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**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. CALL TO ORDER.
- B. DISCUSSION ITEMS.
  - 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. ADJOURNMENT.

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.

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.

**PUBLIC DISCUSSION.** 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

DATE: August 6, 2020

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.

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Please see the attached applications and staff notes.

Action is at the Grantors discretion.

A handwritten signature in black ink, appearing to read "Tim Lyon", is written over a horizontal line.

Tim Lyon, General Manager/Administrator

**FY 20-21 Staff Recommended Grant Applications**

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

**Total \$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



MIDWEST CITY MEMORIAL HOSPITAL AUTHORITY

# Board of Grantors

Application for Business Assistance

## Staff Review Form

**Business Name** Altitude 1291, L.L.C.

**Physical Address** 6235 SE 15<sup>th</sup> ST

**Date Received** July 1, 2020

### Document Checklist

<input checked="" type="checkbox"/>	Completed Application	<input checked="" type="checkbox"/>	IRS W-9 Form
<input checked="" type="checkbox"/>	Impact Statement	<input checked="" type="checkbox"/>	OK SOS Certificate of Good Standing

### Licensing

State Licensing Required:	<u>Y</u>	N	Expiration: <u>8/31/2021</u>
Health (OKCC)			Expiration: <u>11/30/2021</u>
Alcoholic Beverage			

City Licensing Required:	<u>Y</u>	N	Expiration: <u>6/30/2021</u>
Family Amusement			Expiration: <u>11/30/2021</u>
Alcoholic Beverage			

### Address Information

Certificate of Occupancy:	<u>Y</u>	N
Outstanding Permits:	<u>Y</u>	<u>N</u>
Active Environmental Code Infractions:	<u>Y</u>	<u>N</u>
Current on City Utilities:	<u>Y</u>	N

### Staff Recommendation

Tier:            1            2            3

Notes: Alcoholic beverage licensing on file.

Recommended Award:    \$ 4000.00

*R. M. M...*

*J. L. G...*

Administrator/General Manager

7-10-20

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,

A handwritten signature in black ink, appearing to read 'Kyle Allison', written in a cursive style.

Kyle Allison

Owner

Altitude 1291



**MIDWEST CITY MEMORIAL HOSPITAL AUTHORITY**  
**Board of Grantors**  
**Application for Business Assistance**

**Business Name:** Altitude 1291 LLC

**Physical Address:** 6235 SE 15<sup>th</sup> St.  
# Direction Street Suffix Unit#  
Midwest City, OK 73110  
City ST Zip

**Business Telephone:** (405) 455-8386 **Extension:** \_\_\_\_\_

**Business Website:** www.Altitude1291.com

**Business' NAICS Code:** 713950 (<https://www.census.gov/eos/www/naics/>)

**Authorized Applicant:** Kyle Allison  
First Name Last Name

**Mobile Telephone:** (405) 206-1725

**E-Mail Address:** Kyle @ altitude1291.com

- By signing this application, I attest:**
- All information provided is true and correct to the best of my knowledge.
  - I am duly authorized to submit this request on behalf of the business identified above.
  - I understand and agree that I must provide documentation within 90 days of award proving funds received were used for the purposes identified on this application.
  - I understand that any money improperly spent must be repaid.
  - I understand and agree that any false information or failure to provide any required documentation will disqualify the Applicant and any establishment they represent to receive future funding from the Midwest City Memorial Hospital Authority, and that any funds received as result of erroneous information must be repaid.

Dated this 30 day of June, 2020. [Signature]  
Applicant's Signature

SUBSCRIBED AND SWORN to before me this 30 day of June, 2020.

Elaine K. Vanhook My commission expires: July 28, 2021  
Notary Public





**Business Information:** Time in Operation: Years: 0 Months: 8  
**Legal Structure:**  Sole Proprietorship  Corporation  
 Limited Liability Corp.  S-Corp.  
 Partnership

Did you for State or Federal assistance or any other type of grant program(s):  Yes  No

Applications(s) Status:  Pending  Rejected  Approved

If approved, how much assistance did you receive in total: \$ 330,400

Grant(s)  Loans(s)  Combination of both

**LOSSES:**

What is the total loss of revenue in comparing receipts for March 1, 2019 through April 30, 2019 versus the same time in 2020?

How to compute losses: *\* We were not open in same period 2019. We estimate losses at \$450,000*

Receipts for 3/1/2019 – 4/30/2019:	\$ 45,000	$\frac{17,500}{45,000} = 38.89\%$
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: 1

*(Attach separate page detailing information on other business)*

<b>Planned Expenditures Details:</b>	Rent or Mortgage:	\$ _____ .00
	Other Debt Service:	\$ _____ .00
	Personnel or Benefits:	\$ _____ .00
	Materials or Supplies:	\$ _____ .00
	Contract Labor:	\$ _____ .00
	Utilities:	\$ _____ .00
	Advertising:	\$ <u>4,000</u> .00
	Other*:	\$ _____ .00
	<small>*(Attach details)</small>	
	<b>Total Request:</b>	\$ <u>4,000</u> .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



MIDWEST CITY MEMORIAL HOSPITAL AUTHORITY

# Board of Grantors

Application for Business Assistance

## Staff Review Form

**Business Name** Bare Essentials

**Physical Address** 2839 S Douglas BL, Suite 107

**Date Received** July 20, 2020

### Document Checklist

<input checked="" type="checkbox"/>	Completed Application	<input checked="" type="checkbox"/>	IRS W-9 Form
<input checked="" type="checkbox"/>	Impact Statement	<input checked="" type="checkbox"/>	OK SOS Certificate of Good Standing

### Licensing

State Licensing Required: Y N

City Licensing Required: Y N

### Address Information

Certificate of Occupancy:	<u>Y</u>	<u>N</u>
Outstanding Permits:	<u>Y</u>	<u>N</u>
Active Environmental Code Infractions:	<u>Y</u>	<u>N</u>
Current on City Utilities:	<u>Y</u>	<u>N</u>

### Staff Recommendation

Tier:            1            2            3

Notes:

Recommended Award:    \$ 1500.00

*R. Williams*

*L. G. [Signature]*

Administrator/General Manager

7-23-20  
Date

## **BARE ESSENTIALS SALON**

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

**07/20/2020**

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


### **Board of Grantors:**

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

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

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

Sincerely,



**Joy DePace, Owner  
Bare Essentials Salon**

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My Account : Transaction History

### Transaction History

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

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

<a href="#">View Briefcase</a>	<a href="#">Submitted Date</a>	<a href="#">Contact Name</a>	Status	Total Fee
<a href="#">021720AWRMHZ</a>	7/17/2020 2:29:59 PM	Joy DePace	Processed	\$10.40

1

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Dear Mr. Coleman,

As per our conversation, I am enclosing the request from the Secretary of State. As soon as I can retrieve the Certificate of Good Standing I will immediately bring it to you.

Thank you so much for considering my application. I have owned this local business since April 2003. This year has been definitely hard and the grant money will truly help keep us open & my 10 stylists employed.

Thank you again,

Joy DePace



MIDWEST CITY MEMORIAL HOSPITAL AUTHORITY  
**Board of Grantors**  
 Application for Business Assistance

**Business Name:** Bare Essentials Salon

**Physical Address:** 2839 S. Douglas Blvd #107  
 # Direction Street Suffix Unit#  
Midwest City, OK 73130  
 City ST Zip

**Business Telephone:** (405) 741-8477 Extension: \_\_\_\_\_

**Business Website:** Facebook Bare Essentials Salon

**Business' NAICS Code:** 812112 (<https://www.census.gov/eos/www/naics/>)

**Authorized Applicant:** Joy DePace  
 First Name Last Name

**Mobile Telephone:** (405) 760-3947

**E-Mail Address:** joydepac@gmail.com

By signing this application, I attest:

- All information provided is true and correct to the best of my knowledge.
- I am duly authorized to submit this request on behalf of the business identified above.
- I understand and agree that I must provide documentation within 90 days of award proving funds received were used for the purposes identified on this application.
- I understand that any money improperly spent must be repaid.
- I understand and agree that any false information or failure to provide any required documentation will disqualify the Applicant and any establishment they represent to receive future funding from the Midwest City Memorial Hospital Authority, and that any funds received as result of erroneous information must be repaid.

Dated this 17 day of July, 2020. Joy DePace  
 Applicant's Signature

SUBSCRIBED AND SWORN to before me this 17 day of July, 2020.



Th

**Business Information:**

**Time in Operation:** Years: 17 Months: 4

**Legal Structure:**  Sole Proprietorship  Corporation  
 Limited Liability Corp.  S-Corp.  
 Partnership

Did you for State or Federal assistance or any other type of grant program(s): loan program  Yes  No

**Applications(s) Status:**  Pending  Rejected  Approved no response

If approved, how much assistance did you receive in total: \$ 0

Grant(s)  Loans(s)  Combination of both

**LOSSES:**

What is the total loss of revenue in comparing receipts for March 1, 2019 through April 30, 2019 versus the same time in 2020? 51.72 %

How to compute losses:

Receipts for 3/1/2019 – 4/30/2019:	\$ 45,000	$4500 \div 8700 = 51.72$
Receipts for 3/1/2020 – 4/30/2020:	\$ 27,500	$17,500 \div 45,000 = 38.89\%$
Difference:	\$ 17,500	

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

(Attach separate page detailing information on other business)

<b>Planned Expenditures Details:</b>	Rent or Mortgage:	\$ <u>1225</u>	.00
	Other Debt Service:	\$ <u>—</u>	.00
	Personnel or Benefits:	\$ <u>1500</u>	.00
	Materials or Supplies:	\$ <u>500</u>	.00
	Contract Labor:	\$ <u>—</u>	.00
	Utilities:	\$ <u>700</u>	.00
	Advertising:	\$ <u>50</u>	.00
	Other*:	\$ _____	.00
	*(Attach details)		
	<b>Total Request:</b>	\$ <u>3975</u>	.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> pending from SOS
- Completed Internal Revenue Service Form W-9



MIDWEST CITY MEMORIAL HOSPITAL AUTHORITY

# Board of Grantors

Application for Business Assistance

## Staff Review Form

**Business Name** Booger Red's

**Physical Address** 6125 SE 15<sup>th</sup> ST

**Date Received** July 21, 2020

### Document Checklist

<input checked="" type="checkbox"/>	Completed Application	<input checked="" type="checkbox"/>	IRS W-9 Form
<input checked="" type="checkbox"/>	Impact Statement	<input checked="" type="checkbox"/>	OK SOS Certificate of Good Standing

### Licensing

State Licensing Required:  Y    N  
OCCHD Expires: 8/31/2020

City Licensing Required:  Y    N  
Alcoholic Beverage Expires: 8/31/2020  
Family Amusement Expires: 6/30/2021

### Address Information

Certificate of Occupancy:	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
Outstanding Permits:	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
Active Environmental Code Infractions:	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
Current on City Utilities:	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N

### Staff Recommendation

Tier:            1            2            3

Notes:

Recommended Award:    \$ 4000.00

  
\_\_\_\_\_  
Administrator/General Manager



7/23/20  
\_\_\_\_\_  
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,

A handwritten signature in black ink that reads "Jeffery R. Males". The signature is written in a cursive style with a large, stylized 'J' and 'M'.

Jeffery R. Males

7-20-2020





MIDWEST CITY MEMORIAL HOSPITAL AUTHORITY  
**Board of Grantors**  
 Application for Business Assistance

Business Name: C+D Entertainment DBA Booger Reds

Physical Address: 6125 SE. 15th St.  
# Direction Street Suffix Unit#  
Midwest City, OK 73110  
City ST Zip

Business Telephone: (405) 737-1971 Extension: \_\_\_\_\_

Business Website: N/A

Business' NAICS Code: 722 (<https://www.census.gov/eos/www/naics/>)

Authorized Applicant: Jeffery Males  
First Name Last Name

Mobile Telephone: (405) 919-2643

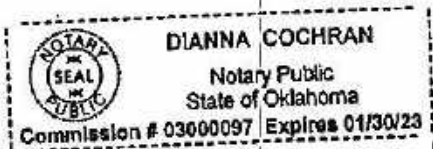
E-Mail Address: Ray males @ hot mail .com

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 20th day of July, 2020. Jeffery R. Males  
Applicant's Signature

SUBSCRIBED AND SWORN to before me this 20th day of July, 2020.



