Board of Grantors Application for Business Assistance
Business Name: LAWREN A. Huffaker DDS PUC
Physical Address: <u>1200 S Air Depot Blvd Ste # I</u> # Direction Street Suffix Unit# Midwest City, OK 73110
Midwest City, OK 73110 City ST Zip
Business Telephone: (405) 733-8136 Extension:
Business Website: redrockdentistry.com
Business' NAICS Code: (https://www.census.gov/eos/www/naics/)
Authorized Applicant: LAUREN First Name Huffaker Last Name
Mobile Telephone: <u>H05</u> <u>306-1098</u>
E-Mail Address: <u>IAhuffaker</u> @ 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 1 st day of <u>July</u> , 20 <u>20</u> . <u>Applicant's Signature</u>
SUBSCRIBED AND SWORN to before me this <u>1^{5†}</u> day of <u>July</u> , 20 <u>20</u> . <u>Muziclian</u> <u>Notary Public</u> My commission expires: <u>1123</u> <u>KINZIE LIAN</u> NOTARY PUBLIC
3 3 3

		roprietorship Corporation
Did you for State or Federal assista	nce or any other type of grar	nt program(s): ∠́_Yes No
Applications(s) Status:	Pending Rejecte	
If approved, how much assista	ance did you receive in total: \$: UI,700 - PPP 128,000-EIDL
		_Combination of both
LOSSES: What is the total loss of revenue in cor the same time in 2020?	nparing receipts for March 1, 2	2019 through April 30, 2019 versus 73º/%
How to compute losses: Receipts for 3/1/2019 – 4	4/30/2019: \$45,000	\$17,500 ÷ \$45,000 = 38.89%
<u>Receipts for 3/1/2020 – 4</u>		2019: 148,995,90/2020: 39.27
Do you own similar businesses in o	ther communities? YES	Total units owned:
-	ther communities? YES NO	other business)
Do you own similar businesses in o (Attach separate Planned Expenditures Details:		other business) $(1,768,.00)$
(Attach separate	page detailing information on	other business) $\frac{\$ 1, 768 .00}{\$ 4,681 .00}$
(Attach separate	page detailing information on Rent or Mortgage:	other business) $\frac{\$ 1, 768 .00}{\$ 4,681 .00}$ $\frac{\$ 4,681 .00}{\$ -24,000 .00}$
(Attach separate	page detailing information on Rent or Mortgage: Other Debt Service:	other business) $\frac{\$ 1, 768 .00}{\$ 4, 681 .00}$ $\frac{\$ -24,000 .00}{\$ 3000 .00}$
(Attach separate	page detailing information on Rent or Mortgage: Other Debt Service: Personnel or Benefits:	other business) $ \begin{array}{c} \$ 1, 768 .00 \\ \$.00 \\ \$ 4, 681 .00 \\ \$ \sim 24,000 .00 \\ \$ 3000 .00 \\ \$ 3000 .00 \\ \$ 1.000 \\ \$ 1.000 \\ \$ 1.000 \\ \$ 1.000 \\ \$ 1.000 \\ \$ 1.000 \\ \$ 1.000 \\ \$ 1.000 \\ \$ 1.000 \\ \$ 1.000 \\ \$ 1.000 \\ \$ 1.000 \\ \$ 1.000 \\ \$ 1.000 \\ 1.000 \\ 1.000 \\ 1.000 \\ 1.000 \\ 1.000 \\ 1.000 \\ 1.000 \\ 1.000 \\ 1.000 \\ 1.000 \\$
(Attach separate	page detailing information on Rent or Mortgage: Other Debt Service: Personnel or Benefits: Materials or Supplies:	other business) $\frac{\$ 1, 768 .00}{\$ 4, 681 .00}$ $\frac{\$ 4, 681 .00}{\$ -24,000 .00}$ $\frac{\$ 3000 .00}{\$ 1.000 .00}$ $\frac{\$ 1.000 .00}{\$ - 800 .00}$
(Attach separate	page detailing information on Rent or Mortgage: Other Debt Service: Personnel or Benefits: Materials or Supplies: Contract Labor:	other business) \$ 1,768 .00 \$ 6,681 .00 \$ -26,000 .00 \$ 3000 .00 \$ 1,000 .00 \$ 1,000 .00
(Attach separate	page detailing information on Rent or Mortgage: Other Debt Service: Personnel or Benefits: Materials or Supplies: Contract Labor: Utilities:	\$ 1,768 .00 $$$ 1,768 .00 $$$ $4,681$.00 $$$ $-24,000$.00 $$$ 3000 .00 $$$ $1,000$.00 $$$ -8000 .00 $$$ 000 .00 $$$ 000 .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:	s 1,768 .00 s $4,681$.00 s $24,000$.00 s 3000 .00 s $1,000$.00 s $1,000$.00 s 700 .00 s $1,000$.00 s 8000 .00 s 000 .00
(Attach separate Planned Expenditures Details: Please Attach The Following Doc	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:	other business) $\frac{\$ 1, 768 .00}{\$ 4, 681 .00}$ $\frac{\$ 24, 681 .00}{\$ -24, 000 .00}$ $\frac{\$ 3000 .00}{\$ 1, 000 .00}$ $\frac{\$ 1, 000 .00}{\$ 0}$

https://www.sos.ok.gov/corp/order/orderDefault.aspx

Completed Internal Revenue Service Form W-9

 \Diamond





Application for Business Assistance

Staff Review Form

Business Name	Regional Health & V	Vellness Cente	r
Physical Address	9309 E Reno AV		
Date Received	July 17, 2020		
	t leted Application t Statement	X IRS W- X OK SO	9 Form S Certificate of Good Standing
Licensing State Licensin Oklah City Licensing	oma Dept. of Health	N Expir	es <u>1/31/2021</u>
	required.	N	
Address Informatio Certificate of Outstanding F Active Environ Current on Ci Staff Recommendat	Occupancy: Permits: nmental Code Infracti ty Utilities:	아ns: Y Y Y	N <u>N</u> N
Tier:	1 2	<u>3</u>	
Notes:			
Recommende	ed Award: \$ <u>15</u>	00.00	
	2	Aldeman	

1-20-20

Administrator/General Manager

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

22

President, Regional Health and Wellness, LLC

MIDWEST CITY GAMME HEIDING	MIDWEST CITY MEMORIAL HOSPITAL AUTHORITY BOATE OF GRANTOPS Application for Business Assistance					
Business Name:	_Regional	Health	and. Well	ness Cent	er, LLC,	
Physical Address:	9309 Ea # Direction	st Reno				
			reet	Suffix	Unit#	
	Midwest City, City	OK ST		73130 Tip		
Business Telephor	ne: <u>(405)</u>	732 .	3353	Extensi	on:	
Business Website:	regional	pt, com				
Business' NAICS C	ode: 812199	()	nttps://www.ce	nsus.gov/eos/ww	w/naics/)	
Mobile Telephone:	(405)		9912	Last Name		
E-Mail Address:	dstewart		@ reg	ionalpt. c	com	
I am duly authors I understand a received were I understand th I understand a will disqualify t	provided is true and c orized to submit this re nd agree that I must p used for the purposes nat any money imprope nd agree that any false the Applicant and any ity Memorial Hospital	equest on behal provide docume identified on th erly spent must information or establishment	f of the busines intation within 9 is application. be repaid. failure to provid they represent	es identified above 00 days of award de any required do to receive future	proving fun ocumentatio	
Dated this 16 day	of July 20	0	JuliSten	Daw f		
WRAD-						
SUBSCRIBED AND SV	WORN to before me th	is <u>l</u> @_day.c	of July		20_20_	

ceive in total: s(s) s for March 1, \$ 45,000 \$ 27,500 \$ 17,500 ties? YES No	ctedApp \$Combination 2019 through \$17,500 ÷ \$- \$17,500 ÷ \$-	on of both April 30, 2019 versus 70% 45,000 = 38.89% s owned:
ceive in total: s(s) s for March 1, \$ 45,000 \$ 27,500 \$ 17,500 ties? YES No	\$Combinatio 2019 through \$17,500 ÷ \$-	on of both April 30, 2019 versus 70% 45,000 = 38.89% s owned:
s(s) s for March 1, \$ 45,000 \$ 27,500 \$ 17,500 ties? YES N	Combinatio	April 30, 2019 versus 70 % 45,000 = 38.89%
s(s) s for March 1, \$ 45,000 \$ 27,500 \$ 17,500 ties? YES N	Combinatio	April 30, 2019 versus 70 % 45,000 = 38.89%
\$ 45,000 \$ 27,500 \$ 17,500 ties? YES N	\$17,500 ÷ \$	% 45,000 = 38.89% s owned:
information or		
inornation of	n other busines	
tgage:	<u>\$</u>	800.008
Service:	<u>\$</u>	.00
or Benefits:	\$.00
Supplies:	<u>\$</u>	500.00
bor:	<u>\$</u>	10,000.00
	\$.00
	\$.00
	\$.00
est:	<u>\$</u>	11, 700.00
ant will affect	t the future of	f your business in
	abor: est:	abor: <u>\$</u> : <u>\$</u> <u>\$</u>

https://www.sos.ok.gov/corp/order/orderDefault.aspx

Completed Internal Revenue Service Form W-9





Application for Business Assistance

Business Name	Ron's Hambu	irgers &	Chili				
Physical Address	351 N Air De	pot BL, s	Suite A				
Date Received	July 21, 2020	2					
	: eted Applicatio Statement	on	<u>x</u>	IRS W- OK SO	9 Form S Certific	cate of Good Star	nding
Licensing State Licensin Health	g Required: (OKCC)	Y	N 🗖	Expira	ation:	8/31/2021	
City Licensing	Required:	Y	N				
Address Information Certificate of (Outstanding P Active Enviror Current on Cit	Occupancy: ermits: imental Code y Utilities:	Infractio	ns:	$\frac{\underline{Y}}{\underline{Y}}$ \underline{Y} \underline{Y}	ZZZZ		
Staff Recommendat							
Tier: Notes:	1	2		3			
Recommende	d Award:	\$ <u>2</u> (000.00 Uden	- van)		i.	
7	Administration Gene	ral Manage	r		6	x <u>y u u</u>	Date

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.

00 0.6

Michael Lee Owner-Operator Ron's Hamburgers and Chili

	MIDWEST CITY MEMORIAL HOSPITAL AUTHORITY
	Board of Grantors
NIDWEST CITY	Application for Business Assistance
Business Name:	Peter Bevos Restavant Group LLC
Physical Address:	351 N Air Depot Blud HA # Direction Street Suffix Unit#
	Midwest City, OK 73110 City ST Zip
Business Telepho	ne: (405) 783-7667 Extension:
Business Website:	
Business' NAICS (Code: 723511 (https://www.census.gov/eos/www/naics/)
Authorized Applica	ant: Michael lee First Name Last Name
Mobile Telephone:	1405,922.9814
E-Mail Address:	MLEE 2099 @ gmail.com
By signing this appl	cation, I attest:
All information	n provided is true and correct to the best of my knowledge.
 Second States and Second States and Second States 	norized to submit this request on behalf of the business identified above. 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 a	hat any money improperly spent must be repaid. and agree that any false information or failure to provide any required documentation
the Midwest 0	the Applicant and any establishment they represent to receive future funding from City Memorial Hospital Authority, and that any funds received as result of erroneous ust be repaid.
Dated this_ <u>21</u> day	of Joly, 20,20. Michael Lee
SUBSCRIBED AND S	WORN to before me this Abl day of <u>July</u> , 2020.
	3 SEAL SUBLE My Commission Expires May 07, 2022

a - - - -

Honory Public Le	UMM_My commission e	xpires: May 07 2622
	in Operation: Years: <u>∂</u> ⊃ Il Structure:Sole F Limite Partne	Proprietorship Corporation d Liability Corp S-Corp.
Did you for State or Federal assista	nce or any other type of gra	nt program(s): Ves_No
Applications(s) Status:	Pending Reject	ed Approved
If approved, how much assista	ance did you receive in total:	\$ PAP 10,300 EIDL 6000
Grant(s)	Loans(s)	Combination of both
What is the total loss of revenue in cor the same time in 2020? How to compute losses: 51068.6 Receipts for 3/1/2019 – 27.1925 Receipts for 3/1/2020 –		2019 through April 30, 2019 versus 47 % \$17,500 ÷ \$45,000 = 38.89%
	page detailing information or	
Planned Expenditures Details:	Rent or Mortgage:	
	Other Debt Service: Personnel or Benefits:	<u>\$</u>
	Materials or Supplies:	<u>\$00</u> \$00
	Contract Labor:	<u>\$00</u>
	Utilities:	\$ 35.00.00
	Advertising:	\$ 3500.00
	Other*:	\$00
	*(Attach details) Total Request:	\$ 17000.00
Please Attach The Following Do	cuments:	
A signed statement explain Midwest City.	ing how this grant will affec	t the future of your business in
✓ Certificate of good standing	from the Oklahoma Secre sos.ok.gov/corp/order/order	
Completed Internal Revenue		SCIENTER SPA
	4	

CONT OF THE REPORT AND A DESCRIPTION OF THE



Board of Grantors

Application for Business Assistance

Business Name	Seasoned Café		
Physical Address	7454 E Reno AV		
Date Received	July 7, 2020		
	t leted Application t Statement	X IRS W-9 Form X OK SOS Certificate of Good Sta	nding
Licensing State Licensin Health	ng Required: Y (OKCC)	N Expiration: <u>8/31/2021</u>	
City Licensing	Required: Y	N	
Address Information Certificate of C Outstanding F Active Enviror Current on Cit	Occupancy: Permits: Inmental Code Infraction	ns: $\begin{array}{ccc} \underline{Y} & N \\ \overline{Y} & \underline{N} \\ \underline{Y} & \underline{N} \\ \underline{Y} & N \end{array}$	
Staff Recommendat	ion		
Tier:	<u>1</u> 2	3	
Notes:			
Recommende	d Award: \$ <u>40</u>	00.00	
£	J.Gor	Ubleman	
	Administratof/General Manager		Date