Dianna Cochran  
Notary Public

My commission expires: 1-30-23

**Business Information:** Time in Operation: Years: 21 Months: 6  
Legal Structure:  Sole Proprietorship  Corporation  
 Limited Liability Corp.  S-Corp.  
 Partnership

Did you for State or Federal assistance or any other type of grant program(s):  Yes  No

Applications(s) Status:  Pending  Rejected  Approved

If approved, how much assistance did you receive in total: \$ 1,000.00

Grant(s) 2  Loans(s) 2  Combination of both 2

**LOSSES:**

What is the total loss of revenue in comparing receipts for March 1, 2019 through April 30, 2019 versus the same time in 2020? 13 %

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	

Do you own similar businesses in other communities?  YES  NO Total units owned: 5

(Attach separate page detailing information on other business)

<b>Planned Expenditures Details:</b>	Rent or Mortgage:	\$ <u>6,600</u> .00
	Other Debt Service:	\$ _____ .00
	Personnel or Benefits:	\$ _____ .00
	Materials or Supplies:	\$ <u>8,700</u> .00
	Contract Labor:	\$ <u>1,500</u> .00
	Utilities:	\$ <u>2,000</u> .00
	Advertising:	\$ _____ .00
	Other*: (Attach details)	\$ _____ .00
<b>Total Request:</b>	\$ <u>18,800</u> .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



MIDWEST CITY MEMORIAL HOSPITAL AUTHORITY  
**Board of Grantors**  
 Application for Business Assistance

**Staff Review Form**

**Business Name** Brielle's Bistro

**Physical Address** 9205 NE 23<sup>rd</sup> ST, Suite 4

**Date Received** July 8, 2020

**Document Checklist**

<input checked="" type="checkbox"/>	Completed Application	<input checked="" type="checkbox"/>	IRS W-9 Form
<input checked="" type="checkbox"/>	Impact Statement	<input checked="" type="checkbox"/>	OK SOS Certificate of Good Standing

**Licensing**

State Licensing Required:	<u>Y</u>	N	Expiration: <u>8/31/2021</u>
Health (OKCC)			Expiration: <u>1/15/2021</u>
Alcoholic Beverage			

City Licensing Required:	<u>Y</u>	N	Expiration: <u>1/15/2021</u>
Alcoholic Beverage			

**Address Information**

Certificate of Occupancy:	<u>Y</u>	N
Outstanding Permits:	<u>Y</u>	<u>N</u>
Active Environmental Code Infractions:	<u>Y</u>	<u>N</u>
Current on City Utilities:	<u>Y</u>	N

**Staff Recommendation**

Tier:            1                      2                      3

Notes:

Recommended Award:    \$ 4500.00

*R. Coleman*

*[Signature]*  
 Administrator/General Manager

7-10-20  
 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!

A handwritten signature in black ink, appearing to read 'Richard Brown', written in a cursive style.

Richard Brown

Brielle's Bistro



MIDWEST CITY MEMORIAL HOSPITAL AUTHORITY  
**Board of Grantors**  
 Application for Business Assistance

**Business Name:** Brielles Bistro

**Physical Address:** 9205 NE 23rd St  
# Direction Street Suffix Unit#  
Midwest City, OK 73141  
City ST Zip

**Business Telephone:** (405) 259-8473 **Extension:** \_\_\_\_\_

**Business Website:** www.BriellesBistro.com

**Business' NAICS Code:** 722511 (<https://www.census.gov/eos/www/naics/>)

**Authorized Applicant:** ~~Richard~~ Richard ~~Brown~~ Brown  
First Name Last Name

**Mobile Telephone:** (405) 313-9280

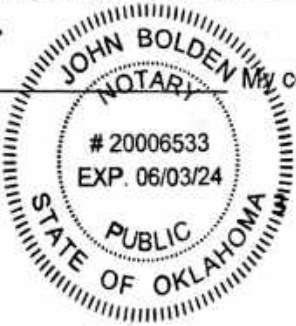
**E-Mail Address:** BriellesBistro23@gmail.com

- 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 30<sup>th</sup> day of July, 2020. [Signature]  
Applicant's Signature

SUBSCRIBED AND SWORN to before me this 7<sup>th</sup> day of July, 2020.

[Signature]  
 Notary Public



My commission expires: 6/03/24

**Business Information:**

Time in Operation: Years: 2 Months: 7

Legal Structure:  Sole Proprietorship  Corporation  
 Limited Liability Corp.  S-Corp.  
 Partnership

Did you for State or Federal assistance or any other type of grant program(s):  Yes  No

Applications(s) Status:  Pending  Rejected  Approved

If approved, how much assistance did you receive in total: \$ 10,300

Grant(s)  Loans(s)  Combination of both

**LOSSES:**

What is the total loss of revenue in comparing receipts for March 1, 2019 through April 30, 2019 versus the same time in 2020? 36.12 %

How to compute losses:

Receipts for 3/1/2019 – 4/30/2019:	\$ 45,000	$\$17,500 \div \$45,000 = 38.89\%$
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: 0

(Attach separate page detailing information on other business)

<b>Planned Expenditures Details:</b>	Rent or Mortgage:	\$ <u>1800</u>	.00
	Other Debt Service:	\$ _____	.00
	Personnel or Benefits:	\$ _____	.00
	Materials or Supplies:	\$ <u>20,000</u>	.00
	Contract Labor:	\$ _____	.00
	Utilities:	\$ <u>1,300</u>	.00
	Advertising:	\$ <u>500</u>	.00
	Other*:	\$ _____	.00
	*(Attach details)		
	<b>Total Request:</b>	\$ <u>23,600</u>	.00

- food est.

**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



MIDWEST CITY MEMORIAL HOSPITAL AUTHORITY

# Board of Grantors

Application for Business Assistance

## Staff Review Form

Business Name Celebrity Club

Physical Address 2125 S Air Depot BL

Date Received July 10, 2020

### Document Checklist

<input checked="" type="checkbox"/>	Completed Application	<input checked="" type="checkbox"/>	IRS W-9 Form
<input checked="" type="checkbox"/>	Impact Statement	<input checked="" type="checkbox"/>	OK SOS Certificate of Good Standing

### Licensing

State Licensing Required:	<u>Y</u>	N	Expiration:	<u>8/31/2020</u>
Health (OKCC)			Expiration:	<u>5/31/2021</u>
Alcoholic Beverage				

City Licensing Required:	<u>Y</u>	N	Expiration:	<u>5/31/2021</u>
Alcoholic Beverage				

### Address Information

Certificate of Occupancy:	<u>Y</u>	N
Outstanding Permits:	<u>Y</u>	N
Active Environmental Code Infractions:	<u>Y</u>	N
Current on City Utilities:	<u>Y</u>	N

### Staff Recommendation

Tier:            1                      2                      3

Notes:

Recommended Award:    \$ 4000.00

*[Signature]*

L. J. For  
Administrator/General Manager

\_\_\_\_\_  
Date

Cash Cow Inc.  
Dba Celebrity Club  
PO Box 94070  
Oklahoma City, OK 73143

July 8, 2020

Midwest City Memorial Hospital Authority  
Board of Grantors

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

Thank You,



Lori Kreke  
Owner





MIDWEST CITY MEMORIAL HOSPITAL AUTHORITY  
**Board of Grantors**  
 Application for Business Assistance

Business Name: Cash Cow, Inc. dba CELEBRITY CLUB

Physical Address: 2125 S. Air Depot  
# Direction Street Suffix Unit#  
Midwest City, OK 73110  
City ST Zip

Business Telephone: (405) 677-5969 Extension: \_\_\_\_\_

Business Website: NONE

Business' NAICS Code: 722410 (<https://www.census.gov/eos/www/naics/>)

Authorized Applicant: LORI KREKE  
First Name Last Name

Mobile Telephone: (405) 677-5969

E-Mail Address: LORIKREKE@mayco-usa.com

By signing this application, I attest:

- All information provided is true and correct to the best of my knowledge.
- I am duly authorized to submit this request on behalf of the business identified above.
- I understand and agree that I must provide documentation within 90 days of award proving funds received were used for the purposes identified on this application.
- I understand that any money improperly spent must be repaid.
- I understand and agree that any false information or failure to provide any required documentation will disqualify the Applicant and any establishment they represent to receive future funding from the Midwest City Memorial Hospital Authority, and that any funds received as result of erroneous information must be repaid.

Dated this 9 day of July, 20 20 Lori Kreke  
Applicant's Signature

SUBSCRIBED AND SWORN to before me this 8 day of July, 20 20

Susan Shockley  
 Notary Public

My commission expires: \_\_\_\_\_



**Business Information:** Time in Operation: Years: 14 Months: 4  
 Legal Structure:  Sole Proprietorship  Corporation  
 Limited Liability Corp.  S-Corp.  
 Partnership

Did you for State or Federal assistance or any other type of grant program(s):  Yes  No  
 Applications(s) Status:  Pending  Rejected  Approved  
 If approved, how much assistance did you receive in total: \$ 7,600<sup>-</sup>  
 Grant(s)  Loans(s)  Combination of both

**LOSSES:**  
 What is the total loss of revenue in comparing receipts for March 1, 2019 through April 30, 2019 versus the same time in 2020? 81 %

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

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>1100</u>	.00
Other Debt Service:	\$		.00
Personnel or Benefits:	\$	<u>24646</u>	.00
Materials or Supplies:	\$	<u>1361</u>	.00
Contract Labor:	\$	<u>3904</u>	.00
Utilities:	\$	<u>1194</u>	.00
Advertising:	\$		.00
Other*:	\$		.00
*(Attach details)			
<b>Total Request:</b>	\$	<u>4000</u>	.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



MIDWEST CITY MEMORIAL HOSPITAL AUTHORITY  
**Board of Grantors**  
 Application for Business Assistance

**Staff Review Form**

**Business Name**      C'Est Si Bon

**Physical Address**    101 N Douglas BL

**Date Received**      July 21, 2020

**Document Checklist**

Completed Application                       IRS W-9 Form  
 Impact Statement                                       OK SOS Certificate of Good Standing

**Licensing**

State Licensing Required:    Y    N  
 City Licensing Required:    Y    N  
 Expires:                            8/31/2020

**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:                      1                      2                      3

Notes:                      Lacking Certificate of Good Standing with Oklahoma Secretary of State; also lacking Statement. Make sure these are both received before issuing check; otherwise, everything is in order.

Recommended Award:                      \$ 2000.00

*L. J. Gor*  
 \_\_\_\_\_  
 Administrator General Manager

\_\_\_\_\_ Date



MIDWEST CITY MEMORIAL HOSPITAL AUTHORITY  
**Board of Grantors**  
 Application for Business Assistance

Business Name: LIST SI BOB INC.

Physical Address: 101 N DOUGLAS BLVD SUITE L  
# Direction Street Suffix Unit#  
Midwest City, OK 73130  
City ST Zip

Business Telephone: (405) 610-2555 Extension: \_\_\_\_\_

Business Website: CASWPCATFISHANDROBOTS.COM

Business' NAICS Code: \_\_\_\_\_ (<https://www.census.gov/eos/www/naics/>)

Authorized Applicant: KEN MILLS  
First Name Last Name

Mobile Telephone: (405) 209-6906

E-Mail Address: KEMILLS310@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 funds received were used for the purposes identified on this application.
- I understand that any money improperly spent must be repaid.
- I understand and agree that any false information or failure to provide any required documentation will disqualify the Applicant and any establishment they represent to receive future funding from the Midwest City Memorial Hospital Authority, and that any funds received as result of erroneous information must be repaid.

Dated this 21 day of July, 2020. Ken Mills  
Applicant's Signature

SUBSCRIBED AND SWORN to before me this 21 day of July, 2020.

Logan Cash My commission expires: 07/06/2024  
Notary Public



Business Information: Time in Operation: Years: 6 Months: 3  
 Legal Structure:  Sole Proprietorship  Corporation  
 Limited Liability Corp.  S-Corp.  
 Partnership

Did you for State or Federal assistance or any other type of grant program(s):  Yes  No

Applications(s) Status:  Pending  Rejected  Approved

If approved, how much assistance did you receive in total: \$ \_\_\_\_\_

Grant(s)  Loans(s)  Combination of both

**LOSSES:**

What is the total loss of revenue in comparing receipts for March 1, 2019 through April 30, 2019 versus the same time in 2020? \_\_\_\_\_%

How to compute losses:

Receipts for 3/1/2019 – 4/30/2019:	\$ 45,000	\$17,500 ÷ \$45,000 = 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>2500</u> .00
	Other Debt Service:	\$ _____ .00
	Personnel or Benefits:	\$ <u>8000</u> .00
	Materials or Supplies:	\$ <u>9000</u> .00
	Contract Labor:	\$ _____ .00
	Utilities:	\$ <u>2000</u> .00
	Advertising:	\$ <u>300</u> .00
	Other*:	\$ _____ .00
	*(Attach details)	
	<b>Total Request:</b>	<b>\$ <u>21,800</u>.00</b>

**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



MIDWEST CITY MEMORIAL HOSPITAL AUTHORITY

# Board of Grantors

Application for Business Assistance

## Staff Review Form

**Business Name** Chong Wah Asian Bistro

**Physical Address** 9301 NE 10<sup>th</sup> ST

**Date Received** July 21, 2020

### Document Checklist

<input checked="" type="checkbox"/>	Completed Application	<input checked="" type="checkbox"/>	IRS W-9 Form
<input checked="" type="checkbox"/>	Impact Statement	<input checked="" type="checkbox"/>	OK SOS Certificate of Good Standing

### Licensing

State Licensing Required:  
OCCHD

Expiration: 8/31/2020

City Licensing Required:    Y    N

### Address Information

Certificate of Occupancy:	<u>Y</u>	<u>N</u>
Outstanding Permits:	<u>Y</u>	<u>N</u>
Active Environmental Code Infractions:	<u>Y</u>	<u>N</u>
Current on City Utilities:	<u>Y</u>	<u>N</u>

### Staff Recommendation

Tier:            1            2            3

Notes:

Recommended Award:    \$ 4000.00

*R. Bloman*

Administrator/General Manager

7/31/20  
Date



9301 NE10<sup>th</sup> Street Midwest, OK 73110  
(405) 610-6898

July 20, 2020

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

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

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

Sincerely,

Amy Tu and Cheng Chen



MIDWEST CITY MEMORIAL HOSPITAL AUTHORITY  
**Board of Grantors**  
 Application for Business Assistance

Business Name: Chong Wah Asian Bistro

Physical Address: 9301 NE 10th St  
# Direction Street Suffix Unit  
Midwest City, OK 73160  
City ST Zip

Business Telephone: ( 405 ) 610 - 6898 Extension: \_\_\_\_\_

Business Website: Http://chongwah.wixsite.com/chongwah-bistro

Business' NAICS Code: \_\_\_\_\_ (<https://www.census.gov/eos/www/naics/>)

Authorized Applicant: Amy Tu, Chen Chen  
First Name Last Name

Mobile Telephone: ( 405 ) 207 - 8355

E-Mail Address: Chongwah.rnwc @ 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 21 day of July 21 2020 Amy Tu  
Applicant's Signature

SUBSCRIBED AND SWORN to before me this 3 day of July 2020

My commission expires 08/02/2022

*Notary Public*





**Business Information:** **Time in Operation:** Years: 9 Months: \_\_\_\_\_  
**Legal Structure:**  Sole Proprietorship \_\_\_\_\_ Corporation  
 Limited Liability Corp. \_\_\_\_\_ S-Corp.  
 Partnership

**Did you for State or Federal assistance or any other type of grant program(s):** \_\_\_ Yes  No

**Applications(s) Status:** \_\_\_ Pending \_\_\_ Rejected \_\_\_ Approved

If approved, how much assistance did you receive in total: \$ \_\_\_\_\_

\_\_\_ Grant(s) \_\_\_ Loans(s) \_\_\_ Combination of both

**LOSSES:**

What is the total loss of revenue in comparing receipts for March 1, 2019 through April 30, 2019 versus the same time in 2020? \_\_\_\_\_ 25 %

How to compute losses:

Receipts for 3/1/2019 – 4/30/2019:	\$ 45,000	$\$17,500 \div \$45,000 = 38.89\%$
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)*

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

**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



MIDWEST CITY MEMORIAL HOSPITAL AUTHORITY

# Board of Grantors

Application for Business Assistance

## Staff Review Form

**Business Name** Cookies by Design

**Physical Address** 2801 S Douglas BL, Suite 101

**Date Received** July 21, 2020

### Document Checklist

<input checked="" type="checkbox"/>	Completed Application	<input checked="" type="checkbox"/>	IRS W-9 Form
<input checked="" type="checkbox"/>	Impact Statement	<input checked="" type="checkbox"/>	OK SOS Certificate of Good Standing

### Licensing

State Licensing Required: Y N  
 OCC Health Expires: 8/31/2020

City Licensing Required: Y N  
 Expires: 8/31/2020

### Address Information

Certificate of Occupancy:	<u>Y</u>	N
Outstanding Permits:	Y	<u>N</u>
Active Environmental Code Infractions:	Y	<u>N</u>
Current on City Utilities:	<u>Y</u>	N

### Staff Recommendation

Tier:            1                    2                    3

Notes:            Food manufacturing (NAICS Code 311+) were allowed to be open as a right under the Governor's Executive Order; however, the Owner advised he chose to close for two consecutive weeks and then was only open limited hours for a few weeks thereafter.

Recommended Award:            \$ 4000.00

\_\_\_\_\_  
Administrator/General Manager

\_\_\_\_\_  
Date

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



**MIDWEST CITY MEMORIAL HOSPITAL AUTHORITY**  
**Board of Grantors**  
**Application for Business Assistance**

**Business Name:** BDM Cookies, LLC dba Cookies By Design

**Physical Address:** 2801 S Douglas Blvd., Suite 101

#	Direction	Street	Suffix	Unit#
Midwest City,	OK	73130		
City	ST	Zip		

**Business Telephone:** ( 405 ) 610 - 6444      **Extension:** \_\_\_\_\_

**Business Website:** www.CookiesByDesign.com

**Business' NAICS Code:** 311811      (<https://www.census.gov/eos/www/naics/>)

**Authorized Applicant:** David Moore

*First Name* *Last Name*

**Mobile Telephone:** ( 405 ) 317 - 3003

**E-Mail Address:** CookiesByDesignOKC@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 29 day of June, 2020      David Moore  
*Applicant's Signature*

SUBSCRIBED AND SWORN to before me this 21 day of July, 2020

Katrina F. Bruner  
*Notary Public*

My commission expires: 4/05/2023



**Business Information:**      **Time in Operation:** Years: 1      Months: 9  
**Legal Structure:**       Sole Proprietorship       Corporation  
 Limited Liability Corp.       S-Corp.  
 Partnership

**Did you for State or Federal assistance or any other type of grant program(s):**  Yes  No  
**Applications(s) Status:**       Pending       Rejected       Approved  
If approved, how much assistance did you receive in total: \$ 10,100  
 Grant(s)       Loans(s)       Combination of both

**LOSSES:**  
What is the total loss of revenue in comparing receipts for March 1, 2019 through April 30, 2019 versus the same time in 2020? 5 %

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

**Do you own similar businesses in other communities?** YES  NO  **Total units owned:** 1  
*(Attach separate page detailing information on other business)*

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



MIDWEST CITY MEMORIAL HOSPITAL AUTHORITY

## Board of Grantors

Application for Business Assistance

### Staff Review Form

**Business Name** Cut Loose Hair Design

**Physical Address** 2400 S Douglas BL, Suite C

**Date Received** July 17, 2020

#### Document Checklist

Completed Application       IRS W-9 Form  
 Impact Statement             OK SOS Certificate of Good Standing

#### Licensing

State Licensing Required:    Y    N  
Health (OKCC)

City Licensing Required:    Y    N

#### 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:            1            2            3

Notes:

Recommended Award:    \$ 1500.00

*R. Coleman*

*Keg*

Administrator/General Manager

*7-20-20*

Date

Midwest City Memorial Hospital Authority  
Board of Grantors

July 17, 2020

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

To Whom it may concern:

The said grant would allow further operation of my business. I had applied for the SBA 7A loan but unfortunately was not granted the loan. This forced me to remove from my personal savings the money necessary to pay loss of income, rent, utilities 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,



MIDWEST CITY MEMORIAL HOSPITAL AUTHORITY  
**Board of Grantors**  
 Application for Business Assistance

**Business Name:** Cut Loose, Inc. dba Cut Loose Hair Design

**Physical Address:** 2400 S. Douglas Blvd, STE-C

#	Direction	Street	Suffix	Unit#
Midwest City,	OK			73130
City	ST			Zip

**Business Telephone:** (405) 455-7877 Extension: \_\_\_\_\_

**Business Website:** cutloosemidwestcity.com

**Business' NAICS Code:** 812111 (<https://www.census.gov/eos/www/naics/>)

**Authorized Applicant:** GUY DOMMERT

First Name Last Name

**Mobile Telephone:** (405) 388-3256

**E-Mail Address:** x1guy@sbcglobal.net

- By signing this application, I attest:**
- All information provided is true and correct to the best of my knowledge.
  - I am duly authorized to submit this request on behalf of the business identified above.
  - I understand and agree that I must provide documentation within 90 days of award proving funds received were used for the purposes identified on this application.
  - I understand that any money improperly spent must be repaid.
  - I understand and agree that any false information or failure to provide any required documentation will disqualify the Applicant and any establishment they represent to receive future funding from the Midwest City Memorial Hospital Authority, and that any funds received as result of erroneous information must be repaid.

Dated this 17 day of July, 2020 Guy D. Dommert  
Applicant's Signature

SUBSCRIBED AND SWORN to before me this 17 day of July, 2020.



[Signature]



(see attached page)

My commission expires: \_\_\_\_\_

Notary Public

**Business Information:**

**Time in Operation:** Years: 6 Months: 7

**Legal Structure:** \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_ Corporation  
\_\_\_\_\_ Limited Liability Corp. \_\_\_\_\_ **S-Corp.**  
\_\_\_\_\_ Partnership

**Did you for State or Federal assistance or any other type of grant program(s):**  **Yes**  No

**Applications(s) Status:**  Pending  **Rejected**  Approved

If approved, how much assistance did you receive in total: \$ \_\_\_\_\_

Grant(s)  Loans(s)  Combination of both

**LOSSES:**

What is the total loss of revenue in comparing receipts for March 1, 2019 through April 30, 2019 versus the same time in 2020? 43.89 %

How to compute losses:

Receipts for 3/1/2019 – 4/30/2019:	\$ 45,000	$\$17,500 \div \$45,000 = 38.89\%$
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:** 1

*(Attach separate page detailing information on other business)*

**Planned Expenditures Details:**

Rent or Mortgage:	\$ <u>2600</u>	<u>          </u> .00
Other Debt Service:	\$ <u>560</u>	<u>          </u> .00
Personnel or Benefits:	\$ <u>75</u>	<u>          </u> .00
Materials or Supplies:	\$ <u>1075</u>	<u>          </u> .00
Contract Labor:	\$ <u>          </u>	<u>          </u> .00
Utilities:	\$ <u>416</u>	<u>          </u> .00
Advertising:	\$ <u>          </u>	<u>          </u> .00
Other*:	\$ <u>232</u>	<u>          </u> .00
*(Attach details)		
<b>Total Request:</b>	\$ <u>4958</u>	<u>          </u> .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



MIDWEST CITY MEMORIAL HOSPITAL AUTHORITY  
**Board of Grantors**  
 Application for Business Assistance

**Staff Review Form**

**Business Name**      Douglas Hair Salon

**Physical Address**    351 N Air Depot BL, Suite E

**Date Received**      July 21, 2020

**Document Checklist**

<input checked="" type="checkbox"/>	Completed Application	<input checked="" type="checkbox"/>	IRS W-9 Form
<input checked="" type="checkbox"/>	Impact Statement	<input checked="" type="checkbox"/>	OK SOS Certificate of Good Standing

**Licensing**

State Licensing Required:    Y    N

City Licensing Required:      Y    N

**Address Information**

Certificate of Occupancy:	<u>Y</u>	N
Outstanding Permits:	Y	<u>N</u>
Active Environmental Code Infractions:	Y	<u>N</u>
Current on City Utilities:	<u>Y</u>	N

**Staff Recommendation**

Tier:            1            2            3

Notes:

Recommended Award:    \$ 1500.00

*R. Heman*

*[Signature]*  
 Administrator/General Manager

7-23-20  
 Date

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!

A handwritten signature in black ink that reads "Tammy Puffinbarger". The signature is written in a cursive, flowing style.

Tammy Puffinbarger

Douglas Hair Salon LLC



**MIDWEST CITY MEMORIAL HOSPITAL AUTHORITY**  
**Board of Grantors**  
**Application for Business Assistance**

**Business Name:** Douglas Hair Salon LLC

**Physical Address:** 351 N Air Depot Ste E  
# Direction Street Suffix Unit#  
Midwest City, OK 73110  
City ST Zip

**Business Telephone:** (405) 737-2742 **Extension:** \_\_\_\_\_

**Business Website:** NA

**Business' NAICS Code:** 812112 (<https://www.census.gov/eos/www/naics/>)

**Authorized Applicant:** Tammy Puffinbarger  
First Name Last Name

**Mobile Telephone:** (405) 570-3466

**E-Mail Address:** puffinbarger @ att.net.

**By signing this application, I attest:**

- All information provided is true and correct to the best of my knowledge.
- I am duly authorized to submit this request on behalf of the business identified above.
- I understand and agree that I must provide documentation within 90 days of award proving funds received were used for the purposes identified on this application.
- I understand that any money improperly spent must be repaid.
- I understand and agree that any false information or failure to provide any required documentation will disqualify the Applicant and any establishment they represent to receive future funding from the Midwest City Memorial Hospital Authority, and that any funds received as result of erroneous information must be repaid.

Dated this 20 day of July, 2020. Tammy Puffinbarger  
Applicant's Signature

SUBSCRIBED AND SWORN to before me this 20 day of July, 2020.