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)

MIDWEST CITY SUMMER FROM WITH SUMMER FROM WITH	MIDWEST CITY MEMORIAL HOSPITAL AUTHOR Board of Grantors Application for Business Assistance	
Business Name	. Seasoned Cafe	
Physical Addres		Suffix Unit#
	Midwest City, OK 73/10 City ST Zip	
Business Telep	hone: (405) 931 - 2446	Extension:
	site:	
Business' NAIC	S Code: 722 513 (https://www.census.go	v/eos/www/naics/)
Authorized App	Dicant:	Jacobs ast Name
Mobile Telephor	ne: <u>(405) 510 - 1272</u>	
E-Mail Address:	: <u>seasoned cafeLLC @ yahoo</u>	. Com
By signing this a	pplication, I attest:	
TJ I am duly a I understar received w TJ I understar TJ I understar Will disqua the Midwer information	ation provided is true and correct to the best of my knowledge. authorized to submit this request on behalf of the business identi- and and agree that I must provide documentation within 90 days were used for the purposes identified on this application. and that any money improperly spent must be repaid. Ind and agree that any false information or failure to provide any re alify the Applicant and any establishment they represent to rece set City Memorial Hospital Authority, and that any funds received n must be repaid.	equired documentation ive future funding from
Dated this 5^{++}	day of July, 20 20. [Muman]	Signature
Marco e	ID SWORN to before me this <u>5</u> th day of <u>July</u> My commission expires: <u>0</u> th <u>0</u> My commission expires: <u>0</u> th <u>0</u> Stary Public	signature , 20 <u>20</u> <u>8/2023</u>

Business Information:	Time in Operation: Legal Structure:	Years: Months: Sole Proprietorship Limited Liability Corp. Partnership	Corporation
Did you for State or Federal	assistance or any oth	er type of grant program(s):	Yes No
Applications(s) Stat	us: Pending	Rejected Appro	oved
If approved, how muc	h assistance did you red	ceive in total: \$ <u>18.000</u>	
Grant(s			of both
LOSSES:			
What is the total loss of reven the same time in 2020?	ue in comparing receipt	s for March 1, 2019 through A	pril 30, 2019 versus
How to compute losses:			
	1/2019 – 4/30/2019: 1/2020 – 4/30/2020: Difference:	\$ 45,000 \$17,500 + \$45 <u>\$ 27,500</u> \$ 17,500	5,000 = 38.89%
Do you own similar busines	ses in other communi	ties? YES NO Total units	owned:
(Attach	separate page detailing	information on other business)
Planned Expenditures De	tails: Rent or Mor	tgage: \$25	00 00.00

Rent or Mortgage:	\$2500 00.00
Other Debt Service:	\$ 2000 00 .00
Personnel or Benefits:	\$ 500 00 .00
Materials or Supplies:	<u>\$ 2000 00 .00</u>
Contract Labor:	\$ 1000 00 .00
Utilities:	<u>\$ 1000:000</u> .00
Advertising:	\$ 1200-00 .00
Other*:	<u>\$00</u>
*(Attach details) Total Request:	\$ 15.000 .00
	Other Debt Service: Personnel or Benefits: Materials or Supplies: Contract Labor: Utilities: Advertising: Other*: *(Attach details)

Please Attach The Following Documents:

V

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 <u>https://www.sos.ok.gov/corp/order/orderDefault.aspx</u>

Completed Internal Revenue Service Form W-9



Board of Grantors

Application for Business Assistance

Business Name	<u>Star Skate</u>					
Physical Address	300 Bizzell A	v				
Date Received	July <u>1</u> , 2020)				
	st bleted Application t Statement	on	<u>X</u> X	IRS W-9 Form OK SOS Certif	icate of Good Sta	nding
Licensing State Licensi Healt	ng Required: h (OKCC)	Y	N	Expiration: _	8/31/2021	
City Licensin Famil	g Required: y Amusement	Y	Ν	Expiration: _	6/30/2021	
Address Information Certificate of Outstanding Active Enviro Current on C Staff Recommenda	Occupancy: Permits: nmental Code ity Utilities:	Infractio	ons:	Y Y Y Y N N		
Tier:	1	2		3		
Notes:						
Recommend	ed Award:	\$ <u>4(</u>	<u>000.00</u> Ablem	uan/		
Spo	3~				7-2	d.20
	Administrator/Gene	ral Manage	er		8	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

Junice Del 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 Ask 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.

Rinda Dela 6-30-2020

usiness Name:	
	Star Skate, Inc
hysical Address:	300 Bizzell Ave. # Direction Street Suffix Unit#
	lidwest City. OK 7310 or sr zip
Business Telephone:	(405), 732.0574 Extension:
Business Website: _	Starskate.com
Business' NAICS Cod	e: <u>713940</u> (fitness and recreational sports)
Authorized Applicant:	- Linda Hale First Name Last Name
	590, 421, 5989
Mobile Telephone: _	
E-Mail Address: _	starskatel a yahoo . com
By signing this applicat	ion, I attest:
All information pro	ovided is true and correct to the best of my knowledge. zed to submit this request on behalf of the business identified above.
X Lunderstand and	agree that I must provide documentation within 90 days of award proving funds ed for the purposes identified on this application.
I understand that	any money improperty spent must be repaid.
will disgualify the	agree that any false information or failure to provide any required documentation Applicant and any establishment they represent to receive future funding from
the Midwest City information must	Memorial Hospital Authority, and that any funds received as result of erroneous
Dated this 30 day of	June 2020. Linda Dele
	Applicant's Signature
SUBSCRIBED AND SWO	ORN to before me this 20 day of, 20_00
Benerly	Vandaget My commission expires: 5-12-22
Notary Put	
-	NOTARY PUBLIC State of OK BEVERLY VANDAGRIFF
	3 BEVERL # 02005527

	ime in Operation: Years: / M egal Structure: Sole Prop Limited Li Partnersh	ability	ship	Corporation
Did you for State or Federal assi	stance or any other type of grant p	orogra	am(s): <u>X</u> Ye	sNo
Applications(s) Status:	Pending Rejected	¥	Approved	
If approved, how much as	sistance did you receive in total: \$	71,	000	
Grant(s)	Loans(s) <u>K</u> c	ombir	nation of both	2PP\$61,000 ENDL 10,000
How to compute losses: Receipts for 3/1/2011 Receipts for 3/1/2021		17,500	0 + \$45,000 = 3	38.89%
Receipts for 3/1/2019 Receipts for 3/1/2020 Do you own similar businesses i	0 - 4/30/2020: \$ 27,500 Difference: \$ 17,500 n other communities? YES NO 1	fotal ı	units owned:	1 - A - A
<u>Receipts for 3/1/2020</u> Do you own similar businesses i (Attach separ	0 - 4/30/2020: \$ 27,500 Difference: \$ 17,500 n other communities? YES NO 1 ate page detailing information on oth	fotal ı	units owned:	4
Receipts for 3/1/2019 Receipts for 3/1/2020 Do you own similar businesses i	0 - 4/30/2020: \$ 27,500 Difference: \$ 17,500 n other communities? YES NO 1 rate page detailing information on oth	fotal ı	units owned: siness)	.00
Receipts for 3/1/2019 Receipts for 3/1/2020 Do you own similar businesses i (Attach separ	0 - 4/30/2020: \$ 27,500 Difference: \$ 17,500 n other communities? (TES NO 1) rate page detailing information on oth : Rent or Mortgage:	fotal ı	units owned: siness)	4
Receipts for 3/1/2019 Receipts for 3/1/2020 Do you own similar businesses i (Attach separ	0 - 4/30/2020: \$ 27,500 Difference: \$ 17,500 n other communities? YES NO 1 ale page detailing information on oth : Rent or Mortgage: Other Debt Service:	fotal ı	units owned: siness) 12,900 -0-	<u>.00</u> .00
Receipts for 3/1/2019 Receipts for 3/1/2020 Do you own similar businesses i (Attach separ	D - 4/30/2020: \$ 27,500 Difference: \$ 17,500 n other communities? YES NO 1 ale page detailing information on oth : Rent or Mortgage: Other Debt Service: Personnel or Benefits:	Fotal u per bus \$ \$ \$	units owned: siness) 12,900 -0 15,000 -0	. <u>00</u> .00 .00
Receipts for 3/1/2019 Receipts for 3/1/2020 Do you own similar businesses i (Attach separ	D - 4/30/2020: \$ 27,500 Difference: \$ 17,500 n other communities? YES NO 1 ale page detailing information on oth : Rent or Mortgage: Other Debt Service: Personnel or Benefits: Materials or Supplies:	Fotal u ber bus \$ \$ \$	units owned: siness) 12,900 -0- 15,000 900	. <u></u>
Receipts for 3/1/2019 Receipts for 3/1/2020 Do you own similar businesses i (Attach separ	D - 4/30/2020: \$ 27,500 Difference: \$ 17,500 n other communities? YES NO 1 rate page detailing information on oth Rent or Mortgage: Other Debt Service: Personnel or Benefits: Materials or Supplies: Contract Labor: Utilities:	Fotal u per bus \$ \$ \$ \$ \$ \$	units owned: siness) 12,900 -0 15,000 -0	.00 .00 .00 .00 .00
Receipts for 3/1/2019 Receipts for 3/1/2020 Do you own similar businesses i (Attach separ	D - 4/30/2020: \$ 27,500 Difference: \$ 17,500 n other communities? YES NO 1 ate page detailing information on oth : Rent or Mortgage: Other Debt Service: Personnel or Benefits: Materials or Supplies: Contract Labor:	Fotal u per bus \$ \$ \$ \$ \$ \$ \$ \$	units owned: siness) 12,900 -0- 15,000 -0- -0- 3,500	.00 .00 .00 .00 .00 .00 .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

Completed Internal Revenue Service Form W-9



Board of Grantors

Application for Business Assistance

Business Name	Super Subs						
Physical Address	2150 S Douglas	BL, Suite "	J"				
Date Received	July 17, 2020						
	t eted Application t Statement	x x			e of Good St	anding	
Licensing State Licensin Health	ng Required: <u>Y</u> (OKCC)	N	Expirati	ion: <u>8</u>	/31/2020		
City Licensing	Required: Y	N					
Address Information Certificate of O Outstanding F Active Enviror Current on Cit	Occupancy <mark>:</mark> Permits: Inmental Code Infr Ing Utilities:	actions:	Y Y Y Y	2222			
Tier:	1 2		3				
Notes:	1 2		5				
Recon	nmended Award:	\$400 Reliev	0.00	7 - 			
16	Administrator/General M	Aanaoer			7-0	Date	Ó

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.

or M

Scott Metzger Managing Member

00,00	MIDWEST CITY MEMORIAL HOSPITAL AUTHORITY
	Board of Grantors
MIDWEST CITY	Application for Business Assistance
Business Name:	Super Sub Venture 11c
Physical Address:	2150 S. Douglas BIVD J # Direction Street BIVD J Suffix Unit#
	Midwest City, OK 73/30 City ST Zip
Business Telepho	ne: (405) 733-5440 Extension:
Business Website	
Business' NAICS (Code: 722513 (https://www.census.gov/eos/www/naics/)
Authorized Applica	ant: Scott Metzser
Mobile Telephone:	1405, 318 - 5110
E-Mail Address:	<u>Agreasyburgers @ gonail Com</u>
By signing this appl	cation, I attest:
21300 CAMPACTURE CONTRACTOR	n provided is true and correct to the best of my knowledge.
· · · · · · · · · · · · · · · · · · ·	norized to submit this request on behalf of the business identified above. and agree that I must provide documentation within 90 days of award proving funds
received were	used for the purposes identified on this application.
	hat any money improperly spent must be repaid. 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
information m	City Memorial Hospital Authority, and that any funds received as result of erroneous ust be repaid.
Dated this 15 day	of July 2020. John Mor
SUBSCRIBED AND S	WORN to before me this 15 day of 300 , 2020 .
	3 ERIN N COTE Notary Public - State of Oklahoma
	Commission Number 19006175 My Commission Expires Jun 19, 2023

Notary Public	My commission exp	nires: June 19702
		oprietorship Corporation Liability Corp. <u>K</u> S-Corp.
id you for State or Federal assista	nce or any other type of gran	t program(s): X Yes No
Applications(s) Status:	Pending Rejecte	d X Approved
If approved, how much assist	ance did you receive in total: \$_	34,600
Grant(s)		Combination of both
OSSES: /hat is the total loss of revenue in con le same time in 2020? ow to compute losses: Receipts for 3/1/2019 – Receipts for 3/1/2020 –	4/30/2019: \$ 45,000	019 through April 30, 2019 versus 10, 93_% \$17,500 + \$45,000 = 38.89%
o you own similar businesses in o	\sim	
(Attach separate	e page detailing information on o	other business)
lanned Expenditures Details:	Rent or Mortgage:	\$ 10, 846 .00
	Other Debt Service:	\$0
	Personnel or Benefits:	\$ 29,252 .00
6 months	Materials or Supplies:	\$ 43,295 .00
6 morris	Contract Labor:	\$00
	Utilities:	\$ 2,794 .00
	Advertising:	\$00
	Other*:	\$.00
	Other*: *(Attach details) Total Request:	<u>\$.00</u> \$86,187.00

- 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 <u>https://www.sos.ok.gov/corp/order/orderDefault.aspx</u>
- ____ Completed Internal Revenue Service Form W-9



X IRS W-9 Form X OK SOS Certificate of Good Standing

Ν

ZZZ

ensing State Lisensing Deguired:	V	N
State Licensing Required:	1	
OCCHD		Expires: 8/31/2020
City Licensing Required:	Y	N
ony 1.000.0003 000400.000		Expires: 8/31/2020

Address Information	
Certificate of Occupancy:	Y
Outstanding Permits:	Y
Active Environmental Code Infractions:	Y
Current on City Utilities:	Y

Staff Recommendation

1 2 Tier: 3 Notes:

Recommended Award:

\$ 4000.00

(Hileman)

Administrator/General Manager

Date

Statement:

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 Jit

2

MIDWEST CITY MEMORIAL HOSPITAL



Grantors Application for

Business Assistance

Business Name: _____ Tana Thai Inc_____

Physical Address: _____1801 S Air Depot Blvd. Midwest City, OK 73110

Direction Street Suffix Unit#

Midwest City, OK City ST Zip

Business Telephone: (405) 739-0877 Extension:

Business Website:

Business' NAICS Code: ____722511_____ (https://www.census.gov/eos/www/naics/)

Authorized Applicant: ______Supree Deesomjit_____

Mobile Telephone: (405) - 361-7758

E-Mail Address: tanathaimwc@gmail.com

By signing this application, I attest:

VIN C

__x_All information provided is true and correct to the best of my knowledge. _x__ I am duly authorized to

submit this request on behalf of the business identified above. _x__ 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 this20 day ofJuly, 2020	MA
	Applicant's
auth	Signature
SUBSCRIBED AND SWORN to before me this day o	f()
1000	TALL DRUND
My commission expires: No	OVIZIZII S ACVINIC
3 3	UBLE S
Business Information: Time in Operation: Years:1_	Months:7
Legal Structure: Sole	Proprietorshipx_ Corporation
Limited Liability Corp S-C	orp Partnership
Did you for State or Federal assistance or any other type No	e of grant program(s):Yesx_
Applications(s) Status: Pending Rejected	Approved
If approved, how much assistance did you receive in	n total: \$
Grant(s) Loans(s)	_Combination of both
LOSSES: What is the total loss of revenue in comparing re-	ceipts for March 1, 2019 through April 30,
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

(Attach separate page detailing information on other business)

MOVEST CITY COMM CEDERAR	MIDWEST CITY MEMORIAL HOSPITAL AUTHORITY Board of Grantors Application for Business Assistance							
		Staff F	Review Fo	orm				
Busin <mark>e</mark> ss Name	Tequila Daisy Hair Lounge							
Physical Address	709 S Air D	epot BL, S	Suite C					
Date Received	July 21, 20	20						
	st bleted Applica ct Statement	ition	X IRS W X OK SC		f Good Standing			
Licensing State Licensi	ng Required:	Y	Ν					
City Licensin	g Required:	Y	N					
Address Informatic Certificate of Outstanding Active Enviro Current on C	Occupancy: Permits: onmental Cod ity Utilities:	e Infractio	ns: Y Y Y	N <u>N</u> N				
Staff Recommenda	1	2	2					
Tier: Notes:		2	3					
Recommend	ed Award:	\$ <u>150</u>	<u>0.00</u> Ubleman					
_11	767 7 Administrator/G				7.2Z,	26		

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 guarantine. 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 KGuados

The Tequila Daisy Hair Lounge

	MIDWEST CITY MEMORIAL HOSPITAL AUTHORITY
MIDWEST CITY BEAMS HODEANM	Board of Grantors Application for Business Assistance
Business Name	
Physical Addres	ss: <u>709 S. air Depot # C Midwest City</u> , OK 7310 # Direction Street Suffix Unit#
	Midwest City, OK 73/70 City ST Zip
Business Telep preferred Business Webs	hone: (405) 741. 5554 Extension: 410-1687 Cell ite: http://m. thcebook.com/teguiladaisyhair/
	S Code: 8/2/12 (https://www.census.gov/eos/www/naics/)
Authorized App	licant: Krista Graves First Name Last Name
Mobile Telepho	
E-Mail Address	Tequiladaisyhair @ gmail . crm
By signing this a	pplication, I attest:
	ation provided is true and correct to the best of my knowledge.
KG I understa	authorized to submit this request on behalf of the business identified above. nd and agree that I must provide documentation within 90 days of award proving funds vere used for the purposes identified on this application.
U understa will disqua the Midwe	nd that any money improperly spent must be repaid. nd and agree that any false information or failure to provide any required documentation alify the Applicant and any establishment they represent to receive future funding from est City Memorial Hospital Authority, and that any funds received as result of erroneous n must be repaid.
Dated this	day of <u>July</u> , 20 <u>20</u> . <u>Kus F. Guaus</u> Applicant's Signature ID SWORN to before me this ¹⁵¹ day of <u>July</u> , 20 <u>20</u> .
TS	Detery Public STACY My commission expires: 8/31/2023

Business Information:	Time in Operation: Legal Structure:	Sole P	Months: ¹⁰ Proprietorship d Liability Corp. Prship	Corporation S-Corp.
Did you for State or Federal	assistance or any oth	er type of gra	nt program(s): _	_Yes No
Applications(s) Stat	us: Pending	gReject	ted Approve	ed _{Kig}
If approved, how muc	ch assistance did you re	ceive in total:	\$	
Grant(s)Loan	s(s)	Combination of	both
LOSSES:				
What is the total loss of rever the same time in 2020?	ue in comparing receipt	ts for March 1,		I 30, 2019 versus -,39%
How to compute losses:				
	1/2019 – 4/30/2019: 1/2020 – 4/30/2020:	\$ 45,000 \$ 27,500	\$17,500 ÷ \$45,00	00 = 38.89%
receipts for 5	Difference:	\$ 17,500	7188-1625=556 77.39%	3/7188=

Do you own similar businesses in other communities? YES NO Total units owned:

(Attach separate page detailing information on other business)

Planned Expenditures Details:	Rent or Mortgage:	<u>\$</u> 4000	.00
	Other Debt Service:	\$.00
	Personnel or Benefits:	\$.00
	Materials or Supplies:	\$ ⁵⁰⁰	.00
	Contract Labor:	\$ 750	.00
	Utilities:	<u>\$</u> 800	.00
	Advertising:	\$.00
	Other*:	\$.00
	*(Attach details) Total Request:	\$ ⁶⁰⁵⁰	.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
- Completed Internal Revenue Service Form W-9





Application for Business Assistance

Staff Review Form

Physical Address 3801 N Oak Grove DR Date Received 7/10/2020 Document Checklist X Completed Application X IRS W-9 Form X Impact Statement X OK SOS Certificate of Good Standing	_
Document Checklist <u>X</u> Completed Application <u>X</u> IRS W-9 Form	_
X Completed Application X IRS W-9 Form	
Licensing State Licensing Required: Y N Health (OKCC) Expiration: 8/31/2021	
City Licensing Required: Y <u>N</u>	
Address Information Y N 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: \$_4000.00	
Pelbleman	
L.L.G. 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)

K-

	Boa	TTY MEMORIAL HOSPITA rd of Gra cation for Business As	ntors
Business Name:	Tez Wingz		
Physical Address:	<u>3 801 IV Ock</u> # Direction	Grove Dr.	Suffix Unit#
	Midwest City.	<u>ОК</u> sт	73110 Zip
Business Telephor	ne: <u>(405)546</u>	- 8777	Extension:
Business Website:	Tez - Wingz . com	1	11-1-1
Business' NAICS C	ode: 72251	(https://www.	census.gov/eos/www/naics/)
Authorized Applica	ant: <u>William</u> First Name		Last Name
Mobile Telephone:	1708 1350	1-2782	
E-Mail Address:	Will Sordan 2123	<u>@</u> 51	nail.com.
 ✓ I am duly auth ✓ I understand a received were ✓ I understand ti ✓ I understand ti ✓ I understand a will disqualify 	provided is true and correct orized to submit this request and agree that I must provid used for the purposes iden hat any money improperly s and agree that any false info the Applicant and any esta City Memorial Hospital Author	t on behalf of the busin de documentation withi tified on this application pent must be repaid. Inmation or failure to pro- ablishment they represe	ness identified above. n 90 days of award proving fund
Dated this <u>&</u> day	of July . 2020	_ h/	Contraction Classical
SUBSCRIBED AND S	WORN to before me this	ath day of Oful	Applicant's Signature
Kim Ch Notary	Public J	My commission explite My commission explite My CH How CH H	

Business Information:	Time in Operation: Legal Structure:	_x_Sole Pr	oprietorship Liability Corp.	Corporation
Did you for State or Federal a	ssistance or any othe	r type of gran	t program(s):	Yes No
Applications(s) Status	: Pending	Rejecte	d X Approved	
If approved, how much	assistance did you rece	eive in total: \$	173,400	
Grant(s)	Loans(s) <u>X</u>	_Combination of b	oth
LOSSES: What is the total loss of revenue the same time in 2020? How to compute losses:			1 Y , 2020 019 through April 3 	99, 2019 versus %
	2019 – 4/30/2019: 2020 – 4/30/2020: Difference:	\$ 45,000 <u>\$ 27,500</u> \$ 17,500	\$17,500 ÷ \$45,000	= 38.89%
Do you own similar businesse	es in other communiti	es? YESNO) Total units own	ed:
(Attach se	parate page detailing i	nformation on	other business)	
Planned Expenditures Deta	ils: Rent or Mort	gage:	\$ 1665	.00
	Other Debt S	Service:	\$ 303,400	.00
	Personnel or	Benefits:	\$ 17,156	.00

<u>\$</u>
\$ 1133
\$ 100
\$26,724
\$ 46,778

\$

.00 .00 .00 .00

.00

Materials or Supplies:

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 <u>https://www.sos.ok.gov/corp/order/orderDefault.aspx</u>
- ____ Completed Internal Revenue Service Form W-9





Application for Business Assistance

Staff Review Form

Business Name	The Guild		
Physical Address	2001 S Doug	as BL	
Date Received	<u>July 20, 2020</u>		
	st bleted Applicatio ct Statement	n	X IRS W-9 Form X OK SOS Certificate of Good Standing
Licensing State Licensi	ng Required:	<u>Y</u>	Ν
City Licensin	g Required:	Y	<u>N</u>
Current on C Staff Recommenda	Occupancy: Permits: nmental Code I ity Utilities:		ions: $\begin{array}{ccc} Y & N \\ Y & \underline{N} \\ Y & \underline{N} \\ Y & \underline{N} \\ \underline{Y} & N \end{array}$
Tier:	1	2	<u>3</u>
Notes:			
Recommend	ed Award:	\$ <u> </u>	1500.00 Albleman

Administrator/General Manager

The Guild Saloh (Lt

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,

tal Seepen Partit Krystal Sleeper- Bartlett

The Guild Salon

Business Name: Physical Address:			A y A	-1	
Physical Address: <u>•</u> .				N. 2 ¹	. <u> </u>
	# Direction	Street		Suffix	Linit#
N	Aidwest City,	<u>OK</u>	l – . Zip		
Business Telephone: Business Website: _ Business' NAICS Cod				_ Extens	
Authorized Applicant:		(https://www.com/	· · · · · · ·	· .	ww/n <u>aics/</u>]
Mobile Telephone: <u>(</u>	First Na			Last Namo	
E-Mail Address:			@	2. 	
By signing this applicati	·				

- 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

Dated this 20 day of July 20 and	Applicant's Signature	, 66 × —
SUBSCRIBED AND SWORN to before me this 200 da	ay of <u>July</u> , 20 <u>20</u>	-'

	ant program(s):Yes 🔆 No
Pending Rejec	
	cted Approved
e did you receive in total:	\$
Loans(s)	Combination of both
aring receipts for March 1,	, 2019 through April 30, 2019 versus —%
0/2020: \$ 27,500	<u>)</u>
	Total units owned:
	\$ 5,092.00
Other Debt Service:	\$ 4, 127, 100.00
Personnel or Benefits:	\$
Mataziala az Cuentina:	(,
Materials or Supplies:	\$ 15 1 00
Contract Labor:	<u>\$ 145 7 00</u> <u>\$ 00</u>
Contract Labor:	<u>\$</u>
Contract Labor: Utilities: Advertising: Other*:	<u>\$</u>
Contract Labor: Utilities: Advertising:	<u>\$.00</u> <u>\$ /(c § § .00</u> <u>\$.00</u>
Contract Labor: Utilities: Advertising: Other*: '(Attach details)	<u>\$.00</u> <u>\$ /(c § § .00</u> <u>\$.00</u>
	Loans(s) earing receipts for March 1 60/2019: \$ 45,000 60/2020: \$ 27,500 Difference: \$ 17,500

.





Application for Business Assistance

Staff Review Form

Business Name	The Okies Fa	abric Stasł	1		<u>-</u>	
Physical Address	1315B Gatev	vay Plaza				
Date Received	July 8, 2020					
	st pleted Application ct Statement	on _		-9 Form)S Certificate o	of Good Standing	
Licensing State Licens	ing Required:	Y <u>1</u>	4	<i>a</i> .		
City Licensin	g Required:	Y <u>N</u>	<u>1</u>			
Outstanding	Occupancy: Permits: onmental Code ity Utilities:	Infractions	х Ч Ч Ч	N <u>N N</u> N		
Tier:	1	2	3			
Notes:	1	2	5			
Recommend	ed Award:	\$ <u>4</u>	000.00			
10	Administrator/Gene	ral Manager			7/17/20	



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, DOL

	Board of Granto	
MINNEST CITY	Application for Business Assistance	
CARD PERSONAL		[
Business Name:	The Okies Fabric Stash LLC	
Physical Address:	1315b Gateway Plaza	
	† Direction Street	Suffix Unit#
	Midwest City, OK City \$7 Zip	
Business Telephon	405 455-5084	Extension:
Eusiness relepiton	- <u>_</u>	
Business Website:	https://www.facebook.com/okies	fabricstash
Business' NAICS C	_{ode:} 423920	
Authorized Applica	nt: Rella Johnson	
	First Name	Last Name
Mobile Telephone:	405-343-9743	
moune relepitone.	4	
E-Mail Address:	theokiesfabricstash @coxinet	net
By signing this applic	ation, 1 attest:	
	provided is true and correct to the best of my knowledge	
	provided is intre and conect to the best of my knowledge prized to submit this request on behalf of the business ide	
I understand ad	nd agree that I must provide documentation within 90 da	
	used for the purposes identified on this application. at any money improperly spent must be repaid.	
	nd agree that any false information or failure to provide a	ny required documentation
will disqualify t	he Applicant and any establishment they represent to r ty Memorial Hospital Authority, and that any funds receiv	ecsive future funding from
information mu		ed as a result of enoneous
Dated this_30_day of	June 20 20 Rolla	Anson
SUBSCRIBED AND SV		, 20 <u>20</u> .
	torat to before the trip day orK	
alududa By	My commission expires, <u>03</u>	09.04



5

Business Information:	Time in Operation: Legal Structure:	Sole P	i Liability Corp. 🛛 🖌	Corporation S-Corp.
Have you applied for Federa	l assistance or any o	ther type of gr	ant program(s):Yes	3 🚺 No
Applications(s) Statu	is: Pending	Reject	ed Approved	
If approved, how muc	n assistance did you re	ceive in total:	à	
Grant(s)	Loan:	s(s)	Combination of Both	
LOSSES: What is the total loss of revenu the same time in 2020?	e in comparing receipt	s for March 1, 2		9 versus _%
	/2019 – 4/30/2019; /2020 – 4/30/2020; Difference:	\$ 45,000 \$ 27,500 \$ 17,500	\$17,500 + \$45,000 = 38 &	9%

Planned Expenditures Details:	Rent or Mortgage:	\$ 1000	.00
	Other Debt Service:	\$ ⁰	.00
	Personnel or Benefits:	<u>s</u> 0	.00
	Materials or Supplies:	\$ 1400	.00
	Contract Labor:	s 1000	.00
	Utilities:	\$ 500	.00
	Advertising:	_{\$} 100	.00
	Other*:	\$.00
	*(Altach details) Total Request:	\$ 4000	.00

Please Attach The Following Documents:



A signed statement explaining how obtaining this grant will affect the future of your business in Midwest City.