Christine K. Stiles  
Notary Public

My commission expires: 03/21/2021



**Business Information:** Time in Operation: Years: 4 Months: 9  
 Legal Structure:  Sole Proprietorship  Corporation  
 Limited Liability Corp.  S-Corp.  
 Partnership

Did you for State or Federal assistance or any other type of grant program(s):  Yes  No

Applications(s) Status:  Pending  Rejected  Approved

If approved, how much assistance did you receive in total: \$ 11,000.00

Grant(s)  Loans(s)  Combination of both

**LOSSES:**

What is the total loss of revenue in comparing receipts for March 1, 2019 through April 30, 2019 versus the same time in 2020? 75%

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	

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>Per month</u> \$ <u>1345.18</u>	.00
Other Debt Service:	\$ <u>0</u>	.00
Personnel or Benefits:	\$ <u>0</u>	.00
Materials or Supplies:	\$ <u>387.</u>	.00
Contract Labor:	\$ <u>220.</u>	.00
Utilities:	\$ <u>368.85</u>	.00
Advertising:	\$ <u>200.00</u>	.00
Other*:	\$ _____	.00
*(Attach details)		
<b>Total Request:</b>	<u>2 months LOSS</u> \$ <u>5000.</u>	.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





MIDWEST CITY MEMORIAL HOSPITAL AUTHORITY

# Board of Grantors

Application for Business Assistance

## Staff Review Form

**Business Name** Ghost Riders Saloon

**Physical Address** 9802 NE 23<sup>rd</sup> ST

**Date Received** July 20, 2020

### Document Checklist

<input checked="" type="checkbox"/>	Completed Application	<input checked="" type="checkbox"/>	IRS W-9 Form
<input checked="" type="checkbox"/>	Impact Statement	<input checked="" type="checkbox"/>	OK SOS Certificate of Good Standing

### Licensing

State Licensing Required:	<input checked="" type="checkbox"/>	N	Expiration: <u>8/31/2020</u>
Health (OKCC)			Expiration: <u>05/17/2021</u>
Alcoholic Beverage			

City Licensing Required:	<input checked="" type="checkbox"/>	N	Expiration: <u>6/30/2021</u>
Family Amusement			Expiration: <u>05/17/2021</u>
Alcoholic Beverage			

### Address Information

Certificate of Occupancy:	<input checked="" type="checkbox"/>	N
Outstanding Permits:	<input checked="" type="checkbox"/>	N
Active Environmental Code Infractions:	<input checked="" type="checkbox"/>	N
Current on City Utilities:	<input checked="" type="checkbox"/>	N

### Staff Recommendation

Tier:            1            2            3

Notes:

Recommended Award:    \$ 4000.00

*R. Johnson*

*LG*

Administrator/General Manager

7-22-20

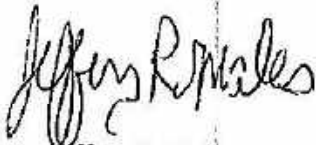
Date

From ~~C & D Entertainment, Inc.~~ **RDC Enterprises**  
DBA ~~Booger Reels~~ **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 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



MIDWEST CITY MEMORIAL HOSPITAL AUTHORITY  
**Board of Grantors**  
 Application for Business Assistance

Business Name: RDC Enterprises DBA Ghost Riders

Physical Address: 9802 NE 23rd St.  
 # Direction Street Suffix Unit#  
Midwest City, OK 73141  
 City ST Zip

Business Telephone: ( 405 ) 769 - 4147 Extension: \_\_\_\_\_

Business Website: N/A

Business' NAICS Code: 722 (<https://www.census.gov/eos/www/naics/>)

Authorized Applicant: Jeffery Males  
 First Name Last Name

Mobile Telephone: ( 405 ) 919 - 2643

E-Mail Address: Ray males @ hotmail.com

By signing this application, I attest:

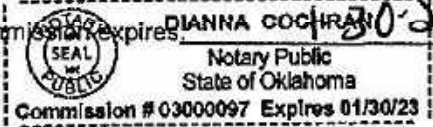
- All information provided is true and correct to the best of my knowledge.
- I am duly authorized to submit this request on behalf of the business identified above.
- I understand and agree that I must provide documentation within 90 days of award proving funds received were used for the purposes identified on this application.
- I understand that any money improperly spent must be repaid.
- I understand and agree that any false information or failure to provide any required documentation will disqualify the Applicant and any establishment they represent to receive future funding from the Midwest City Memorial Hospital Authority, and that any funds received as result of erroneous information must be repaid.

Dated this 21<sup>st</sup> day of July, 2020. Jeffery R Males  
 Applicant's Signature

SUBSCRIBED AND SWORN to before me this 21<sup>st</sup> day of July, 2020

Dianna Cochran  
 Notary Public

My commission expires DIANNA COCHRAN 2023





**Business Information:** Time in Operation: Years: 19 Months: 1  
 Legal Structure:  Sole Proprietorship  Corporation  
 Limited Liability Corp.  S-Corp.  
 Partnership

Did you for State or Federal assistance or any other type of grant program(s):  Yes  No  
 Applications(s) Status:  Pending  Rejected  Approved  
 If approved, how much assistance did you receive in total: \$ 1,000.00  
 Grant(s) ?  Loans(s) ?  Combination of both ?

**LOSSES:**  
 What is the total loss of revenue in comparing receipts for March 1, 2019 through April 30, 2019 versus the same time in 2020? 72 %

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

Do you own similar businesses in other communities?  YES  NO Total units owned: 5  
 (Attach separate page detailing information on other business)

<b>Planned Expenditures Details:</b>	Rent or Mortgage:	\$ <u>3,000</u>	.00
	Other Debt Service:	\$	.00
	Personnel or Benefits:	\$	.00
	Materials or Supplies:	\$ <u>4,000</u>	.00
	Contract Labor:	\$ <u>1,000</u>	.00
	Utilities:	\$ <u>800</u>	.00
	Advertising:	\$	.00
	Other*: *(Attach details)	\$	.00
<b>Total Request:</b>	<b>\$ <u>8,800</u></b>	<b>.00</b>	

- 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



MIDWEST CITY MEMORIAL HOSPITAL AUTHORITY

## Board of Grantors

Application for Business Assistance

### Staff Review Form

**Business Name** Hair by Julia

**Physical Address** 6912 E Reno AV, Suite 100

**Date Received** July 14, 2020

#### Document Checklist

Completed Application       IRS W-9 Form  
 Impact Statement               OK SOS Certificate of Good Standing

#### Licensing

State Licensing Required:    Y    N

City Licensing Required:      Y    N

#### 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:            1            2            3

Notes:

Recommended Award:    \$ 1500.00

*[Signature]*

L. J. Gor  
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**  
 Application for Business Assistance

**Business Name:** Color Future Salon ← DBA Hair by Julia

**Physical Address:** 6912 E. RENO  
# Direction Street Suffix Unit#  
Midwest City, OK 73110  
City ST Zip

**Business Telephone:** (405) 639-0140 **Extension:** \_\_\_\_\_

**Business Website:** N/A

**Business' NAICS Code:** 812112 (<https://www.census.gov/eos/www/naics/>)

**Authorized Applicant:** Julia Pollard  
First Name Last Name

**Mobile Telephone:** (405) 639-0140

**E-Mail Address:** JPollard622@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 \_\_\_\_\_ day of \_\_\_\_\_, 2010  
Applicant's Signature

SUBSCRIBED AND SWORN to before me this 10th day of July, 2010.

[Signature]  
 Notary Public



My commission expires 9.22.21

**Business Information:** Time in Operation: Years: 2 Months: 8  
 Legal Structure:  Sole Proprietorship  Corporation  
 Limited Liability Corp.  S-Corp.  
 Partnership

Did you for State or Federal assistance or any other type of grant program(s):  Yes  No

Applications(s) Status:  Pending  Rejected  Approved

If approved, how much assistance did you receive in total: \$ NA

Grant(s)  Loans(s)  Combination of both

**LOSSES:**

What is the total loss of revenue in comparing receipts for March 1, 2019 through April 30, 2019 versus the same time in 2020? 15.42 %

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	

Do you own similar businesses in other communities? YES  NO  Total units owned: 1

*(Attach separate page detailing information on other business)*

<b>Planned Expenditures Details:</b>	Rent or Mortgage:	\$ <u>900</u>	.00
	Other Debt Service:	\$ _____	.00
	Personnel or Benefits:	\$ _____	.00
	Materials or Supplies:	\$ <u>450</u>	.00
	Contract Labor:	\$ _____	.00
	Utilities:	\$ _____	.00
	Advertising:	\$ <u>150</u>	.00
	Other*:	\$ _____	.00
	<small>*(Attach details)</small>		
	<b>Total Request:</b>	\$ <u>1,500</u>	.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



MIDWEST CITY MEMORIAL HOSPITAL AUTHORITY

## Board of Grantors

Application for Business Assistance

### Staff Review Form

**Business Name** Jazzercise

**Physical Address** 2839 S Douglas BL, Suite #109

**Date Received** July 20, 2020

#### Document Checklist

Completed Application       IRS W-9 Form  
 Impact Statement               OK SOS Certificate of Good Standing

#### Licensing

State Licensing Required:    Y    N

City Licensing Required:    Y    N

#### 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:            1            2            3

Notes:

Recommended Award:    \$ 1500.00

*[Signature]*

*L. J. Gorn*

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 15<sup>th</sup> that was sold and demolished last summer to make way for newer businesses) and were renting a space inside a dance studio. This was not ideal, as we did not have full control of the facility, but it was a place to meet and work out and therefore remain open. Our membership started to dwindle. There were issues with the dance studio. It was located in the back of an older shopping center and we were not allowed to put out any signage, therefore, new customers were hard to come by. Our rent at the studio was agreed to be \$600, and then shortly was raised to \$725.

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

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

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

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

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

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

Thank you for your time and consideration,



Kelly Smithee  
Owner, Jazzercise Midwest City  
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
5. LLC Certificate – LLC is listed at my home address as per Jazzercise guidelines as the actual location of satellite facilities may move





MIDWEST CITY MEMORIAL HOSPITAL AUTHORITY  
**Board of Grantors**  
 Application for Business Assistance

**Business Name:** Jazzercise Midwest City

**Physical Address:** 2839 S Douglas Stk 109  
# Direction Street Suffix Unit#  
Midwest City, OK 73110  
City ST Zip

**Business Telephone:** (405) 971-4107 **Extension:** 0/A

**Business Website:** www.Jazzercise.com

**Business' NAICS Code:** 713940 (<https://www.census.gov/eos/www/naics/>)

**Authorized Applicant:** Kelly Smithree  
First Name Last Name

**Mobile Telephone:** (405) 971-4107

**E-Mail Address:** JazzMWC@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 20 day of July, 2020. Kelly Smithree  
Applicant's Signature

SUBSCRIBED AND SWORN to before me this 21 day of July, 2022.



Melissa E Buck

*Notary Public*  
Notary Public

My commission expires: 03/23/2024

**Business Information:** Time in Operation: Years: 0 Months: 5.5  
Legal Structure:  Sole Proprietorship  Corporation  
 Limited Liability Corp.  S-Corp.  
 Partnership

Did you for State or Federal assistance or any other type of grant program(s):  Yes  No

Applications(s) Status:  Pending  Rejected  Approved

If approved, how much assistance did you receive in total: \$ N/A

Grant(s)  Loans(s)  Combination of both

**LOSSES:**

What is the total loss of revenue in comparing receipts for March 1, 2019 through April 30, 2019 versus the same time in 2020? 12.64 %

How to compute losses:

Receipts for 3/1/2019 – 4/30/2019:	\$ 45,000	$\$17,500 \div \$45,000 = 38.89\%$
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)

<b>Planned Expenditures Details:</b>	Rent or Mortgage:	\$ <u>750</u> .00
	Other Debt Service:	\$ _____ .00
	Personnel or Benefits:	\$ _____ .00
	Materials or Supplies:	\$ <u>75</u> .00
	Contract Labor:	\$ <u>720</u> .00
	Utilities:	\$ <u>110</u> .00
	Advertising:	\$ _____ .00
	Other*:	\$ _____ .00
	*(Attach details)	
<b>Total Request:</b>	\$ <u>1655</u> .00	

July & August  
per month

**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



MIDWEST CITY MEMORIAL HOSPITAL AUTHORITY

## Board of Grantors

Application for Business Assistance

### Staff Review Form

**Business Name** Junk in the Trunk

**Physical Address** 1624 S Post RD

**Date Received** July 20, 2020

#### Document Checklist

Completed Application       IRS W-9 Form  
 Impact Statement                       OK SOS Certificate of Good Standing

#### Licensing

State Licensing Required:    Y    N

City Licensing Required:      Y    N

#### 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:                      1                      2                      3

Notes:

Recommended Award:    \$ 1500.00

*R. Coleman*

*[Signature]*

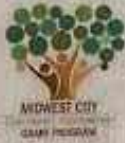
Administrator/General Manager

7-20-20

Date

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

Thank you  
Jana Wherrell  
Melissa Lane



MIDWEST CITY MEMORIAL HOSPITAL AUTHORITY  
**Board of Grantors**  
 Application for Business Assistance

Business Name: Jana and Melissa Junk In The Trunk, LLC

Physical Address: 1624 S Post Rd.  
# Direction Street Suffix Unit#  
Midwest City, OK 73130  
City ST Zip

Business Telephone: 405, 465 - 2177 Extension:     

Business Website: N/A

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

Authorized Applicant: Melissa Lane  
First Name Last Name

Mobile Telephone: 405, 226 - 1720

E-Mail Address: jandmjunk2@gmail.com

By signing this application, I attest:

- All information provided is true and correct to the best of my knowledge.
- I am duly authorized to submit this request on behalf of the business identified above.
- I understand and agree that I must provide documentation within 90 days of award proving funds received were used for the purposes identified on this application.
- I understand that any money improperly spent must be repaid.
- I understand and agree that any false information or failure to provide any required documentation will disqualify the Applicant and any establishment they represent to receive future funding from the Midwest City Memorial Hospital Authority, and that any funds received as result of erroneous information must be repaid.

Dated this 17 day of July, 2020. Melissa Lane  
Applicant's Signature

SUBSCRIBED AND SWORN to before me this 17<sup>th</sup> day of July, 2020.