 \checkmark

A Certificate of good standing from the Oklahoma Secretary of State (Order at: https://www.sos.ok.gov/corp/order/orderDefault.aspx)

 \checkmark

Completed Internal Revenue Service Form W-9



Board of Grantors

Application for Business Assistance

Staff Review Form

Business Name	Julie Storm D	MD, P.L	L.C., d	i/b/a TimberVi	iew Fa <mark>mi</mark> ly	Dentistry	
Physical Address	1342 S Doug	las BL, S	Suite B			-	
Date Received	July 1, 2020						
Document Checklist X Compl X Impact	t eted Applicatio Statement	on	<u>X</u>	IRS W-9 Form OK SOS Certi	i ficate of Go	ood Standing	
Licensing State Licensin	g Required:	Y	N	Expiration:	12/31/20	20	
City Licensing	Required:	Y	N	Expiration: _	/	1	
Address Information Certificate of C Outstanding F Active Enviror Current on Cit Staff Recommendat Tier: Notes:	Occupancy: Permits: Imental Code y Utilities:	Infractio 2	ns:	Y Y Y Y N N			
Recommende	d Award:	\$	<u>1500.0</u>	00			
14	CT- Admintstrator/Gene	ral Manager	P ()		1	7-20-2 Date	D



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

MIDWEST CITY CONVEST CITY CITY HEIGHAN	Board	emorial Hospital AUTH of Granton of For Business Assistance	'S
Business Name:	JulieJStorm DMD PLLC	2 OBA TimberVie	w Family Dentistry
Physical Address:	1342 S. Douglas B # Direction	Street	SFC B Suffix Unit#
	Midwest City, OK City ST	7313 zip	0
Business Telephor	ne:(405)737	- 0404	_ Extension:
Business Website:	www.tvfdentistry	·com	
Business' NAICS C	ode: 621210	(https://www.census.	gov/eos/www/naics/)
Authorized Applica	ant: Julie First Name	S	torm
Mobile Telephone: E-Mail Address:	JULIEJSTORM DMD		- INTISTRY.COM
By signing this appli			
I am duly auth	n provided is true and correct to the norized to submit this request on and agree that I must provide do a used for the purposes identified	behalf of the business ide cumentation within 90 da	entified above.
I understand a will disgualify	that any money improperly spent and agree that any false informat the Applicant and any establish City Memorial Hospital Authority, ust be repaid.	ion or failure to provide ar ment they represent to re	eceive future funding from
Dated this <u>30</u> day	of JUNE, 20, 20.	h Applica	nt's Signature
SUBSCRIBED AND S	WORN to before me this 30	day of June	, 20 20
Lafeesen	Public My c	ommission expires: 7	-1-23
и 19001193 В 19001193 ККР. 02/01/23 ККР. 02/01/23 С. 06 ОКСАНИИ	3		

Business Information:	Limite	Months: <u>8</u> Proprietorship Corporation ed Liability Corp. <u> S-Corp.</u> ership
Did you for State or Federal as	sistance or any other type of gra	int program(s): X Yes No
Applications(s) Status:		
If approved, how much as	ssistance did you receive in total:	
Grant(s)	Loans(s)	Combination of both
the same time in 2020? How to compute losses: Receipts for 3/1/20 <u>Receipts for 3/1/20</u>	19 - 4/30/2019: \$ 45.000	2019 through April 30, 2019 versus 39.6 % \$17,500 + \$45,000 = 38.89%
Do you own similar businesses (Attach sepa	in other communities? YES No	
Planned Expenditures Detail		\$ 1,93700
	Other Debt Service:	\$ 4,000.00
	Personnel or Benefits:	\$00
	Materials or Supplies:	\$ 3,750 .00
	Contract Labor:	\$00
	Utilities:	\$00
	Advertising:	\$ 1,000.00
	Other*: *(Attach details) Total Request:	\$ 11,687.00
Please Attach The Following		
A signed statement expl	aining 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

Staff Review Form

Business Name	Tumble Stars	<u>, L.L.C.</u>				
Physical Address	1700 Republi	c AV				
Date Received	July <u>1</u> , 2020	l				
<u>X</u> Impac	t leted Applicatio it Statement		And the second s	IRS W-9 Form OK SOS Certificate	e of Goo	d Standing
Licensing State Licensin	ng Required:	Y	N	Expiration:	_/	
City Licensing	g Required:	Y	N	Expiration:]	
Address Informatio Certificate of Outstanding F Active Enviro Current on Ci	Occupancy: Permits: nmental Code ty Utilities:	Infractio	ns:	Y Y Y Y Y		
Tier:	1	2		<u>3</u>		
Notes:						
Recommende	ed Award:		<u>1500.0</u> Udleme)		
flyo	x				-	1-10-20
1	Administrator/Gene	ral Manage)	•			Date

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

3300 T	
	MIDWEST CITY MEMORIAL HOSPITAL AUTHORITY
MIDWEST CITY	Board of Grantors
GMMI INEDIALY	Application for Business Assistance
Business Name:	Tumble Stars Gymnastics Center
Physical Address:	# Direction Republic Ave
	Midwest City, OK 73/10
	Zip
	e: (405)741 - 7827 Extension:
Business Website:	tumblestars, com
Business' NAICS Co	de: 713940
Authorized Applican	t: Randall Taylor
Mobile Telephone:	<u>(405)410 - 1148</u>
E-Mail Address: By signing this applicat	infa @ fumblestars.com
I am duly authoriz	ovided is true and correct to the best of my knowledge.
I understand and received wors we	zed to submit this request on behalf of the business identified above. agree that I must provide documentation within 90 days of award proving funds ed for the purposes identified on this application
i unuerstand that	any money improved
— I understand and will discussify the	agree that any false information or failure to provide any required documentation Applicant and any establishment they represent to receive fiture former
information must b	repaid.
Dated this <u>29</u> day of _	June , 20 20. Janual V
SUBSCRIBED AND SWOP	Applicant's Signature RN to before me this 29 day of June, 20 2020
Notary Public	My commission expires: 3-16-23
	5

 \mathbf{x}

Business Information:	V	2.1Months: <u>3</u> Sole ProprietorshipCorporatio Limited Liability CorpS-Corp. Partnership
Have you applied for Federal a Applications(s) Status:		of grant program(s): Yes No
		Rejected Approved
" approved, now much a	ssistance did you receive in to	otal: \$_3/, 800
Grant(s)	Loans(s)	Combination of Both
How to compute losses: Receipts for 3/1/201 <u>Receipts for 3/1/202</u>	9 – 4/30/2019: \$ 45, 0 – 4/30/2020: \$ 27,5 Difference: \$ 17,5	500 500
lanned Expenditures Details	Rent or Mortgage:	\$ <u>2610.00</u>
	Other Debt Service:	\$ 399.00
	Personnel or Benefits:	\$ 12,756.00
	Materials or Supplies:	\$
	Contract Labor:	\$
	Utilities:	\$ 463.00
	Advertising:	¢
	Other*:	<u>\$</u> .00 \$ 00
	*(Attach details) Total Request:	.00
ease Attach The Following Do		\$ 16,228.00
 A signed statement explain business in Midward Circle 	ning how obtaining this gran	nt will affect the future of your
 A Certificate of good stand 	ing from the Oklahoma Sec	Totopu of Otal

(Order at: https://www.sos.ok.gov/corp/order/orderDefault.aspx)

Completed Internal Revenue Service Form W-9

. .





Application for Business Assistance

Staff Review Form

Business Name	<u>Wert – Simps</u>	on Denta	al Clinic			
Physical Address	1471 S Post	RD				
Date Received	<u>July 21, 2020</u>	<u>)</u>				
	st bleted Applicatio ct Statement			W-9 Form SOS Certif	ficate of Good S	tanding
Licensing State Licens	ing Required:	<u>Y</u>	N			
City Licensin	g Required:	Y	<u>N</u>			
Address Information Certificate of Outstanding Active Enviro Current on C Staff Recommenda	Occupancy: Permits: onmental Code ity Utilities:	Infraction	Y Y ns: Y ⊻	N		
Tier:	1	2	<u>3</u>			
Notes:						
Recommend	ed Award:	\$ <u>1500</u>	<u>0.00</u> Udeman	1		

Administrator/General Manager





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 m

Peter Wert, DDS



MORET CRV MICHET CRV CRVF HODIAN	MIDWEST CITY MEMORIAL HOSPITAL AUTHORITY Board of Grantors Application for Business Assistance
Business Name:	Wert-Simpson Dental
Physical Address:	<u>H71 South Post Road</u> # Direction Street Suffix Unit# <u>Midwest City. OK 73130</u> City ST Zip
Business Telepho	ne: (<u>405</u>) 732 - 1181 Extension:
Business Website	: www.weit-simpsondental.com
Business' NAICS	Code: 621210 (https://www.census.gov/eos/www/naics/)
Authorized Applic	ant: <u>Peter</u> Wert First Name Last Name
Mobile Telephone:	
E-Mail Address:	dr. wert@coxinet.net @
By signing this appl	ication, I attest:
0	n provided is true and correct to the best of my knowledge.
D I understand	norized to submit this request on behalf of the business identified above. and agree that I must provide documentation within 90 days of award proving funds a used for the purposes identified on this application.
I understand a will disqualify the Midwest (that any money improperly spent must be repaid. and agree that any false information or failure to provide any required documentation the Applicant and any establishment they represent to receive future funding from City Memorial Hospital Authority, and that any funds received as result of erroneous just be repaid.
Dated this 21 day	of July 2070. In
SUBSCRIBED AND	SWORN to before me this 21 day of Juy, 20 20
	3

	e in Operation: Years: al Structure:Sole Pr Limited Partner	roprietorship 2	Corporation S-Corp.
Did you for State or Federal assista	ince or any other type of grar	nt program(s): XYes	s No
Applications(s) Status:	Pending Rejecte	ed Approved	2010
If approved, how much assist	ance did you receive in total: \$	118,000-Fed	/State-Pe
Grant(s)	Loans(s)	Combination of both	
Receipts for 3/1/2019 – Receipts for 3/1/2020 –		\$17,500 + \$45,000 = 3	8.89%
			<u> </u>
	other communities? YES NO		
(Attach separate			.00
(Attach separate	e page detailing information on Rent or Mortgage: Other Debt Service:		<u>.00</u>
(Attach separate	e page detailing information on Rent or Mortgage: Other Debt Service: Personnel or Benefits:		00. 00. 00. C
(Attach separate	e page detailing information on Rent or Mortgage: Other Debt Service: Personnel or Benefits: Materials or Supplies:	other business) $\frac{\$}{5}$ $\frac{\$}{5} = \frac{1500}{\$}$	00. 00. 00. C
(Attach separate	e page detailing information on Rent or Mortgage: Other Debt Service: Personnel or Benefits: Materials or Supplies: Contract Labor:	other business) $\frac{s}{s}$ $\frac{s}{s} = \frac{1500}{s}$ $\frac{s}{s}$	00. 00. 00. < 00.
(Attach separate	e page detailing information on Rent or Mortgage: Other Debt Service: Personnel or Benefits: Materials or Supplies: Contract Labor: Utilities:	other business) $\frac{\$}{5}$ $\frac{\$}{-}$ /500 $\frac{\$}{5}$	00. 00. 00. 00. 00.
(Attach separate	e page detailing information on Rent or Mortgage: Other Debt Service: Personnel or Benefits: Materials or Supplies: Contract Labor: Utilities: Advertising:	other business) $\frac{s}{s}$ $\frac{s}{s} = \frac{1500}{s}$ $\frac{s}{s}$	00. 00. 00. 00. 00. 00.
(Attach separate	e page detailing information on Rent or Mortgage: Other Debt Service: Personnel or Benefits: Materials or Supplies: Contract Labor: Utilities: Advertising: Other*: *(Attach details)	other business) $\frac{s}{s}$ $\frac{s}{s} = \frac{1500}{s}$ $\frac{s}{s}$	00. 00. 00. 00. 00. 00. 00.
(Attach separate	e page detailing information on Rent or Mortgage: Other Debt Service: Personnel or Benefits: Materials or Supplies: Contract Labor: Utilities: Advertising: Other*:	other business) $\frac{s}{s}$ $\frac{s}{s} = \frac{1500}{s}$ $\frac{s}{s}$	00. 00. 00. 00. 00. 00.
Do you own similar businesses in c (Attach separate Planned Expenditures Details: Please Attach The Following Do	e 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:	other business) $\frac{s}{s}$ $\frac{s}{s} = \frac{1500}{s}$ $\frac{s}{s}$	00. 00. 00. 00. 00. 00. 00.

____ Completed Internal Revenue Service Form W-9



Board of Grantors

Application for Business Assistance

Staff Review Form

Business Name	Wholly Guacamole!		
Physical Address	9015 SE 29 th ST		
Date Received	July 20, 2020		
	t leted Application <u>X</u> t Statement <u>X</u>	IRS W-9 Form OK SOS Certifica	te of Good S <mark>t</mark> anding
Licensing State Licensin OCCH Alcoho		Expiration: Expiration:	<u>8/31/2020</u> 9/30/2020
City Licensing Alcoho	g Required: ⊻ N olic Beverage	Expiration:	9/30/2020
Current on Ci	Occu <mark>pancy:</mark> ^D ermits: nmental Code Infractions: ty Utilities:	Y N YY N YY N Y	
Staff Recommendat	lion		
Tier:	<u>1</u> 2	3	
Notes:			
Recommended Awar	rd: \$ <u>4000.00</u> Ridee	ran!	
10	ut -		7-23-20
1	Administrator/General Man	ager	Date

This grant for business assistance will allow me to continue operating my resturant and Kitchen as an orgoing 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.

melloz munaz

IDMEST CITY NEXT OF THE STATE	MIDWEST CITY MEMORIAL HOSPITAL AUTHORITY Board of Grantors Application for Business Assistance				
Business Name:	Whelly Guacamole LLC				
Physical Address:	9015SE97 St.#DirectionStreetSuffixMidwest City,OK73130CitySTZip				
Business Telephon	ne: (405) 610-6594 Extension:				
Business Website: Business' NAICS C	N/A :ode: 722511 (https://www.census.gov/eos/www/naics/)				
Authorized Applica	Int: Milko First Name Murray				
Mobile Telephone:	(405) 429-9209				
E-Mail Address:	Zperyo Kator aol, com				
By signing this applie	cation, I attest:				
	provided is true and correct to the best of my knowledge. orized 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 <u></u> day of	July, 20 20.	2 Muse	-
SUBSCRIBED AND SWOR	N to before me this 20 da	, 20 <i>2</i> D]

Business Information: Time Legal		Months: <u>5</u> oprietorshipCorporation Liability CorpS-Corp.	20004 XP. 05/0 OF 0
id you for State or Federal assistar	nce or any other type of gran	t program(s): Yes No	
Applications(s) Status:		d Approved	
If approved, how much assista	nce did you receive in total: \$		
Grant(s)	Loans(s)	_Combination of both	
How to compute losses: Receipts for 3/1/2019 – 4 Receipts for 3/1/2020 – 4 Do you own similar businesses in o	4/30/2020: \$ 27,500 Difference: \$ 17,500	\$17,500 + \$45,000 = 38.89%	
	page detailing information on		
(Attach separate			
	e page detailing information on	other business)	
(Attach separate	page detailing information on Rent or Mortgage:	other business) <u>\$ 7500 .00</u>	
(Attach separate	e page detailing information on Rent or Mortgage: Other Debt Service:	other business) <u> \$ 7500 .00 \$.00 </u>	
(Attach separate	e page detailing information on Rent or Mortgage: Other Debt Service: Personnel or Benefits:	other business) <u> \$ 3500.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 .00</u>	
(Attach separate	Page detailing information on Rent or Mortgage: Other Debt Service: Personnel or Benefits: Materials or Supplies:	other business)	
(Attach separate	Rent or Mortgage: Other Debt Service: Personnel or Benefits: Materials or Supplies: Contract Labor:	other business)	
(Attach separate	Page detailing information on Rent or Mortgage: Other Debt Service: Personnel or Benefits: Materials or Supplies: Contract Labor: Utilities:	other business)	5.
(Attach separate	e 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:	other business) <u>\$ 7500.00</u> <u>\$ 000.00</u> <u>\$ 000.00</u> <u>\$ 000.00</u> <u>\$ 000.00</u> <u>\$ 000.00</u> <u>\$ 000.00</u> <u>\$ 500.00</u> <u>\$ 700.00</u>	с. К

- 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





Application for Business Assistance

Staff Review Form

Business Name	10-8 Tactical				
Physical Address	2419 S Douglas BL, Suite B				
Date Received	July 20, 2020				
	t eted Application Statement		RS W-9 K SOS	Form Certificate of Good St	anding
Licensing State Licensin	g Required: \	<u>(№</u>			
City Licensing	Required: Y	(<u>N</u>			
Address Information Certificate of (Outstanding P Active Enviror Current on Cit	Occupancy: Permits: Imental Code Inf y Utilities:	ractions:	Y Y Y Y		
Tier:	1 2	2	3		
Notes:	Business is co-owned by two City of Midwest City employees and its eligibility was in question at the time of this report. NAICS Code is incorrect on the application and should be 611699. (Governor's Stitt Executive Orders called deemed this category as "essential" and the Applicants would have been allowed to remain open).				
Recommende	d Award: \$	S		-	
	10	Milan	m		
7	Administrator Jeneral	Manaver			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

LLC AS BUD #B Sulfix Unit# 3130 Zep 9 Extension 0K.COM UPFEL Lost Name
Suffix Unit# 3130 Zip 9 Extension 0K.COM WIPFEI Lest Name
20 9 Extension OK.COM WIPFLI Lost Name
WIPFLI Lest Name
WIPFLI Lost Name
WIPFLI Lost Name
WIPFLI Lost Name
9
0-8 TACTICALO
wledge.
ness identified above. n 90 days of award proving funds
n.
ovide any required documentation ent to receive future funding from
a received as a result of erroneous
The '
Applicant's Signature
, 20, 20
1.1
5. 12/11/2023
in o the second

7/21/2020, 11:40 AM

	Fime in Operation: Ye Legal Structure:	ars: 3 Mo Sole Proprie Limited Liab Partnership		Corporation
Have you applied for Federal as	ssistance or any other	type of grant p	rogram(s):	Yes K No
Applications(s) Status:	Pending	Rejected	Approved	
If approved, how much as	ssistance did you receiv	e in total: S		
Grant(s)	Loans(s)	Co	mbination of Both	
How to compute losses: Receipts for 3/1/20 Receipts for 3/1/20	20 – 4/30/2020 Difference:	\$ 27,500 \$ 17,500	,500 + \$45,000 = 3	
Do you own similar businesses (Please describe other businesse	in other communities s owned on a separate	? YES NO To sheet of paper a	tal units owned nd attach to this a	application.)
Planned Expenditures Detail	s: Rent or Mortga	ge:	1000	00. (
	Other Debt Ser	vice:	5	.00
	Personnel or B	enefits:	5 63	00,00
	Materials or Su	opplies:	5 70	00. 00

 Rent or Mortgage:
 \$
 1000

 Other Debt Service:
 \$

 Personnel or Benefits:
 \$
 650

 Materials or Supplies:
 \$
 700

 Contract Labor:
 \$
 7450

 Utilities:
 \$
 1300

 Advertising:
 \$
 \$

 Other*:
 \$
 4000

 Total Request:
 \$
 4000

.00

.00

.00

.00

.00

Please Attach The Following Documents:

A signed statement explaining how obtaining this grant will affect the future of your > business in Midwest City.

×

V

V

A Certificate of good standing from the Oklahoma Secretary of State (Order at https://www.sos.ok.gov/corp/order/orderDefault.aspx)

Completed Internal Revenue Service Form W-9



Board of Grantors

Application for Business Assistance

Staff Review Form

Business Name	Chris' Grill & Frozen	Treats Food Truck
Physical Address	1300 S Douglas BL	1
Date Received	<u>July 20, 2020</u>	
	t eted Application t Statement	<u>X</u> IRS W-9 Form X OK SOS Certificate of Good Standing
Licensing State Licensin OCCH		Ν
City Licensing OCCH		N
Certificate of Outstanding F Active Enviror Current on Cit	Permits: Inmental Code Infraction	Y N Y N
Staff Recommendat	ion	
Tier:	1 2	3
Notes:	for public facing sto extend the program i	ars to be ineligible as the program was set up strictly prefronts. Should the BOA and MCMHA choose to to Midwest City-based, properly licensed food trucks, ional five applicants would be interested.
Recommende	d Award: \$	0.00
	1	Uleman
10	2	7 71-74

1-21-20

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.

	MIDWEST CITY MEMORIAL HOSPITAL AUTHORITY
	Board of Grantors
MIDWEST CITY Community of Control Cont	Application for Business Assistance
Business Name:	CHS Martin Enterprises
Physical Address	: 1300 5. Douslas Blvd # Direction Street Suffix Unit#
	Midwest City, OK 73/30 City ST Zip
Business Telepho	one: <u>(405) 301 - 3384</u> Extension:
Business Website	e: Chrisgfill405-Com
Business' NAICS	Code:]22330 (https://www.census.gov/eos/www/naics/)
Authorized Appli	cant: Chrotopher Mart- First Name Last Name
Mobile Telephone	<u>, 405 , 301 - 3384</u>
E-Mail Address:	Chrogrill405 @ grail.com
By signing this app	plication, I attest:
V All information	on provided is true and correct to the best of my knowledge.
I understand received we I understand I understand will disqualit the Midwest	thorized to submit this request on behalf of the business identified above. If and agree that I must provide documentation within 90 days of award proving funds re used for the purposes identified on this application. If that any money improperly spent must be repaid. If and agree that any false information or failure to provide any required documentation fy the Applicant and any establishment they represent to receive future funding from City Memorial Hospital Authority, and that any funds received as result of erroneous must be repaid.
Information	EL CUL

Dated this 2 day of <u>JUly</u>, 20 <u>20</u>. SUBSCRIBED AND SWORN to before me this <u>21</u>St day of <u>JUly</u>, 20 <u>20</u>, <u>Applicant's Signature</u>, 20 <u>20</u>

Instance A Retachar	My commission	n expires: 9 27 2021
		Months: <u></u> C le Proprietorship Corporation nited Liability Corp S-Corp. rtnership
Did you for State or Federal assist	ance or any other type of	grant program(s):Yes X No
Applications(s) Status:	Pending Re	jected Approved
If approved, how much assis	stance did you receive in tota	al: \$
Grant(s)	Loans(s)	Combination of both
LOSSES: What is the total loss of revenue in c the same time in 2020?	omparing receipts for March	1, 2019 through April 30, 2019 versus %
How to compute losses: Receipts for 3/1/2019 <u>Receipts for 3/1/2020</u>	- 4/30/2019: 3063 \$ 45,0 - 4/30/2020: 68 \$ 27,5 Difference: 2975 \$ 17,5	00
Do you own similar businesses in	other communities? YES	NO Total units owned:
(Attach separa	te page detailing informatior	n on other business)
Planned Expenditures Details:	Rent or Mortgage:	\$ 700 .00
		777/

Planned Expenditures Details:	Rent or Mortgage:	<u>\$</u>	100	.00
	Other Debt Service:	\$	2775	.00
	Personnel or Benefits:	<u>\$</u>	1000	.00
	Materials or Supplies:	\$	600	.00
	Contract Labor:	\$	500	.00
	Utilities:	<u>\$</u>		.00
	Advertising:	\$	_	.00
	Other*:	\$.00
	*(Attach details) Total Request:	\$	5875	.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
- Completed Internal Revenue Service Form W-9



Board of Grantors

Application for Business Assistance

Staff Review Form

Business <mark>N</mark> ame	David's Flow	vers, Gifts 8	Interiors,	Inc.		
Physical Address	9201 E Rend	D AV				1
Date Received	July 16, 202	<u>0</u>				
	ist pleted Applicat act Statement		(_ IRS W		of Goo <mark>d</mark> Stan	ding
Licensing State Licens	sing Required:	Y <u>N</u>				
City Licensi	ng Required:	Y <u>N</u>				
Outstanding Active Envir	f Occupancy:	Infractions	Y Y Y Y	Z <u>Z Z</u> Z		
Staff Recommend	ation					
Tier:	1	2	3			
	Governor's Ex				1 (

March and April, but material availability dictated otherwise. The Applicant advised David's was closed from approximately March 27th until April 27th with the exception of very limited business during the week Easter due to lack of products to sale. This situation was likely the case with the other Midwest City florists, which also includes these four other florists: Penny & Irene's Flowers & Gifts, Evelyn's Flowers, Abundant Flowers & Gifts, and City Sweets Floral.

Recommended Award:

Moman

Administrator/General Manager

Date

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

	MIDWEST CITY MEMORIAL HOSPITAL AUTHORITY
WEST CITY	Board of Grantors Application for Business Assistance
Business Name:	Davids Flowers Giffs Thereights J
Physical Address:	9201 E Rento # Direction Street Suffix Unit#
	Midwest City, OK 13130 City ST Zip
Business Telephor	e: (405) 137 - 9466 Extension:
Business Website:	davidsplowers, Com
Business' NAICS C	ode: 453/10 (https://www.census.gov/eos/www/naics/)
Authorized Applica	Int: Sophie Clary Last Name
Mobile Telephone:	(405 , 596 . 3718
E-Mail Address:	davidsflowers · @ Coxinet. net
By signing this appli	cation, 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.