L.R. Heintzelman #11010349 My commission expires November 15, 2023  
Notary Public

**Business Information:** Time in Operation: Years: 3 Months: \_\_\_\_\_  
Legal Structure:  Sole Proprietorship  Corporation  
 Limited Liability Corp.  S-Corp.  
 Partnership

Did you for State or Federal assistance or any other type of grant program(s):  Yes  No

Applications(s) Status:  Pending  Rejected  Approved

If approved, how much assistance did you receive in total: \$ \_\_\_\_\_  
 Grant(s)  Loans(s)  Combination of both

**LOSSES:**  
What is the total loss of revenue in comparing receipts for March 1, 2019 through April 30, 2019 versus the same time in 2020? 18%

How to compute losses:  
Receipts for 3/1/2019 - 4/30/2019: \$ 45,000  
Receipts for 3/1/2020 - 4/30/2020: \$ 27,500  
Difference: \$ 17,500  
 $\$17,500 \div \$45,000 = 38.89\%$

Do you own similar businesses in other communities? YES  NO  Total units owned: 1  
(Attach separate page detailing information on other business)

<b>Planned Expenditures Details:</b>	Rent or Mortgage:	\$ <u>1300</u>	.00	
	Other Debt Service:	\$ <u>1000</u>	.00	
	Personnel or Benefits:	\$ <u>3000</u>	.00	
	Materials or Supplies:	\$ _____	.00	
	Contract Labor:	\$ _____	.00	
	Utilities:	\$ <u>600</u>	.00	
	Advertising:	\$ _____	.00	
	Other*:	\$ <u>2800</u>	.00	
	*(Attach details)			
	<b>Total Request:</b>	\$ _____	<u>8700</u>	.00

7 week x 5 girls @ 86.00/week Booth Rent

- 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





MIDWEST CITY MEMORIAL HOSPITAL AUTHORITY  
**Board of Grantors**  
 Application for Business Assistance

**Staff Review Form**

**Business Name** La Greek

**Physical Address** 2839 S Douglas BL, Suite 102

**Date Received** July 17, 2020

**Document Checklist**

- |                                     |                       |                                     |                                     |
|-------------------------------------|-----------------------|-------------------------------------|-------------------------------------|
| <input checked="" type="checkbox"/> | Completed Application | <input checked="" type="checkbox"/> | IRS W-9 Form                        |
| <input checked="" type="checkbox"/> | Impact Statement      | <input checked="" type="checkbox"/> | OK SOS Certificate of Good Standing |

**Licensing**

State Licensing Required: Y N      Expiration: 8/31/2021  
 Health (OKCC)

City Licensing Required: Y N

**Address Information**

Certificate of Occupancy:	<u>Y</u>	<u>N</u>
Outstanding Permits:	<u>Y</u>	<u>N</u>
Active Environmental Code Infractions:	<u>Y</u>	<u>N</u>
Current on City Utilities:	<u>Y</u>	<u>N</u>

**Staff Recommendation**

Tier:            1            2            3

Notes:

Recommended Award:    \$ 4000.00

*[Signature]*

[Signature]  
 Administrator/General Manager

7-20-20  
 Date

July 17, 2020

To Whom It May Concern,

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

Sincerely,

A handwritten signature in black ink, appearing to read 'Ted Oh', written in a cursive style.

Ted Oh

Owner of La Greek





MIDWEST CITY MEMORIAL HOSPITAL AUTHORITY  
**Board of Grantors**  
 Application for Business Assistance

**Business Name:** La Greek

**Physical Address:** 2839 S. Douglas Blvd. # 102  
# Direction Street Suffix Unit#  
Midwest City, OK 73130  
City ST Zip

**Business Telephone:** (405) 733-4444 **Extension:** \_\_\_\_\_

**Business Website:** N/A

**Business' NAICS Code:** 722511 (<https://www.census.gov/eos/www/naics/>)

**Authorized Applicant:** TED OH  
First Name Last Name

**Mobile Telephone:** (405) 973-7979

**E-Mail Address:** tedoh123@gmail.com

**By signing this application, I attest:**

- All information provided is true and correct to the best of my knowledge.
- I am duly authorized to submit this request on behalf of the business identified above.
- I understand and agree that I must provide documentation within 90 days of award proving funds received were used for the purposes identified on this application.
- I understand that any money improperly spent must be repaid.
- I understand and agree that any false information or failure to provide any required documentation will disqualify the Applicant and any establishment they represent to receive future funding from the Midwest City Memorial Hospital Authority, and that any funds received as result of erroneous information must be repaid.

Dated this 17 day of July, 2020. [Signature]  
Applicant's Signature

SUBSCRIBED AND SWORN to before me this 17 day of July, 2020.


[Signature] My commission expires: 3-16-23  
Notary Public



**Business Information:**

**Time in Operation:** Years: 12 Months: \_\_\_\_\_

**Legal Structure:** \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_ Corporation  
\_\_\_\_\_ Limited Liability Corp.  S-Corp.  
\_\_\_\_\_ Partnership

**Did you for State or Federal assistance or any other type of grant program(s):**  Yes  No 

**Applications(s) Status:** \_\_\_\_\_ Pending \_\_\_\_\_ Rejected  Approved

If approved, how much assistance did you receive in total: \$ 5160.

\_\_\_\_\_ Grant(s)  Loans(s) \_\_\_\_\_ Combination of both

**LOSSES:**

What is the total loss of revenue in comparing receipts for March 1, 2019 through April 30, 2019 versus the same time in 2020?

39.43 %

How to compute losses:

Receipts for 3/1/2019 – 4/30/2019:	\$ 45,000	$\$17,500 \div \$45,000 = 38.89\%$
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:**

*↳ This is based on one month portion expenditure. Figure derived from the average of March & April 2019.*

Rent or Mortgage:	\$ <u>1300.00</u>
Other Debt Service:	\$ <u>0.00</u>
Personnel or Benefits:	\$ <u>0.00</u>
Materials or Supplies:	\$ <u>4493.00</u>
Contract Labor:	\$ <u>0.00</u>
Utilities:	\$ <u>632.00</u>
Advertising:	\$ <u>0.00</u>
Other*:	\$ <u>0.00</u>
<small>*(Attach details)</small>	
<b>Total Request:</b>	\$ <u>6425.00</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



MIDWEST CITY MEMORIAL HOSPITAL AUTHORITY

# Board of Grantors

Application for Business Assistance

## Staff Review Form

**Business Name** Meiji Midwest City of Midwest City

**Physical Address** 5805 SE 15<sup>th</sup> ST

**Date Received** July 1, 2020

### Document Checklist

<input checked="" type="checkbox"/>	Completed Application	<input checked="" type="checkbox"/>	IRS W-9 Form
<input checked="" type="checkbox"/>	Impact Statement	<input checked="" type="checkbox"/>	OK SOS Certificate of Good Standing

### Licensing

State Licensing Required:	<input checked="" type="checkbox"/>	N	Expiration: <u>8/31/2021</u>
Health (OKCC)			Expiration: <u>12 /04 /2020</u>
Alcoholic Beverage			

City Licensing Required:	<input checked="" type="checkbox"/>	N	Expiration: <u>12 /04 /2020</u>
Alcoholic Beverage			

### Address Information

Certificate of Occupancy:	<input checked="" type="checkbox"/>	N
Outstanding Permits:	<input checked="" type="checkbox"/>	N
Active Environmental Code Infractions:	<input checked="" type="checkbox"/>	N
Current on City Utilities:	<input checked="" type="checkbox"/>	N

### Staff Recommendation

Tier:            1                    2                    3

Notes:

Recommended Award: \$2000.00

*R. Coleman*

*L. J. Gor*  
Administrator/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 15<sup>th</sup> Street, Midwest City, Oklahoma. We started this business in January 2020 and because of Covid 19 Pandemic, suffer serious losses and will continue more losses because of lack of visitors and certain fixed expenses.

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

I hereby request you to approve grant as submitted.



Kalpana N Patel

Meiji Midwest City, LLC



MIDWEST CITY MEMORIAL HOSPITAL AUTHORITY  
**Board of Grantors**  
 Application for Business Assistance

Business Name: Meiji Midwest City, LLC

Physical Address: 5805 SE 15th St.  
# Direction Street Suffix Unit#  
Midwest City, OK 73110  
City ST Zip

Business Telephone: (405) 931-3668 Extension: \_\_\_\_\_

Business Website: meijiexperienceofjapan.com

Business' NAICS Code: 722511 (<https://www.census.gov/eos/www/naics/>)

Authorized Applicant: Kalpana Patel  
First Name Last Name

Mobile Telephone: (405) 473-7141

E-Mail Address: naveeshgpatel1@yahoo.com

By signing this application, I attest:

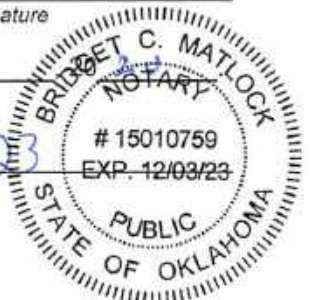
- KN All information provided is true and correct to the best of my knowledge.
- KN I am duly authorized to submit this request on behalf of the business identified above.
- KN I understand and agree that I must provide documentation within 90 days of award proving funds received were used for the purposes identified on this application.
- KN I understand that any money improperly spent must be repaid.
- KN 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<sup>st</sup> day of July, 20   K. Patel  
Applicant's Signature

SUBSCRIBED AND SWORN to before me this 1<sup>st</sup> day of July

Bridget C. Matlock  
Notary Public

My commission expires: 12/03/23



**Business Information:** Time in Operation: Years: 0 Months: 6  
 Legal Structure:  Sole Proprietorship  Corporation  
 Limited Liability Corp.  S-Corp.  
 Partnership

Did you for State or Federal assistance or any other type of grant program(s):  Yes  No

Applications(s) Status:  Pending  Rejected  Approved

If approved, how much assistance did you receive in total: \$ 20,200

Grant(s)  Loans(s)  Combination of both

**LOSSES:**

What is the total loss of revenue in comparing receipts for March 1, 2019 through April 30, 2019 versus the same time in 2020?

42.71 %

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	

$01/20 + 02/20 = 102,003.11$

$03/20 + 04/20 = 43,567.47$

Do you own similar businesses in other communities?  YES  NO Total units owned: 4

(Attach separate page detailing information on other business)

**Planned Expenditures Details:**

Rent or Mortgage:	\$ <u>56,700</u> .00
Other Debt Service:	\$ _____ .00
Personnel or Benefits:	\$ <u>60,000</u> .00
Materials or Supplies:	\$ _____ .00
Contract Labor:	\$ _____ .00
Utilities:	\$ <u>15,000</u> .00
Advertising:	\$ _____ .00
Other*:	\$ _____ .00
*(Attach details)	
<b>Total Request:</b>	\$ <u>131,700</u> .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



MIDWEST CITY MEMORIAL HOSPITAL AUTHORITY  
**Board of Grantors**  
 Application for Business Assistance

**Staff Review Form**

**Business Name**      Pelican's

**Physical Address**    291 N Air Depot BL

**Date Received**      July 20, 2020

**Document Checklist**

<input checked="" type="checkbox"/>	Completed Application	<input checked="" type="checkbox"/>	IRS W-9 Form
<input checked="" type="checkbox"/>	Impact Statement	<input checked="" type="checkbox"/>	OK SOS Certificate of Good Standing

**Licensing**

State Licensing Required:	<input checked="" type="checkbox"/>	N	Expiration: <u>8/31/2020</u>
Health (OKCC)			Expiration: <u>9/21/2020</u>
Alcoholic Beverage			

City Licensing Required:	<input checked="" type="checkbox"/>	N	Expiration: <u>9/21/2020</u>
Alcoholic Beverage			

**Address Information**

Certificate of Occupancy:	<input checked="" type="checkbox"/>	N
Outstanding Permits:	<input checked="" type="checkbox"/>	N
Active Environmental Code Infractions:	<input checked="" type="checkbox"/>	N
Current on City Utilities:	<input checked="" type="checkbox"/>	N

**Staff Recommendation**

Tier:            1                    2                    3

Notes:

Recommended Award: \$4000.00

*R. Coleman*

*[Signature]*  
 Administrator/General Manager

*7-20-20*  
 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,

A handwritten signature in blue ink, appearing to read "T. Thelin", is written over a horizontal line.

Tim Thelin  
Pelican's Restaurant





MIDWEST CITY MEMORIAL HOSPITAL AUTHORITY  
**Board of Grantors**  
 Application for Business Assistance

Business Name: Pelican's Restarrant

Physical Address: 291 N. Air Depot Blvd  
# Direction Street Suffix Unit#  
Midwest City, OK 73110  
City ST Zip

Business Telephone: ( 405 ) 732 - 4392 Extension: \_\_\_\_\_

Business Website: Pelicansok.com

Business' NAICS Code: 722511 (<https://www.census.gov/eos/www/naics/>)

Authorized Applicant: Timothy Thelin  
First Name Last Name

Mobile Telephone: ( 405 ) 826 - 6902

E-Mail Address: H2OholiC @ sbcglobal.net

By signing this application, I attest:

- All information provided is true and correct to the best of my knowledge.
- I am duly authorized to submit this request on behalf of the business identified above.
- I understand and agree that I must provide documentation within 90 days of award proving funds received were used for the purposes identified on this application.
- I understand that any money improperly spent must be repaid.
- I understand and agree that any false information or failure to provide any required documentation will disqualify the Applicant and any establishment they represent to receive future funding from the Midwest City Memorial Hospital Authority, and that any funds received as result of erroneous information must be repaid.