, 20 U Dated this day of Applicant's Signature SUBSCRIBED AND SWORN to before me this day of -20 ERIN N COTE Notary Public - State of Oklahoma 3 Commission Number 19006175

Ay Commission Expires Jun 19, 2023

Notary Public	My commission e	xpires: June 19, 202
Business Information: Tim Leg		Proprietorship <u>X</u> Corporation d Liability Corp. <u>S-Corp.</u>
Did you for State or Federal assist	ance or any other type of gra	int program(s): X Yes No
Applications(s) Status:	Pending Reject	
If approved, how much assis	tance did you receive in total: 1	s 24 303.36
Grant(s)		Combination of both
Receipts for 3/1/2020 -	19 - 103,780 20 - 31 489 4/30/2019: \$45,000 4/30/2020: \$27,500 Difference: \$17,500	<u>- 69.7%</u> % \$17,500 + \$45,000 = 38.89%
Do you own similar businesses in o (Attach separate	a page detailing information on	
Planned Expenditures Details:		2 500
annea Experiatures Details.	Rent or Mortgage: Other Debt Service:	<u>\$ 0,000 .00</u>
	Personnel or Benefits:	<u>\$ </u>
	Materials or Supplies:	111111
	Contract Labor:	<u>\$ 4/14/ .00</u> \$ 00
	Contract Eubor.	Ψ .00
	Utilities:	OM
	Utilities: Advertisina:	\$ 856 .00
	Utilities: Advertising: Other*:	<u>\$ 856 .00</u> <u>\$ 51 .00</u>
	Advertising:	\$ 856 .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 <u>https://www.sos.ok.gov/corp/order/orderDefault.aspx</u>



Board of Grantors

Application for Business Assistance

Staff Review Form

Business Name	Evelyn's Flowe	ers				
Physical Address	2400 S Dougla	as BL, Suite A				
Date Received	July 21, 2020					
	t eted Application t Statement	$\frac{x}{x}$	RS W-9 I DK SOS (Form Certificate of G	ood Standing	
Licensing State Licensin		Y <u>N</u>				
City Licensing	en en selen	Y <u>N</u>				
Address Information Certificate of C Outstanding F Active Enviror Current on Cit	Occupancy: Permits: nmental Code Ir ty Utilities:	nfractions:	Y Y Y Y	ZZZZ		
Tier:	1	2	3			
March likely t other f	and April, but he case with th	material ava e other Midw	ilability d est City f	ictated otherwi lorists, which a	in open at all tim se. This situatior lso includes thes owers & Gifts, an	n was e four
Recommende	ed Award:	\$		1		
11		* XEOLÊM	an			
1 Con					7-22,20	>

Date

Administrator/General Manager

/

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

	MIDWEST CITY MEMORIAL HOSPITAL AUTHORITY	
	Board of Grantors	
MIDWEST CITY	Application for Business Assistance	
Business Name	e: Liblyn's Flowers	-
Physical Addre	ess:	-
	Midwest City, OK 73/30 City ST Zip	
Business Telep	phone: (405) 733.9935 Extension:	
Business Webs	site: <u>evelynsflowers. Com</u>	
Business' NAIC	CS Code: <u>44-745</u> (<u>https://www.census.gov/eos/www/naics/</u>)	
Authorized App	plicant: <u>First Name</u> Carfwell	_
Mobile Telepho	one: <u>(405)</u> 863.3971	
E-Mail Address	s: evelypsflowersokte @ yahre Com	
By signing this a	application, I attest:	
C. C	nation provided is true and correct to the best of my knowledge.	
I am duly	y authorized to submit this request on behalf of the business identified above. tand and agree that I must provide documentation within 90 days of award proving fur	nds
received	I were used for the purposes identified on this application.	
I underst	tand that any money improperly spent must be repaid. tand and agree that any false information or failure to provide any required documental	tion
will disqu the Midw	ualify the Applicant and any establishment they represent to receive future funding fr vest City Memorial Hospital Authority, and that any funds received as result of errone	om ous
informati	ion must be repaid.	
Dated this 21	day of fully , 20202 Adu Applicant's Signature	>
SUBSCRIBED A	AND SWORN to before me this $21^{5^{\dagger}}$ day of, 20202	<u>2</u>
	3 (SEAL)	CKIE HANKINS Notary Public
	Commission # 140	tate of Oklahoma 07119 Expires 08/11/22

	My commission ex	pires:
Notary Public		
		roprietorship Corporation d Liability Corp. S-Corp.
Did you for State or Federal assista	nce or any other type of gra	nt program(s):YesNo
Applications(s) Status:	Pending Rejecte	ed Approved
If approved, how much assista	ance did you receive in total: \$	5
Grant(s)	Loans(s)	_Combination of both
	- Z	
LOSSES: What is the total loss of revenue in con the same time in 2020?	mparing receipts for March 1, 2	2019 through April 30, 2019 versus
How to compute losses: Receipts for 3/1/2019 – <u>Receipts for 3/1/2020 –</u>		\$17,500 + \$45,000 = 38.89%
Do you own similar businesses in o (Attach separate	other communities? YES No	
Planned Expenditures Details:	Rent or Mortgage:	\$ 1,300 × 2.00 mo
121-00	Other Debt Service:	\$ 10,000 .00
CLAPTEL SIDE	Personnel or Benefits:	\$.00
Falenar, mp	Materials or Supplies:	\$ K585. 64 .00 Marc
Dawn1	Contract-Labor:	\$ 3442.67 .00
Polyion	Utilities:	\$74630 .00
	Advertising:	\$ -0 .00
	Other*: *(Attach details) Total Request:	\$00
Please Attach The Following Do	ocuments:	12394.61
-		t the future of your business in

Certificate of good standing from the Oklahoma Secretary of State https://www.sos.ok.gov/corp/order/orderDefault.aspx





Application for Business Assistance

Staff Review Form

Busine	ss Name	Good Shephe	ord Luth	eran Ch	urch			
Physic	al Address	700 N Air Der	oot BL				-	
Date R	eceived	July 20, 2020						
Docum		eted Application Statement	n		RS W-9 K SOS	Form Certificate of G	ood Stan <mark>d</mark> ing	
Licens	ing State Licensin ODHS		Y	N Expire	S:	<u>6/30/2021</u>		
	City Licensing	Required:	Y	N				
	ss Information Certificate of C Outstanding F Active Enviror Current on Cit	Decupa <mark>n</mark> cy: Permits: Immental Code I In Utilities:	Infractio	ns:	Y Y Y Y	N <u>N N</u> N		
	Tier:	1	2		3			
	Notes:	program. Stat	ff recom	mends	declinin	were never a og the applicatio es in Midwest C	n. There are es	
	Recommende	ed Award:	\$	2011.	+	-		
	190	Administrator/Gene	ral Manase	~ <i>EOTARIA</i> r	arti		7-22- Date	26

Administrator/General Manager



The Good Shepherd Lutheran Church Day School & Early Childhood Center

700 N Air Depot Blvd † Midwest City, Oklahoma 73110 † (405) 732-0070 † www.mylutheran.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. Buillable

Van M Guillotte Administrator



Board of Grantors

Application for Business Assistance

Busin	ess Name:	The Good Shephe	erd Lutheran Chur	ch	
Physic	cal Address:	700 N Air Depot E # Direction Midwest City,	Street OK	s 73110 Zip	uffix Unit#
Busin	ess Telephon	ne: (405)	732_0070	E	Extension:
	ess Website: ess' NAICS C	www.MyLuterar	I.Church / www.M		nool /eos/www/naics/)
Autho	rized Applica	Int:Van M (Guillotte Iame	La	st Name
Mobile	e Telephone:	<u>(</u> 405)	620 - 7554		
E-Mai	Address:		van.guillotte 🥳	gslsmwc	com
By sig	ning this appli	cation, I attest:			
VM6	All information	provided is true and co	prrect to the best of m	v knowledge.	
JWG		orized to submit this red			ed above.
<u>I M</u> b	received were	and agree that I must p used for the purposes	identified on this appl	ication.	of award proving funds
TWP	I understand a will disqualify the Midwest C information mu	hat any money imprope and agree that any false the Applicant and any City Memorial Hospital A ust be repaid.	information or failure establishment they re withority, and that any	to provide any re epresent to recei	ve future funding from
Dated	this 20 day GISELLE CHOED AND CHORED AND CHOOSES P. 10/25/20 BLIC OKLAHONT	of July , 20 WORN to before me th	20V& is 20 day of 3	<u>M. Ju</u> Applicant's S JULY	UHU Signature , 20 <u>20</u> .

Levelle King	My commission exp	oires <u>: 10-2</u>	5-2020
Business Information: Time Lega		oprietorship Liability Corp.	Corporation S-Corp.
Did you for State or Federal assista	nce or any other type of gran	nt program(s):	∠Yes No
Applications(s) Status:	Pending Rejecte	ed 🗹 Approve	d
If approved, how much assista	ance did you receive in total: \$	222,700.00	
Grant(s)	Loans(s)	_Combination of	both
How to compute losses: Receipts for 3/1/2019 – <u>Receipts for 3/1/2020 –</u> Do you own similar businesses in o	4/30/2020: \$ 27,500 Difference: \$ 17,500	\$17,500 ÷ \$45,00	
(Attach separate	page detailing information on	other business)	
Planned Expenditures Details:	Rent or Mortgage:	\$	0.00
	Other Debt Service:	<u>\$</u>	0.00
	Personnel or Benefits:	<u>\$</u>	67,000.00
	Materials or Supplies:	<u>\$</u>	0.00
	Contract Labor:	\$	0.00
	Utilities:	<u>\$</u>	0.00
	Advertising:	\$	0.00
		- 83 	0.00
	Other*: *(Attach details)	\$	0.00

Please Attach The Following Documents:



A signed statement explaining how this grant will affect the future of your business in Midwest City.

 \checkmark Certificate of good standing from the Oklahoma Secretary of State https://www.sos.ok.gov/corp/order/orderDefault.aspx \checkmark





Application for Business Assistance

Staff Review Form

Business Name	Hawthorne Inn	a & Suites		
Physical Address	5701 Tinker D	iagonal		·
Date Received	July 21, 2020			
	t eted Application t <mark>S</mark> tatement		RS W-9 Form K SOS Certificate (of Good Standing
Licensing State Licensir	ng Required:	<u>Y</u> N		
City Licensing	Required: Expires:	Y N 8/31/2020		
Address Information Certificate of O Outstanding F Active Environ Current on Cit Staff Recommendat	Occupancy: Permits: nmental Code Ir ty Utilities:	nfractions:	Y N N Y N Y Y Y	
Tier:	1	2	3	
Notes:	ordered closed but they were of BOA and MCM estimate an ac considering this	by the Governor certainly affected IHA choose to dditional 9 app	s Executive Orders. H This is the second extend the program licants would be int Fier I applicant since h	n was set up strictly for those lotels were not on these lists, inn that applied. Should the to Midwest City hotels, we erested. Staff recommends notels were definitely affected
Recommende	ed Award:	\$		
		Udim	m	
10				7-22.20

Administrator/General Manager

-17.70 Date

July 20, 2020

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

	MIDWEST CITY	MEMORIAL HOSPI	TAL AUTHORITY	
N/P	Boar	d of Gra	intors	
IDWEST CITY		tion for Business A		
	AL DULLE IL			
Business Name:	MIDWEST Hospit	ALTY LLC		
Physical Address:	5701 TINKER	DIACUARI		
	# Direction	Street	Suffix	Unit#
	Midwest City, Ok City ST	(73/10	
	City ST		Zip	
Business Telephone:	(405) 732	7 7777	Extensi	on:
Business Website:	HAWTHERN COM	,		
Business' NAICS Cod	de:	(https://www	w.census.gov/eos/ww	/w/naics/)
			the second s	
	: KIRTI		BHAKAR)
	:/LIRTI First Name		BHAIGH Last Name	
Authorized Applicant		2.5		
Authorized Applicant	: <u> Lipii</u> First Name (405) 644	2.5		
Authorized Applicant Mobile Telephone:	(405) 64	0 - 3201		
Authorized Applicant Mobile Telephone:		0 - 3201		,
Authorized Applicant Mobile Telephone:	(405) 64 haw thern tinker	0 - 3201		<u>,</u>
Authorized Applicant Mobile Telephone: E-Mail Address: By signing this applica	(405) 64 haw thern tinker tion, 1 attest:	0 - 3201 Q1	hotmail com	
Authorized Applicant Mobile Telephone: E-Mail Address: By signing this applicat All information pr	(405) 64 <u>haw thern tinker</u> tion, I attest: rovided is true and correct to	0 _ 3201 @ /	hotmail com	
Authorized Applicant Mobile Telephone: E-Mail Address: By signing this applicat All information pr	(405) 64 haw thern tinker tion, I attest: rovided is true and correct to zed to submit this request o	0 - 3201 @ / o the best of my kn	hotmail Com nowledge. siness identified above	θ.
Authorized Applicant Mobile Telephone: E-Mail Address: By signing this applicat All information pr	(<u>HOS</u>) 64 <u>haw thern tinker</u> tion, I attest: rovided is true and correct to zed to submit this request of I agree that I must provide sed for the purposes identifi	0 _ 3201 @ 2 o the best of my kn on behalf of the bus documentation witt ed on this applicati	hotmail com nowledge. siness identified above thin 90 days of award ion.	θ.
Authorized Applicant Mobile Telephone: E-Mail Address: By signing this applicat All information pr	(<u>HOS</u>) 64 <u>haw thern tinker</u> tion, I attest: rovided is true and correct to zed to submit this request of agree that I must provide sed for the purposes identifi t any money improperly spe	0 - 3201 @ / @ / o the best of my kn on behalf of the bus documentation with ed on this application ent must be repaid.	hofmail Com nowledge. siness identified above thin 90 days of award ion.	e. proving fund
Authorized Applicant Mobile Telephone: E-Mail Address: By signing this applicat All information pr All information pr I am duly authori I understand and received were us I understand that I understand that	(<u>Hos</u>) 64 <u>haw thern tinker</u> tion, I attest: rovided is true and correct to zed to submit this request of l agree that I must provide sed for the purposes identifi t any money improperly special agree that any false inform	0 - 3201 @ / @ / o the best of my kn on behalf of the bus documentation with ed on this application ent must be repaid. nation or failure to p	hotnail Com nowledge. siness identified above thin 90 days of award ion.	e. proving func
Authorized Applicant Mobile Telephone: E-Mail Address: By signing this applicat All information pr All information pr I am duly authori I understand and received were us I understand that I understand and will disqualify the	(<u>Hos</u>) 64 <u>haw thern tinker</u> tion, I attest: rovided is true and correct to zed to submit this request of l agree that I must provide sed for the purposes identifi t any money improperly spe agree that any false inform e Applicant and any establi	0 - 3201 @ / @ / o the best of my kn on behalf of the bus documentation wit ed on this applicati ent must be repaid. nation or failure to p shment they repre	hodmail Com nowledge. siness identified above thin 90 days of award ion. provide any required of esent to receive future	e. proving fund locumentatio
Authorized Applicant Mobile Telephone: E-Mail Address: By signing this applicat All information pr All information pr I am duly authori I understand and received were us I understand that I understand and will disqualify the	(405) 64 haw thern tinker tion, I attest: rovided is true and correct to zed to submit this request of agree that I must provide ed for the purposes identifi any money improperly spec- agree that any false inform agree that any false inform agree that any false inform applicant and any establic Memorial Hospital Authori	0 - 3201 @ / @ / o the best of my kn on behalf of the bus documentation wit ed on this applicati ent must be repaid. nation or failure to p shment they repre	hodmail Com nowledge. siness identified above thin 90 days of award ion. provide any required of esent to receive future	e. proving fund locumentatio
Authorized Applicant Mobile Telephone: E-Mail Address: By signing this applicat All information pr All information pr I am duly authori I understand and received were us I understand that I understand and will disqualify the the Midwest City information must	(<u>Hos</u>) 64 <u>haw thern tinker</u> tion, I attest: rovided is true and correct to zed to submit this request of l agree that I must provide ed for the purposes identifi t any money improperly spe agree that any false inform a Applicant and any establi Memorial Hospital Authori be repaid.	0 - 3201 @ / @ / o the best of my kn on behalf of the bus documentation wit ed on this applicati ent must be repaid. nation or failure to p shment they repre	hodmail Com nowledge. siness identified above thin 90 days of award ion. provide any required of esent to receive future	e. proving fund locumentatio
Authorized Applicant Mobile Telephone: E-Mail Address: By signing this applicat All information pr All information pr I am duly authori I understand and received were us I understand that I understand and will disqualify the the Midwest City information must	(<u>Hos</u>) <u>64</u> <u>haw thern tinker</u> tion, I attest: rovided is true and correct to zed to submit this request of agree that I must provide ed for the purposes identifi any money improperly spe agree that any false inform applicant and any establi Memorial Hospital Authorit be repaid. <u>Just</u> , 20 <u>20</u>	0 - 3201 @ / @ / o the best of my kn on behalf of the bus documentation wit ed on this applicati ent must be repaid. nation or failure to p shment they repre	hodmail Com nowledge. siness identified above thin 90 days of award ion. provide any required of esent to receive future	e. proving functions locumentations funding from