Dated this 17<sup>th</sup> day of July, 2020. [Signature]  
Applicant's Signature

SUBSCRIBED AND SWORN to before me this 17<sup>th</sup> day of July, 2020.

Janina Hulsey  
Notary Public



Commission expires: 09/22/2021

**Business Information:** Time in Operation: Years: 40 Months: 3  
Legal Structure:  Sole Proprietorship  Corporation  
 Limited Liability Corp.  S-Corp.  
 Partnership

Did you for State or Federal assistance or any other type of grant program(s):  Yes  No

Applications(s) Status:  Pending  Rejected  Approved

If approved, how much assistance did you receive in total: \$ 118,450.00

Grant(s)  Loans(s)  Combination of both  
PPP loan taken, applying for forgiveness

**LOSSES:**

What is the total loss of revenue in comparing receipts for March 1, 2019 through April 30, 2019 versus the same time in 2020? 47.48 %

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	

Do you own similar businesses in other communities? YES  NO  Total units owned: 1

(Attach separate page detailing information on other business)

<b>Planned Expenditures Details:</b>	Rent or Mortgage:	\$ <u>18000</u> .00
	Other Debt Service:	\$ <u>0</u> .00
	Personnel or Benefits:	\$ <u>90000</u> .00
	Materials or Supplies:	\$ <u>0</u> .00
	Contract Labor:	\$ <u>0</u> .00
	Utilities:	\$ <u>9000</u> .00
	Advertising:	\$ <u>1000</u> .00
	Other*:	\$ <u>0</u> .00
	<small>*(Attach details)</small>	
	<b>Total Request:</b>	\$ <u>118000</u> .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



MIDWEST CITY MEMORIAL HOSPITAL AUTHORITY

# Board of Grantors

Application for Business Assistance

## Staff Review Form

**Business Name** Planet Bowl

**Physical Address** 6601 Tinker Diagonal

**Date Received** July 20, 2020

### Document Checklist

<input checked="" type="checkbox"/>	Completed Application	<input checked="" type="checkbox"/>	IRS W-9 Form
<input checked="" type="checkbox"/>	Impact Statement	<input checked="" type="checkbox"/>	OK SOS Certificate of Good Standing

### Licensing

State Licensing Required:	<u>Y</u>	N	Expiration: <u>8/31/2020</u>
Health (OKCC)			Expiration: <u>08/07/2020</u>
Alcoholic Beverage			

City Licensing Required:	<u>Y</u>	N	Expiration: <u>6/30/2021</u>
Family Amusement			Expiration: <u>08/07/2020</u>
Alcoholic Beverage			

### Address Information

Certificate of Occupancy:	<u>Y</u>	N
Outstanding Permits:	<u>Y</u>	<u>N</u>
Active Environmental Code Infractions:	<u>Y</u>	<u>N</u>
Current on City Utilities:	<u>Y</u>	N

### Staff Recommendation

Tier:            1            2            3

Notes: Alcoholic beverage licensing on file.

Recommended Award:    \$ 4000.00

*R. Alderman*

*L. For*

Administrator/General Manager

7-20-20

Date

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,

A handwritten signature in cursive script that reads "Darlene Hatt".

Darlene Hatt

Planet Bowl



MIDWEST CITY MEMORIAL HOSPITAL AUTHORITY  
**Board of Grantors**  
 Application for Business Assistance

**Business Name:** JDS Planet Bowl, LLC

**Physical Address:** 6601 Tinker Diagonal  
# Direction Street Suffix Unit#  
Midwest City, OK 73110  
City ST Zip

**Business Telephone:** ( 405 ) 732 - 0391 **Extension:** \_\_\_\_\_

**Business Website:** N/A

**Business' NAICS Code:** 713950 (<https://www.census.gov/eos/www/naics/>)

**Authorized Applicant:** R. Darlene Hatt  
First Name Last Name

**Mobile Telephone:** ( 405 ) 615 - 7617

**E-Mail Address:** jdplanetbowl@corinet.net

**By signing this application, I attest:**

- \_\_\_ All information provided is true and correct to the best of my knowledge.
- \_\_\_ I am duly authorized to submit this request on behalf of the business identified above.
- \_\_\_ I understand and agree that I must provide documentation within 90 days of award proving funds received were used for the purposes identified on this application.
- \_\_\_ I understand that any money improperly spent must be repaid.
- \_\_\_ I understand and agree that any false information or failure to provide any required documentation will disqualify the Applicant and any establishment they represent to receive future funding from the Midwest City Memorial Hospital Authority, and that any funds received as result of erroneous information must be repaid.

Dated this 17 day of July, 2020. Darlene Hatt  
Applicant's Signature



SUBSCRIBED AND SWORN to before me this 17<sup>th</sup> day of July, 2020.  
T. Strong My commission expires: June 10, 2022  
Notary Public  
 Comm. #10004765

**Business Information:**

Time in Operation: Years: 16 Months: 11

Legal Structure:  Sole Proprietorship  Corporation  
 Limited Liability Corp.  S-Corp.  
 Partnership

Did you for State or Federal assistance or any other type of grant program(s):  Yes  No

Applications(s) Status:  Pending  Rejected  Approved

If approved, how much assistance did you receive in total: \$ 25,300.00

Grant(s) OR PPP  Loans(s)  Combination of both

**LOSSES:**

What is the total loss of revenue in comparing receipts for March 1, 2019 through April 30, 2019 versus the same time in 2020? 6190 %

How to compute losses:

Receipts for 3/1/2019 – 4/30/2019:	\$ 45,000	$17,500 \div 45,000 = 38.89\%$
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)*

<b>Planned Expenditures Details:</b>	Rent or Mortgage:	\$ <u>4090</u> .00
	Other Debt Service:	\$ _____ .00
	Personnel or Benefits:	\$ <u>4400</u> .00
	Materials or Supplies:	\$ _____ .00
	Contract Labor:	\$ _____ .00
	Utilities:	\$ <u>3200</u> .00
	Advertising:	\$ <u>0</u> .00
	Other*:	\$ _____ .00
	*(Attach details)	
	<b>Total Request:</b>	\$ _____ .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



MIDWEST CITY MEMORIAL HOSPITAL AUTHORITY  
**Board of Grantors**  
 Application for Business Assistance

**Staff Review Form**

**Business Name** Red Rock Dentistry

**Physical Address** 1200 S Air Depot BL, Suite I

**Date Received** July 1, 2020

**Document Checklist**

Completed Application       IRS W-9 Form  
 Impact Statement               OK SOS Certificate of Good Standing

**Licensing**

State Licensing Required: Y    N    Expiration: 12/31/2020

City Licensing Required: Y    N    Expiration:       /      /      

**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:              1              2              3

Notes:

Recommended Award:    \$ \$1500.00

*R. Holman*

*J. Lynn*  
 Administrator/General Manager

7-10-20  
 Date

**Red Rock Family Dentistry**

Dr. Lauren Huffaker

405-733-8136

1200 S. Air Depot Blvd Ste #1

Midwest City, OK 73110

To the City of MWC,

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

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

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

Thank you for your consideration in this matter,



Lauren Huffaker, DDS





**MIDWEST CITY MEMORIAL HOSPITAL AUTHORITY**  
**Board of Grantors**  
 Application for Business Assistance

**Business Name:** Lauren A. Huffaker DDS PLLC

**Physical Address:** 1200 S Air Depot Blvd Ste # I  
# Direction Street Suffix Unit#  
Midwest City, OK 73110  
City ST Zip

**Business Telephone:** (405) 733-8136 **Extension:** \_\_\_\_\_

**Business Website:** redrockdentistry.com

**Business' NAICS Code:** 621210 (<https://www.census.gov/eos/www/naics/>)

**Authorized Applicant:** Lauren Huffaker  
First Name Last Name

**Mobile Telephone:** 405 306-1098

**E-Mail Address:** lahuffaker@gmail.com

**By signing this application, I attest:**

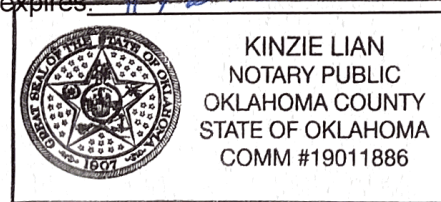
- All information provided is true and correct to the best of my knowledge.
- I am duly authorized to submit this request on behalf of the business identified above.
- I understand and agree that I must provide documentation within 90 days of award proving funds received were used for the purposes identified 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 2<sup>st</sup> day of July, 2020. Lauren Huffaker  
Applicant's Signature

SUBSCRIBED AND SWORN to before me this 2<sup>st</sup> day of July, 2020.

Kinzie Lian  
 Notary Public

My commission expires: 4/25/23



**Business Information:** **Time in Operation:** Years: 3 Months: 0  
**Legal Structure:**  Sole Proprietorship  Corporation  
 Limited Liability Corp.  S-Corp.  
 Partnership

**Did you for State or Federal assistance or any other type of grant program(s):**  Yes  No

**Applications(s) Status:**  Pending  Rejected  Approved

If approved, how much assistance did you receive in total: \$ 01,700 - PPP 128,000 - EIDL

Grant(s)  Loans(s)  Combination of both

**LOSSES:**

What is the total loss of revenue in comparing receipts for March 1, 2019 through April 30, 2019 versus the same time in 2020? 73% %

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	2019: 148,995.90 / 2020: 39,270.20

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

*(Attach separate page detailing information on other business)*

<b>Planned Expenditures Details:</b>	Rent or Mortgage:	\$ <u>1,768</u>	.00
	Other Debt Service:	\$ <u>6,681</u>	.00
	Personnel or Benefits:	\$ <u>~24,000</u>	.00
	Materials or Supplies:	\$ <u>3000</u>	.00
	Contract Labor:	\$ <u>1,600</u>	.00
	Utilities:	\$ <u>~800</u>	.00
	Advertising:	\$ <u>0</u>	.00
	Other*:	\$ _____	.00
	*(Attach details)		
	<b>Total Request:</b>	\$ <u>Maximum Possible</u>	.00

*I believe the max was 4,000*

**Please Attach The Following Documents:**

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



MIDWEST CITY MEMORIAL HOSPITAL AUTHORITY

# Board of Grantors

Application for Business Assistance

## Staff Review Form

**Business Name** Regional Health & Wellness Center

**Physical Address** 9309 E Reno AV

**Date Received** July 17, 2020

### Document Checklist

<input checked="" type="checkbox"/>	Completed Application	<input checked="" type="checkbox"/>	IRS W-9 Form
<input checked="" type="checkbox"/>	Impact Statement	<input checked="" type="checkbox"/>	OK SOS Certificate of Good Standing

### Licensing

State Licensing Required: Y N  
Oklahoma Dept. of Health Expires 1/31/2021

City Licensing Required: Y N

### Address Information

Certificate of Occupancy:	<u>Y</u>	<u>N</u>
Outstanding Permits:	<u>Y</u>	<u>N</u>
Active Environmental Code Infractions:	<u>Y</u>	<u>N</u>
Current on City Utilities:	<u>Y</u>	<u>N</u>

### Staff Recommendation

Tier:            1                    2                    3

Notes:

Recommended Award:    \$ 1500.00

*R. Stedman*

*L. L...*

Administrator/General Manager

7-20-20

Date

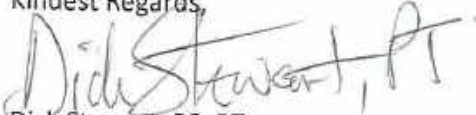
To: Midwest City Memorial Hospital Authority

From: Regional Health and Wellness Center, LLC

RE: 2020 COVID-19 Small Business Relief Program

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

Kindest Regards,



Dick Stewart, BS, PT

President, Regional Health and Wellness, LLC



**MIDWEST CITY MEMORIAL HOSPITAL AUTHORITY**  
**Board of Grantors**  
**Application for Business Assistance**

**Business Name:** Regional Health and Wellness Center, LLC.

**Physical Address:** 9309 East Reno Ave.  

#	Direction	Street	Suffix	Unit#
<u>Midwest City,</u>	<u>OK</u>	<u>73130</u>		
<small>City</small>	<small>ST</small>	<small>Zip</small>		

**Business Telephone:** ( 405 ) 732 - 3353 **Extension:** \_\_\_\_\_

**Business Website:** regionalpt.com

**Business' NAICS Code:** 812199 (<https://www.census.gov/eos/www/naics/>)

**Authorized Applicant:** Dick Stewart  
First Name Last Name

**Mobile Telephone:** ( 405 ) 820 - 9912

**E-Mail Address:** dstewart @regionalpt.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 16 day of July, 20 20. Dick Stewart  
Applicant's Signature

SUBSCRIBED AND SWORN to before me this 16 day of July, 20 20.