Dicke Stache Notary Public		commission exp			
Business Information:	Time in Operation: Legal Structure:	Years: <u>13</u> Sole Pr <u>4</u> Limited Partner	Months: _ oprietorship Liability Co ship	<u>s</u> rpCo	orporation -Corp.
Did you for State or Federal a	ssistance or any oth	er type of gran	t program(s): 📈 Yes	No
Applications(s) Status	: Pending	Rejecte	d 📝 Ap	proved	
If approved, how much	assistance did you re	ceive in total: \$	60700	PPP	
Grant(s)	Loan		_Combinati		
Receipts for 3/1/2	2019 – 4/30/2019: 2020 – 4/30/2020: Difference: es in other communi parate page detailing	\sim	\$17,500 +		6
Planned Expenditures Deta	a ana a		¢	25000	00
Thannou Experiance Dec	Other Debt	18 F.	<u>\$</u> \$	69000	.00
	Personnel		\$	23000	
	Materials o		\$	9000	
	Contract La		\$	100	.00
	Utilities:		\$	11000	
	Advertising	:	\$.00
	Other*:		\$.00
	*(Attach details Total Requ		<u>\$</u>	68000	.00
Please Attach The Followir	ng Documents:				
/ A signed statement e/ Midwest City.	-	rant will affect	the future	of your busine	ss in
/ Certificate of good sta	anding from the Okl	ahoma Socrate	any of State		

Certificate of good standing from the Oklahoma Secretary of State <u>https://www.sos.ok.gov/corp/order/orderDefault.aspx</u>



Board of Grantors

Application for Business Assistance

Staff Review Form

Business Name	Hilton Home2	Suites	_		1	
Physical Address	1820 Warren	DR			Y	
Date Received	July 17, 2020			1	1	
	t leted Applicatio t Statement	$\frac{X}{X}$	IRS W-9 OK S <mark>O</mark> S	Form Certificate of 0	300d Standin	g
State Licensir	ng Required:	<u>Y</u> N				
City Licensing	Required: Expires:	<u>Y</u> N <u>8/31/2020</u>				
Address Information Certificate of C Outstanding F Active Enviror Current on Cit	Occupancy: Permits: nmental Code I ty Utilities:	nfractions:	Y Y Y Y	N N N N		
Tier:	1	2	3			
Notes:	ordered closed but they were of should the BOA we estimate an	by the Governo certainly affected and MCMHA of additional 9 a possibility as a	r's Execu d. Anothe hoose to e applicants Tier I app	s the program wa tive Orders. Hote ir hotel has voice extend the progra would be intere licant since hote	els were not on ed an intent to am to Midwest ested. Staff re	these lists, apply, and City hotels, commends
Recommende	d Award:	\$		2		
16)	Riction	ean?		7-21.	20
- V-V	Administrator/Gener	al Managar	_			

July 14, 2020

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

-	
	MIDWEST CITY MEMORIAL HOSPITAL AUTHORITY
	Board of Grantors
MIDWEST CITY CRAWT INDOCERM	Application for Business Assistance
Business Name:	K.A.R.S. Investments, U.C. dba Home 2 Suites
Physical Addres	# Direction Street Suffix Unit#
	Midwest City. OK 73110 City ST Zip
Business Telepl	hone: <u>(405) 610 - 6994</u> Extension:
Business Websi	ite:www.hilton.com
Business' NAIC:	S Code: 72111 (https://www.census.gov/eos/www/naics/)
Authorized App	licant: Manish Patel First Name Last Name
Mobile Telephor	
E-Mail Address:	manish.patel @cox . net
By signing this a	oplication, I attest:
Y All informa	tion provided is true and correct to the best of my knowledge.
X I understar	authorized to submit this request on behalf of the business identified above. nd and agree that I must provide documentation within 90 days of award proving funds vere used for the purposes identified on this application.
/ I understar	nd that any money improperly spent must be repaid.
the Midwe	nd and agree that any false information or failure to provide any required documentation lify the Applicant and any establishment they represent to receive future funding from st City Memorial Hospital Authority, and that any funds received as result of erroneous n must be repaid.
Dated this	day of, 20 Applicant's Signature
SUBSCRIBED AN	D SWORN to before me this 17 Hay of July, 20 20

Saurel Stua	My com	nission expires:	(SEAL)	AUREL STUART Notary Public tate of Oklahoma 04684 Expires 05/11/23
Business Information: Time Leg	e in Operation: Year al Structure: _ 구 -	s: <u>5</u> Mor Sole Propriet Limited Liabi Partnership	torshin	Corporation S-Corp.
Did you for State or Federal assista	ince or any other ty	be of grant pro	gram(s): 🗡 Ye	s No
Applications(s) Status:	Pending	_Rejected	Approved	
If approved, how much assista	ance did you receive	in total: \$ 2	99624.28	2
Grant(s)	Loans(s)	× com	bination of both	
How to compute losses: 9/1/2019	4/30/2020: : Difference: \$	\$ <u>27,500</u> 17,500	500 ÷ \$45,000 = 3 al units owned:	5753994056
(Attach separate	page detailing inform	nation on other l	business)	
Planned Expenditures Details:	Rent or Mortgage	a: <u>\$</u>		.00
	Other Debt Servi	ce: <u>\$</u>		.00
	Personnel or Ber	nefits: <u>\$</u>		.00
	Materials or Supp	olies: <u>\$</u>	4500.	.00
	Contract Labor:	5		.00
	Utilities:	<u>s</u>		.00
	Advertising:	\$.00
	Other*: *(Attach details)	<u>\$</u>	~ ~ ~	.00
	Total Request:	<u>\$</u>	4500	.00
Please Attach The Following Doc	uments:			

- 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 <u>https://www.sos.ok.gov/corp/order/orderDefault.aspx</u>
- Completed Internal Revenue Service Form W-9



Board of Grantors

Application for Business Assistance

Staff Review Form

Business Name	Anna Parker, DVM d/	/b/a Soi	outheast Veterinary Hospital
Physical Address	5608 SE 15th ST		
Date Received	July 10, 2020		
	t eted Application Statement		RS W-9 Form K SOS Certificate of Good Standing
Licensing State Licensin DVM L	g Required: <u>Y</u> icense Expires	N	<u>6/30/2021</u>
City Licensing	Required: Y	N	
Current on Cit	Occupancy: lermits: imental Code Infraction y Utilities:	ns:	$ \begin{array}{ccc} \underline{Y} & \underline{N} \\ \underline{Y} & \underline{N} \\ \underline{Y} & \underline{N} \\ \underline{Y} & \underline{N} \\ \underline{Y} & \underline{N} \end{array} $
Staff Recommendat			
Tier:	1 2		3
Notes:	at all times; however, message had not bee indicate Ms. Parker ha	it is und en returr as been	eterinary clinics were allowed to remain open icertain if Dr. Parker did so. Our voice mail ned at the time of this report. State records n a licensed veterinarian for 49 years. It is operated in Midwest City.
Recommende	d Award: \$ <u>N/</u>	1A William	-
Le	7	- Frés Ménange	7-20.20

Date

Administrator/General Manager

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.

Chur B. Parker Dom

ANNA B PARKER, DVM

MIDWEST CITY GUNNT INTOTION	MIDWEST CITY MEMORIAL HOSPITAL AUTHORITY Board of Grantors Application for Business Assistance
Business Name	Anna PARKER DVM JB/A SENTHEAST VETERINARY HOSPITAL
Physical Addres	ss: <u>5608 SE15th Sr</u> # Direction Street Suffix Unit# <u>Midwest City, OK 73110</u> <u>City ST Zip</u>
Business Telep	hone: (405) 733-3603 Extension:
	ite: None S Code: <u>541940</u> (https://www.census.gov/eos/www/naics/)
	ne: <u>(405) 275 - 5971</u>
E-Mail Address	@
X All information X I am duly X I understata Y I understata I understata I	pplication, I attest: aution provided is true and correct to the best of my knowledge. authorized to submit this request on behalf of the business identified above. and agree that I must provide documentation within 90 days of award proving funds vere used for the purposes identified on this application. nd that any money improperly spent must be repaid. nd and agree that any false information or failure to provide any required documentation alify the Applicant and any establishment they represent to receive future funding from set City Memorial Hospital Authority, and that any funds received as result of erroneous n must be repaid. day of, 2020 Applicant's Signature ID SWORN to before me this day of 3/2//22

	al Structure: <u>40+</u> Limited	oprietorship Liability Corp	
Did you for State or Federal assista	nce or any other type of gran	t program(s):Yes <u>X</u> No
Applications(s) Status:	Pending Rejecte	d App	roved
If approved, how much assist	ance did you receive in total: \$	0	
Grant(s)	Loans(s)	_Combinatio	n 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 – <u>Receipts for 3/1/2020 –</u>	4/30/2019: \$ 45,000		April 30, 2019 versus /5% 45,000 = 38.89%
Do you own similar businesses in o	other communities? YES		
Planned Expenditures Details:	Rent or Mortgage:		580,00
	Other Debt Service:	\$.00
	Personnel or Benefits:	\$.00
	Materials or Supplies:	<u>\$</u>	4734.00
	Contract Labor:	\$.00
	Utilities:	\$	416 .00
	Advertising:	\$	120.00
	Other*: WAGES	\$	2207.00
	*(Attach details) Total Request:	<u>\$</u>	8057.00
Please Attach The Following Do	cuments:		
A signed statement explain Midwest City.	ing how this grant will affect	the future o	f your business in

- Certificate of good standing from the Oklahoma Secretary of State NOT REGISTERED WITH (SOS) <u>https://www.sos.ok.gov/corp/order/orderDefault.aspx</u> Completed Internal Revenue Service Form W-9





Application for Business Assistance

Staff Review Form

Business Name	Top Tier Tacti	ical	
Physical Address	2412 S Dougl	as BL	
Date Received	<u>July 17, 2020</u>		
	t leted Applicatio t Statement	n	X IRS W-9 Form X OK SOS Certificate of Good Standing
Licensing State Licensi	ng Required:	Y	N
City Licensing	g Required:	Y	<u>N</u>
Address Informatio Certificate of Outstanding I Active Enviro Current on Ci	Occupancy: Permits: nmental Code I ty Utilities:	nfractio	ons: $\begin{array}{ccc} Y & N \\ Y & \underline{N} \\ Y & \underline{N} \\ \underline{Y} & \underline{N} \\ \underline{Y} & N \end{array}$
Tier:	1	2	3
Notes:	Tactical (NAIC	CS Code nain ope	ecutive Order deemed businesses like Top Tier de 453998) as "essential" and they were pen. Staff recommends rejecting the itted.
Recommende	ed Award:	\$	Ulleman

STATEMENT: Grant for Future of Top Tier Tactical

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

CAWRENCE J. NUGENT Owner, Top Tier Tactical (405) 795-9137 tnugent@toptiertac.com