Denise Capus  
Notary Public

My commission expires: 07/04/2022

**Business Information:** Time in Operation: Years: 8 Months: 10  
Legal Structure:  Sole Proprietorship  Corporation  
 Limited Liability Corp.  S-Corp.  
 Partnership

Did you for State or Federal assistance or any other type of grant program(s):  Yes  No

Applications(s) Status:  Pending  Rejected  Approved

If approved, how much assistance did you receive in total: \$ \_\_\_\_\_

Grant(s)  Loans(s)  Combination of both

**LOSSES:**

What is the total loss of revenue in comparing receipts for March 1, 2019 through April 30, 2019 versus the same time in 2020? 70 %

How to compute losses:

Receipts for 3/1/2019 – 4/30/2019:	\$ 45,000	$\$17,500 \div \$45,000 = 38.89\%$
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>800</u> .00
Other Debt Service:	\$ _____ .00
Personnel or Benefits:	\$ _____ .00
Materials or Supplies:	\$ <u>500</u> .00
Contract Labor:	\$ <u>10,000</u> .00
Utilities:	\$ _____ .00
Advertising:	\$ _____ .00
Other*:	\$ _____ .00
<small>*(Attach details)</small>	
<b>Total Request:</b>	\$ <u>11,300.00</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



MIDWEST CITY MEMORIAL HOSPITAL AUTHORITY  
**Board of Grantors**  
 Application for Business Assistance

**Staff Review Form**

**Business Name** Ron's Hamburgers & Chili

**Physical Address** 351 N Air Depot BL, Suite A

**Date Received** July 21, 2020

**Document Checklist**

- |                                     |                       |                                     |                                     |
|-------------------------------------|-----------------------|-------------------------------------|-------------------------------------|
| <input checked="" type="checkbox"/> | Completed Application | <input checked="" type="checkbox"/> | IRS W-9 Form                        |
| <input checked="" type="checkbox"/> | Impact Statement      | <input checked="" type="checkbox"/> | OK SOS Certificate of Good Standing |

**Licensing**

- State Licensing Required: Y N      Expiration: 8/31/2021  
 Health (OKCC)
- City Licensing Required: Y N

**Address Information**

- |  |          |          |
|--|----------|----------|
| Certificate of Occupancy:              | <u>Y</u> | <u>N</u> |
| Outstanding Permits:                   | <u>Y</u> | <u>N</u> |
| Active Environmental Code Infractions: | <u>Y</u> | <u>N</u> |
| Current on City Utilities:             | <u>Y</u> | <u>N</u> |

**Staff Recommendation**

Tier:            1            2            3

Notes:

Recommended Award:    \$ 2000.00

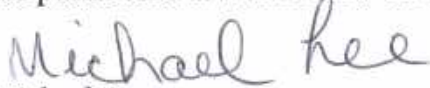
*L. J. Gor*  
 \_\_\_\_\_  
 Administrator/General Manager

\_\_\_\_\_ 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.

A handwritten signature in cursive script that reads "Michael Lee".

Michael Lee

Owner-Operator Ron's Hamburgers and Chili





MIDWEST CITY MEMORIAL HOSPITAL AUTHORITY  
**Board of Grantors**  
 Application for Business Assistance

Business Name: Pete + Bevos Restaurant Group LLC.

Physical Address: 351 N Air Depot Blvd #A  
# Direction Street Suffix Unit#  
Midwest City, OK 73110  
City ST Zip

Business Telephone: (405) 733-7667 Extension: \_\_\_\_\_

Business Website: \_\_\_\_\_

Business' NAICS Code: 722511 (<https://www.census.gov/eos/www/naics/>)

Authorized Applicant: Michael Lee  
First Name Last Name

Mobile Telephone: (405) 922-9814

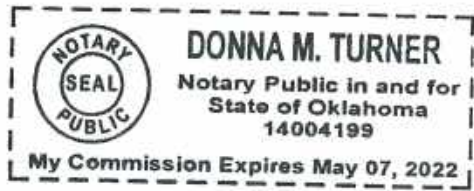
E-Mail Address: mlee2099@gmail.com

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 21 day of July, 2020. Michael Lee  
Applicant's Signature

SUBSCRIBED AND SWORN to before me this 21st day of July, 2020.



Donna M. Turner My commission expires: May 07 2022  
 Notary Public

**Business Information:** Time in Operation: Years: 20 Months: 10  
**Legal Structure:**  Sole Proprietorship  Corporation  
 Limited Liability Corp.  S-Corp.  
 Partnership

Did you for State or Federal assistance or any other type of grant program(s):  Yes  No

Applications(s) Status:  Pending  Rejected  Approved

If approved, how much assistance did you receive in total: \$ PPP 12,300 EIDL 6,000

Grant(s)  Loans(s)  Combination of both

**LOSSES:**

What is the total loss of revenue in comparing receipts for March 1, 2019 through April 30, 2019 versus the same time in 2020? 47 %

How to compute losses:

<u>51068.68</u> Receipts for 3/1/2019 – 4/30/2019:	\$ 45,000	$17,500 \div 45,000 = 38.89\%$
<u>27,192.5</u> 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: 2

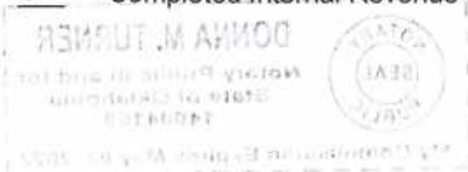
(Attach separate page detailing information on other business)

**Planned Expenditures Details:**

Rent or Mortgage:	\$ <u>7000</u> .00	<u>3 months</u>
Other Debt Service:	\$ _____ .00	
Personnel or Benefits:	\$ _____ .00	
Materials or Supplies:	\$ <u>3000</u> .00	
Contract Labor:	\$ _____ .00	
Utilities:	\$ <u>3500</u> .00	
Advertising:	\$ <u>3500</u> .00	
Other*:	\$ _____ .00	
*(Attach details)		
<b>Total Request:</b>	<b>\$ <u>17000</u> .00</b>	

**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





MIDWEST CITY MEMORIAL HOSPITAL AUTHORITY

## Board of Grantors

Application for Business Assistance

### Staff Review Form

Business Name Seasoned Café

Physical Address 7454 E Reno AV

Date Received July 7, 2020

#### Document Checklist

<input checked="" type="checkbox"/>	Completed Application	<input checked="" type="checkbox"/>	IRS W-9 Form
<input checked="" type="checkbox"/>	Impact Statement	<input checked="" type="checkbox"/>	OK SOS Certificate of Good Standing

#### Licensing

State Licensing Required: Y N Expiration: 8/31/2021  
Health (OKCC)

City Licensing Required: Y N

#### Address Information

Certificate of Occupancy:	<u>Y</u>	<u>N</u>
Outstanding Permits:	<u>Y</u>	<u>N</u>
Active Environmental Code Infractions:	<u>Y</u>	<u>N</u>
Current on City Utilities:	<u>Y</u>	<u>N</u>

#### Staff Recommendation

Tier: 1      2      3

Notes:

Recommended Award: \$ 4000.00

*R. Robinson*

L. J. Gordon

Administrative 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 1<sup>st</sup> 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 MEMORIAL HOSPITAL AUTHORITY  
**Board of Grantors**  
 Application for Business Assistance

**Business Name:** Seasoned Cafe

**Physical Address:** 7454 E. Reno Ave  
# Direction Street Suffix Unit#  
Midwest City, OK 73110  
City ST Zip

**Business Telephone:** (405) 931-2666 **Extension:** \_\_\_\_\_

**Business Website:** Facebook @SeasonedCafeMWC

**Business' NAICS Code:** 722513 (<https://www.census.gov/eos/www/naics/>)

**Authorized Applicant:** Thurman Jacobs  
First Name Last Name

**Mobile Telephone:** (405) 510-1272

**E-Mail Address:** seasonedcafeLLC@yahoo.com

**By signing this application, I attest:**

- All information provided is true and correct to the best of my knowledge.
- I am duly authorized to submit this request on behalf of the business identified above.
- I understand and agree that I must provide documentation within 90 days of award proving funds received were used for the purposes identified on this application.
- I understand that any money improperly spent must be repaid.
- I understand and agree that any false information or failure to provide any required documentation will disqualify the Applicant and any establishment they represent to receive future funding from the Midwest City Memorial Hospital Authority, and that any funds received as result of erroneous information must be repaid.

Dated this 5<sup>th</sup> day of July, 2020. Thurman Jacobs  
Applicant's Signature

SUBSCRIBED AND SWORN to before me this 5<sup>th</sup> day of July, 2020.

Marcus D. Gorden  
Notary Public



My commission expires: 04/08/2023

**Business Information:** Time in Operation: Years: \_\_\_\_\_ Months: 9  
 Legal Structure:  Sole Proprietorship  Corporation  
 Limited Liability Corp.  S-Corp.  
 Partnership

Did you for State or Federal assistance or any other type of grant program(s):  Yes  No  
 Applications(s) Status:  Pending  Rejected  Approved  
 If approved, how much assistance did you receive in total: \$ 18,000  
 Grant(s)  Loans(s)  Combination of both

**LOSSES:**  
 What is the total loss of revenue in comparing receipts for March 1, 2019 through April 30, 2019 versus the same time in 2020? 0 %

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

Do you own similar businesses in other communities? YES  NO  Total units owned: \_\_\_\_\_  
 (Attach separate page detailing information on other business)

<b>Planned Expenditures Details:</b>	Rent or Mortgage:	\$ <u>2500.00</u>	.00
	Other Debt Service:	\$ <u>2000.00</u>	.00
	Personnel or Benefits:	\$ <u>500.00</u>	.00
	Materials or Supplies:	\$ <u>2000.00</u>	.00
	Contract Labor:	\$ <u>1000.00</u>	.00
	Utilities:	\$ <u>1000.00</u>	.00
	Advertising:	\$ <u>1200.00</u>	.00
	Other*:	\$ _____	.00
	<small>*(Attach details)</small>		
	<b>Total Request:</b>	\$ <u>15,000</u>	.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



MIDWEST CITY MEMORIAL HOSPITAL AUTHORITY

# Board of Grantors

Application for Business Assistance

## Staff Review Form

**Business Name** Star Skate

**Physical Address** 300 Bizzell AV

**Date Received** July 1, 2020

### Document Checklist

<input checked="" type="checkbox"/>	Completed Application	<input checked="" type="checkbox"/>	IRS W-9 Form
<input checked="" type="checkbox"/>	Impact Statement	<input checked="" type="checkbox"/>	OK SOS Certificate of Good Standing

### Licensing

State Licensing Required: Y N      Expiration: 8/31/2021  
 Health (OKCC)

City Licensing Required: Y N      Expiration: 6/30/2021  
 Family Amusement

### Address Information

Certificate of Occupancy:	<u>Y</u>	N
Outstanding Permits:	<u>Y</u>	<u>N</u>
Active Environmental Code Infractions:	<u>Y</u>	<u>N</u>
Current on City Utilities:	<u>Y</u>	<u>N</u>

### Staff Recommendation

Tier:            1            2            3

Notes:

Recommended Award:    \$ 4000.00

*R. Coleman*

*L. Lyon*

Administrator/General Manager

*7-20-20*

Date

### **The Star Skate Family:**

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

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

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

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

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

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

*Linda Hale 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 Hale 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](http://starskate.com) website and facebook pages for current business information and activities.

*Linda Hale 6-30-2020*



MIDWEST CITY MEMORIAL HOSPITAL AUTHORITY  
**Board of Grantors**  
 Application for Business Assistance

Business Name: Star Skate, Inc

Physical Address: 300 Bizzell Ave.  
# Direction Street Suffix Unit#  
Midwest City, OK 73110  
City ST Zip

Business Telephone: (405) 732-0574 Extension: \_\_\_\_\_

Business Website: Starskate.com

Business' NAICS Code: 713940 (fitness and recreational sports)

Authorized Applicant: Linda Hale  
First Name Last Name

Mobile Telephone: (580) 421-5989

E-Mail Address: starskate1@yahoo.com

By signing this application, I attest:

- All information provided is true and correct to the best of my knowledge.
- I am duly authorized to submit this request on behalf of the business identified above.
- I understand and agree that I must provide documentation within 90 days of award proving funds received were used for the purposes identified on this application.
- I understand that any money improperly spent must be repaid.
- I understand and agree that any false information or failure to provide any required documentation will disqualify the Applicant and any establishment they represent to receive future funding from the Midwest City Memorial Hospital Authority, and that any funds received as result of erroneous information must be repaid.