Authorized Applicant: Last Name First Name NUGERST Mobile Telephone: 405,795,9137 E-Mail Address: TAUGERT@ TOATTER TAC.CO 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. mated this 20 day of	Board of Grantors Application for Business Assistance Business Name: TOP TIER TACTICAL Physical Address: AHIA 5. Dosc MS Blub # Direction Street Suffix Unit# Midwest City. OK 73130 Close Business Telephone: (405) 737 - 2424 Extension:		
Application for Business Assistance Business Name: $TOP_TIEP_TACTICAL$ Physical Address: $2H/12$ S. Dove DS BlvD $Midwest City. OK 73130 City Street Suths Units Midwest City. OK 73130 Units Business Telephone: 405 737 - 2424 Extension: Business Website: WWW. TOPTIER TAC. COM Business' NAICS Code: 453998 (https://www.census.gov/eos/www/naics/) Authorized Applicant: LAWSENCE NUGEENT Last Name Mobile Telephone: 1405 795 - 9137 Last Name Authorized to submit this request on behalf of the business identified above. I understand and agree that I must provide documentation within 90 days of award proving funds received were used for the purposes identified on this application. I understand and agree that any false information or failure to provide any required documentation with idequalify the Applicant and any estabilishment they represent to receive duce mentation wil$	Application for Business Assistance Business Name: TOP_TIER_TACTICAL Physical Address: 24/12 S. Dove Ins. BlvD Midwest City. OK 73130 Oity Street Suttix Unite Midwest City. OK 73130 Unite Business Telephone: (405) 737 - 2424 Extension: Street Business Website: WWW. TOPTIERTAC. Com Business' NAICS Code: 453998 (https://www.census.gov/eos/www/naics/) Authorized Applicant: LAWSENCE NUGEENT Last Name Mobile Telephone: 1405 795 9137 E-Mail Address: TALUGENT @ TOATTIER TAC. Co 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 and agree that any false information or failure to provide any required documentation will disqualify the Applicant and any establishment they represent to receive funding from the Midwest City Memorial Hospital Authority, and that any funds received as result of erroneous information must be repaid		
Business Name: TOP TIER TACTICAL Physical Address: 24/12 S. Doce IAS Blod Midwest City. OK City Street Street Suffix Unit# Midwest City. OK City ST Business Telephone: 405 1 737 - 2424 Extension: Business Website: WWW. TOPTIER TAC. Com Business' NAICS Code: 453998 (https://www.census.gov/eos/www/naics/) Authorized Applicant: 1 Prist Name Last Name Mobile Telephone: 1405 1 795 9137 E-Mail Address: TALLGEW T @ TOATTIER TAC. Co By signing this application, I attest: All information provided is true and correct to the best of my knowledge. 1 1 understand and agree that imust provide documentation within 90 days of award proving funds received were used for the purposes identified on this application. 1 1 understand and agree that any fabse information or failure to provide any required documentation will disqualify the Applicant and any establishment they represent to receive duce funding from the Midvest City Memorial Hospital Authority, and that any funds received as result	Business Name: TOP TIER TACTICAL Physical Address: 24/12 S. Dosc IAS Blod Midwest City. OK Org Street Street Suffix Unit# Midwest City. OK 73130 Business Telephone: (405) TOP TIER TAC. Com Business Website: WWW. TOPTIER TAC. Com Business' NAICS Code: 453998 (https://www.census.gov/eos/www/naics/) Authorized Applicant: LAW SENCE First Name Last Name Mobile Telephone: 1405 TALEGENT Q TOP TIER TAC. Co 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 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. Junderstand that engre	Board of Grantors	
Physical Address: 24/13 S. DocclAS BluD Direction Suffix Units Midwest City. OK 73130 City ST Zip Business Telephone: 405 J. 737 - 2424 Extension: Business Website: WWW.TOPTIERTAC.Com Business' NAICS Code: 453998 (https://www.census.gov/eos/www/naics/) Authorized Applicant: Lawseuce NUCEENT First Name Last Name Mobile Telephone: 1405 J. 795 - 9137 E-Mail Address: TAUSEENT @ TOPTIERTAC.CO 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 any tappent 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. Lunderstand 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 repai	Physical Address: 24/12 S. Dosc 105 BlvD Direction Streed Streed Suttix Unitit Midwest City. Oty ST Streed Streed Streed Suttix Unitit Midwest City. Oty ST Business Telephone: 405 1737 - 2424 Extension: Extension: Business Website: WWW. TOPTIERTAC. Com Business' NAICS Code: 453998 (https://www.census.gov/eos/www/naics/) Authorized Applicant: Lawseuce First Name Last Name Mobile Telephone: 1405 1795 9137 E-Mail Address: TALLGENT @ TOATTER TAC. Co 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 any false information within 90 days of award proving funds received were used for the purposes identified on this application. I understand and agree that any false information or failure to provide any required documentation will disqualify the Applicant and any estabilishment they represent to receive future funding from the Midwest City Memorial Hospital Authority.	Application for Business Assistance	
Midwest City, OK 73130 Oty ST Zip Business Telephone: 405 737 - 2424 Extension: Business Website: WWW.TOPTIERTAC.Com Business' NAICS Code: 453998 (https://www.census.gov/eos/www/naics/) Authorized Applicant: LAWSELCE NUCENT First Name Lest Name Mobile Telephone: 405 795 9137 E-Mail Address: TALEEW T @ TOATTER THEC.Co All information provided is true and correct to the best of my knowledge. I understand and agree that 1 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. ated this 20 day of Table, 2020. Authority Stanature	Midwest City, OK 73130 Zb Business Telephone: (405) 737.24/24 Extension: Business Website: WWW.TOPTIERTAC.Com Business' NAICS Code: 453998 (https://www.census.gov/eos/www/naics/) Authorized Applicant: Lawselse NUCENT First Name Lest Name Mobile Telephone: 1405 795 9137 E-Mail Address: TALEEN T @ TOATTER TAC.Com By signing this application, I attest: All information provided is true and correct to the best of my knowledge. I understand and agree that 1 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. nated this 20 day of Tayle, 2020. Applicant's Signature	Business Name: JOP TIER TACTICAL	
Midwest City, OK 73130 Oty ST Zip Business Telephone: 405 737 - 2424 Extension: Business Website: WWW.TOPTIERTAC.Com Business' NAICS Code: 453998 (https://www.census.gov/eos/www/naics/) Authorized Applicant: LAWSENCE NUCEENT First Name Lest Name Mobile Telephone: 1405 795 9137 E-Mail Address: TNUEENT @ TDATTERTAC.CO Authorized Applicant: LAWSENCE Nuccent I an duly authorized to submit this request on behalf of the business identified above. I understand and agree that 1 must provide documentation within 90 days of award proving funds received were used for the purposes identified on this application. 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. ated this 20 day of Tange 2020 Authority, and that any funds received as result of erroneous information	Midwest City, OK 73130 ST Zip Business Telephone: 405 737 - 2424 Extension: Business Website: WWW.TOPTIERTAC.Com Business' NAICS Code: 453998 (https://www.census.gov/eos/www/naics/) Authorized Applicant: LAwsesse Nuccents First Name Last Name Mobile Telephone: 1405 795 9137 E-Mail Address: TALEEW T @ TOPTIERTRC.Co 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 1 must provide documentation within 90 days of award proving funds received were used for the purposes identified on this application. I understand and agree that any false information or failure to provide any required documentation within 90 days of award proving funds received were used for the purposes identified on this application. I understand and agree that any false information or failure to provide any required documentation within 90 days of award proving funds received were used for the purposes identified on this application. I understand and agree that any false information or failure to provide any required documentation with if squalify the Applicant and any establishment they represent to receive future funding from the Midwest City Memorial Hospital Authority, and that any funds rece	Physical Address: 2412 5. Dove 125 Blud	
Business Website: WWW.TOPTIERTAC.COM Business' NAICS Code: 453998 (https://www.census.gov/eos/www/naics/) Authorized Applicant: Lawsence First Name NUGENT Mobile Telephone: 1405 TALEGENT Last Name Mobile Telephone: 1405 TALEGENT 0795 E-Mail Address: TALEGENT 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 1 must provide documentation within 90 days of award proving funds received were used for the purposes identified on this application. 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. ated this 20 day of Tail 2020. Applicant's Signature	Business Website: WWW.TOPTIERTAC.COM Business' NAICS Code: 453998 (https://www.census.gov/eos/www/naics/) Authorized Applicant: Lawsewce First Name NUCCENT Mobile Telephone: 1405 TAUGENT Description E-Mail Address: TAUGENT @ TOATIER TAC.CO 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 1 must provide documentation within 90 days of award proving funds received were used for the purposes identified on this application. 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. ated this 20 day of Tauge, 20 20. Applicant's Signature	AND THE STREET STRE	
Business' NAICS Code: 453998 (https://www.census.gov/eos/www/naics/) Authorized Applicant: Lawsence NUGENT First Name Last Name Mobile Telephone: 405 795 9137 E-Mail Address: TNUGENT @ TDATIER TAC.Co 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 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. Atted this 20 day of Taylog 20 Authority Signature	Business' NAICS Code: 453998 (https://www.census.gov/eos/www/naics/) Authorized Applicant: Lawselce NUGENT First Name Last Name Mobile Telephone: 405 795 9137 E-Mail Address: TNUGENT @ TDATIER TAC.Co 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 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. Atted this 20 day of Taylogo. Applicant's Signature	Business Telephone: (405) 737 - 2424 Extension:	
Authorized Applicant: Law Seusce NUGERST First Name Last Name Mobile Telephone: 405,795,9137 E-Mail Address: TALEEW T @ TOA THER TAC.CO 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 1 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. ated this 20 day of	Authorized Applicant: Last Name First Name NUGERST Mobile Telephone: 405,795,9137 E-Mail Address: TALEENT @ TOATTIER TAC.CO 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 1 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. ated this 20 day of		
Authorized Applicant: Last Name First Name NUGERST Mobile Telephone: 405,795,9137 E-Mail Address: TALEENT @ TOATTIER TAC.CO 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. ated this 20 day of	Authorized Applicant: Last Name First Name NUGERST Mobile Telephone: 405,795,9137 E-Mail Address: TALEENT @ TOATTIER TAC.CO 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. ated this 20 day of	Business' NAICS Code: 453998 (https://www.census.gov/acs//wwww.census.gov/acs//wwww.census.gov/acs//www.census.gov/acs//w	
Mobile Telephone: 405,795,9137 E-Mail Address: TNUGENT @ TDATIENTIFYC.CO 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. ated this 20 day of 5,20, 2020. Applicant's Signature	Mobile Telephone: 405,795,9137 E-Mail Address: TALGENT @ TOATIER THE.CO 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. ated this 20 day of 5,20, 20,20. Applicant's Signature		
Mobile Telephone: 405,795,9137 E-Mail Address: TNUGENT @ TDATIENTIFYC.CO 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 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. atted this 20 day of 5,20,20. Applicant's Signature	Mobile Telephone: 405,795,9137 E-Mail Address: TNUGENT @ TDATIENTAC.CO 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. ated this 20 day of 5,20, 2020. Applicant's Signature	Authorized Applicant: LAWSENCE NUGENT	
Mail Address: <u>TNUGENT @ TOATIER THC.</u> CO Sy 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. ated this 20 day of <u>Jun</u> , 2020. Applicant's Signature	Mail Address: <u>TNUGENT @ TOATIER THC.</u> CO Sy 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. ated this 20 day of <u>Jun</u> , 2020. Applicant's Signature	First Name Last Name	
Mail Address: <u>TNUGENT @ TOATIER THC.</u> CO Sy 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. ated this 20 day of <u>Jun</u> , 2020. Applicant's Signature	Mail Address: <u>TNUGENT @ TOATIER THC.</u> CO Sy 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. ated this 20 day of <u>Jun</u> , 2020. Applicant's Signature	Mobile Telephone: (405, 795, 9137	
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. ated this 20 day of 3, 20, 20. Applicant's Signature	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. ated this 20 day of 3, 20, 20. Applicant's Signature	1110 - 101	
By signing this application, I attest:	By signing this application, I attest:	-Mail Address:TNLIGENT @ TOATIER THC. C	10
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. ated this 20 day of 5, 20, 20. Applicant's Signature	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. ated this 20 day of 5, 20, 20. Applicant's Signature		-2
 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. ated this <u>20</u> day of <u>5,000</u>, 20,20. 	 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. ated this <u>20</u> day of <u>5,000</u>, 20,20. 		
 Tunderstand 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. ated this <u>20</u> day of <u>5, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20</u>	 Tunderstand 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. ated this <u>20</u> day of <u>5, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20</u>	am duly authorized to submit this request on behalf of the husiness identify the	
 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. ated this 20 day of 52, 2020. 	 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. ated this 20 day of 52, 2020. 	I understand and agree that I must provide documentation within 90 down of award and in the second secon	s
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. ated this 20 day of 5, 20, 20, Applicant's Signature	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. ated this 20 day of 5, 20, 20, Applicant's Signature	I understand that any money improperly spent must be repaid.	
ated this 20 day of 5. 20 20. Applicant's Signature	ated this 20 day of 5. 20 20. Applicant's Signature	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 funde received as a set in factor.	
UBSCRIBED AND SWORN to before me this 20 day of July	JBSCRIBED AND SWORN to before me this $2\sigma_{day of} = J\mu[\gamma_{day}, 20_2c2c]$	ated this 20 day of July, 2020. All	
ay of, 20_2000	, 20_2010	UBSCRIBED AND SWORN to before me this 20	
		, 20 2010, and the tills 20 day of July , 20 2010.	
	3	3	

12.0

Notary Public	My commission expires: 3-16-23
Business Information:	Time in Operation: Years: 7 Months: 2 Legal Structure:
Did you for State or Federal	assistance or any other type of grant program(s):YesNo
Applications(s) Statu	us:PendingRejectedApproved
If approved, how much	h assistance did you receive in total: \$ 2014
Grant(s)	Loans(s)Combination of both
OSSES:	
What is the total lass of	e in comparing receipts for March 1, 2019 through April 30, 2019 versus
he same time in 2020?	
low to compute losses:	%
low to compute losses: Receipts for 3/1/	/2019 - 4/30/2019: \$ 45,000 <u>2020 - 4/30/2020: \$ 27,500</u> Difference: \$ 17,500 + \$45,000 = 38,89%

Planned Expenditures Details:	Rent or Mortgage:	\$ 5,500 .00
	Other Debt Service:	<u>00. 002,5 ¢</u> \$\$
	Personnel or Benefits:	<u>\$</u> 00
	Materials or Supplies:	\$ 10,000 .00
	Contract Labor:	\$.00
	Utilities:	\$ 500 .00
	Advertising:	\$ 1,000 .00
	Other*; *(Attach details)	<u>\$</u> .00
	Total Request:	\$ 17,00000
Distance and the second second		0.00

Please Attach The Following Documents:

 $\sqrt{}$

V

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