Dated this 30 day of June, 2020. Linda Hale  
Applicant's Signature

SUBSCRIBED AND SWORN to before me this 30 day of June, 2020

Beverly Vandagriff My commission expires: 5-12-22  
Notary Public



**Business Information:** Time in Operation: Years: 7 Months: 4  
 Legal Structure:  Sole Proprietorship  Corporation  
 Limited Liability Corp.  S-Corp.  
 Partnership

Did you for State or Federal assistance or any other type of grant program(s):  Yes  No

Applications(s) Status:  Pending  Rejected  Approved

If approved, how much assistance did you receive in total: \$ 71,000

Grant(s)  Loans(s)  Combination of both PPP<sup>3</sup> 61,000  
EIDL 10,000

**LOSSES:**

What is the total loss of revenue in comparing receipts for March 1, 2019 through April 30, 2019 versus the same time in 2020? 57.51 %

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	

Do you own similar businesses in other communities?  YES  NO Total units owned: 4

*(Attach separate page detailing information on other business)*

**Planned Expenditures Details:**

Rent or Mortgage:	\$ <u>12,900</u>	<u>.00</u>
Other Debt Service:	\$ <u>0</u>	<u>.00</u>
Personnel or Benefits:	\$ <u>15,000</u>	<u>.00</u>
Materials or Supplies:	\$ <u>900</u>	<u>.00</u>
Contract Labor:	\$ <u>0</u>	<u>.00</u>
Utilities:	\$ <u>3,500</u>	<u>.00</u>
Advertising:	\$ <u>800</u>	<u>.00</u>
Other* <span style="margin-left: 20px;">↳ Liability Ins.</span>	\$ <u>1,000</u>	<u>.00</u>
<small>*(Attach details)</small> <span style="margin-left: 20px;">↳ Property Insurance</span>	\$ <u>34,100</u>	<u>.00</u>
<b>Total Request:</b>	<b>\$ <u>34,100</u></b>	<b><u>.00</u></b>

**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
- Completed Internal Revenue Service Form W-9



MIDWEST CITY MEMORIAL HOSPITAL AUTHORITY

# Board of Grantors

Application for Business Assistance

## Staff Review Form

**Business Name** Super Subs

**Physical Address** 2150 S Douglas BL, Suite "J"

**Date Received** July 17, 2020

### Document Checklist

<input checked="" type="checkbox"/>	Completed Application	<input checked="" type="checkbox"/>	IRS W-9 Form
<input checked="" type="checkbox"/>	Impact Statement	<input checked="" type="checkbox"/>	OK SOS Certificate of Good Standing

### Licensing

State Licensing Required: Y N      Expiration: 8/31/2020  
Health (OKCC)

City Licensing Required: Y N

### Address Information

Certificate of Occupancy:	<u>Y</u>	N
Outstanding Permits:	<u>Y</u>	<u>N</u>
Active Environmental Code Infractions:	<u>Y</u>	<u>N</u>
Current on City Utilities:	<u>Y</u>	N

### Staff Recommendation

Tier:            1            2            3

Notes:

Recommended Award: \$4000.00

*R. Coleman*

*[Signature]*  
Administrator/General Manager

7-20-20  
Date

## Super Subs Ventures

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



Scott Metzger  
Managing Member



MIDWEST CITY MEMORIAL HOSPITAL AUTHORITY  
**Board of Grantors**  
 Application for Business Assistance

Business Name: Super Sub Venture LLC

Physical Address: 2150 S. Douglas Blvd J  
# Direction Street Suffix Unit#  
Midwest City, OK 73130  
City ST Zip

Business Telephone: (405) 733-5440 Extension: \_\_\_\_\_

Business Website: \_\_\_\_\_

Business' NAICS Code: 722513 (<https://www.census.gov/eos/www/naics/>)

Authorized Applicant: Scott Metzger  
First Name Last Name

Mobile Telephone: (405) 318-5110

E-Mail Address: 2greasyburgers@gmail.com

By signing this application, I attest:

- SM All information provided is true and correct to the best of my knowledge.
- SM I am duly authorized to submit this request on behalf of the business identified above.
- SM 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.
- SM I understand that any money improperly spent must be repaid.
- SM I understand and agree that any false information or failure to provide any required documentation will disqualify the Applicant and any establishment they represent to receive future funding from the Midwest City Memorial Hospital Authority, and that any funds received as result of erroneous information must be repaid.

Dated this 15 day of July, 2020. Scott Metzger  
Applicant's Signature

SUBSCRIBED AND SWORN to before me this 15 day of July, 2020.

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

QNC  
Notary Public

My commission expires: June 19 2023

**Business Information:**

**Time in Operation:** Years: 6 Months: 6

**Legal Structure:**  Sole Proprietorship  Corporation  
 Limited Liability Corp.  S-Corp.  
 Partnership

Did you for State or Federal assistance or any other type of grant program(s):  Yes  No

**Applications(s) Status:**  Pending  Rejected  Approved

If approved, how much assistance did you receive in total: \$ 34,600

Grant(s)  Loans(s)  Combination of both

**LOSSES:**

What is the total loss of revenue in comparing receipts for March 1, 2019 through April 30, 2019 versus the same time in 2020? 10.83 %

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	

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

(Attach separate page detailing information on other business)

**Planned Expenditures Details:**

6 months

Rent or Mortgage:	\$ <u>10,846</u>	.00
Other Debt Service:	\$ _____	.00
Personnel or Benefits:	\$ <u>29,252</u>	.00
Materials or Supplies:	\$ <u>43,295</u>	.00
Contract Labor:	\$ _____	.00
Utilities:	\$ <u>2,794</u>	.00
Advertising:	\$ _____	.00
Other*:	\$ _____	.00
*(Attach details)		
<b>Total Request:</b>	\$ <u>86,187</u>	.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



MIDWEST CITY MEMORIAL HOSPITAL AUTHORITY

# Board of Grantors

Application for Business Assistance

## Staff Review Form

**Business Name** Tana Thai

**Physical Address** 1801 S Air Depot BL

**Date Received** July 21, 2020

### Document Checklist

<input checked="" type="checkbox"/>	Completed Application	<input checked="" type="checkbox"/>	IRS W-9 Form
<input checked="" type="checkbox"/>	Impact Statement	<input checked="" type="checkbox"/>	OK SOS Certificate of Good Standing

### Licensing

State Licensing Required:	<input checked="" type="checkbox"/>	N	
OCCHD			Expires: 8/31/2020
City Licensing Required:	<input checked="" type="checkbox"/>	N	
			Expires: <u>8/31/2020</u>

### Address Information

Certificate of Occupancy:	<input checked="" type="checkbox"/>	N
Outstanding Permits:	<input checked="" type="checkbox"/>	<u>N</u>
Active Environmental Code Infractions:	<input checked="" type="checkbox"/>	<u>N</u>
Current on City Utilities:	<input checked="" type="checkbox"/>	N

### Staff Recommendation

Tier:            1                            2                            3

Notes:

Recommended Award:    \$ 4000.00

*P. Williams*

*[Signature]*

Administrator/General Manager

*7-23-20*

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 Deesomjit

A handwritten signature in black ink, appearing to be 'Supree Deesomjit', written in a cursive style.

MIDWEST CITY MEMORIAL HOSPITAL

AUTHORITY **Board of**

**Grantors** Application for  
**Business Assistance**

**Business Name:** \_\_\_\_\_ Tana Thai Inc \_\_\_\_\_

**Physical Address:** \_\_\_\_\_ 1801 S Air Depot Blvd. Midwest City, OK  
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 \_\_\_\_\_  
*First Name Last Name*

**Mobile Telephone:** (405 ) - 361-7758

**E-Mail Address:** tanathaimwc@gmail.com

**By signing this application, I attest:**



\_\_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.  I understand and agree that I must provide documentation within 90 days of award proving funds

received were used for the purposes identified on this application.  I understand that any money improperly spent must be repaid.  I understand and agree that any false information or failure to provide any required documentation will disqualify the Applicant and any establishment they represent to receive future funding from the Midwest City Memorial Hospital Authority, and that any funds received as result of erroneous information must be repaid.

Dated this 20 day of July, 2020.



Applicant's  
Signature

SUBSCRIBED AND SWORN to before me this 20th day of July, 2020.

My commission expires: Notary Public  
  
3



**Business Information: Time in Operation:** Years: 1 Months: 7

**Legal Structure:**  Sole Proprietorship  Corporation  
 Limited Liability Corp.  S-Corp.  Partnership

**Did you for State or Federal assistance or any other type of grant program(s):**  Yes  No

**Applications(s) Status:**  Pending  Rejected  Approved

If approved, how much assistance did you receive in total: \$ \_\_\_\_\_

Grant(s)  Loans(s)  Combination of both

**LOSSES:** What is the total loss of revenue in comparing receipts for March 1, 2019 through April 30, 2019 versus the same time in 2020? 6 %

How to compute losses:

Receipts for 3/1/2019 – 4/30/2019: \$ 45,000  
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:**  no \_\_\_\_\_

*(Attach separate page detailing information on other business)*



MIDWEST CITY MEMORIAL HOSPITAL AUTHORITY

# Board of Grantors

Application for Business Assistance

## Staff Review Form

**Business Name** Tequila Daisy Hair Lounge

**Physical Address** 709 S Air Depot BL, Suite C

**Date Received** July 21, 2020

### Document Checklist

<input checked="" type="checkbox"/>	Completed Application	<input checked="" type="checkbox"/>	IRS W-9 Form
<input checked="" type="checkbox"/>	Impact Statement	<input checked="" type="checkbox"/>	OK SOS Certificate of Good Standing

### Licensing

State Licensing Required: Y N

City Licensing Required: Y N

### Address Information

Certificate of Occupancy:	<u>Y</u>	<u>N</u>
Outstanding Permits:	<u>Y</u>	<u>N</u>
Active Environmental Code Infractions:	<u>Y</u>	<u>N</u>
Current on City Utilities:	<u>Y</u>	<u>N</u>

### Staff Recommendation

Tier:            1                    2                    3

Notes:

Recommended Award:    \$ 1500.00

*R. Williams*

I. Gon

Administrator/General Manager

7.22.20

Date

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 come through for me and I believe only three or four of the girls in the salon/spa have received it. While I have a savings, well I had a savings, it was not enough to cover all of our expenses during the closure. This grant would allow me to cover the bills I incurred for my business during quarantine. It would give us the security knowing that debt is paid. The debt that was incurred because we didn't have any option to work. Something else it will help with after the debt is paid is starting to rebuild the savings to fix our long to do list in the salon. Our salon chairs are literally patched up and the savings was going toward getting new ones as well as other things that need to be replaced or maintained around the salon like resealing the windows, adding more light to the parking lot for added safety, the list goes on. We have even resorted to day old glazed donuts instead of the assorted ones at salon meetings. I'm kidding but in all reality that's what it is. Being able to breathe deeply and not have a sickening, anxiety filled breath that comes with looking at the financial hit. The first week of the closure was filled with a deep depression, the first week we reopened was filled with unsure anxiety. We are still being

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

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

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

Thank you sincerely,

Krista Graves 

The Tequila Daisy Hair Lounge



MIDWEST CITY MEMORIAL HOSPITAL AUTHORITY  
**Board of Grantors**  
 Application for Business Assistance

**Business Name:** Tequila Daisy Hair Lounge

**Physical Address:** 709 J. Air Depot #C Midwest City, OK 73110  
# Direction Street Suffix Unit#  
Midwest City, OK 73110  
City ST Zip

**Business Telephone:** (405) 741-5554 **Extension:** \_\_\_\_\_  
*preferred 410-1687 cell*

**Business Website:** http://m.facebook.com/tequiladaisyhair/

**Business' NAICS Code:** 812112 (<https://www.census.gov/eos/www/naics/>)

**Authorized Applicant:** Krista Graves  
First Name Last Name

**Mobile Telephone:** (405) 410-1687

**E-Mail Address:** tequiladaisyhair@gmail.com

**By signing this application, I attest:**

- KG All information provided is true and correct to the best of my knowledge.
- KG I am duly authorized to submit this request on behalf of the business identified above.
- KG 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.
- KG I understand that any money improperly spent must be repaid.
- KG I understand and agree that any false information or failure to provide any required documentation will disqualify the Applicant and any establishment they represent to receive future funding from the Midwest City Memorial Hospital Authority, and that any funds received as result of erroneous information must be repaid.

Dated this 21<sup>st</sup> day of July, 2020. Krista Graves  
Applicant's Signature

SUBSCRIBED AND SWORN to before me this 21<sup>st</sup> day of July, 2020.

[Signature]  
 Notary Public



My commission expires: 8/31/2023

**Business Information:**      **Time in Operation:** Years: 6      Months: 10  
**Legal Structure:**       Sole Proprietorship       Corporation  
                                   Limited Liability Corp.       S-Corp.  
                                   Partnership

Did you for State or Federal assistance or any other type of grant program(s):  Yes  No

**Applications(s) Status:**       Pending       Rejected       Approved       ~~Yes~~

If approved, how much assistance did you receive in total: \$ \_\_\_\_\_  
                                   Grant(s)       Loans(s)       Combination of both

**LOSSES:**  
 What is the total loss of revenue in comparing receipts for March 1, 2019 through April 30, 2019 versus the same time in 2020?      77.39 %

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	7188-1625=5563/7188=
		77.39%

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:	\$ 4000	.00
Other Debt Service:	\$ _____	.00
Personnel or Benefits:	\$ _____	.00
Materials or Supplies:	\$ 500	.00
Contract Labor:	\$ 750	.00
Utilities:	\$ 800	.00
Advertising:	\$ _____	.00
Other*:	\$ _____	.00
<small>*(Attach details)</small>		
<b>Total Request:</b>	<b>\$ 6050</b>	<b>.00</b>

**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





MIDWEST CITY MEMORIAL HOSPITAL AUTHORITY

# Board of Grantors

Application for Business Assistance

## Staff Review Form

**Business Name** Tez Wingz

**Physical Address** 3801 N Oak Grove DR

**Date Received** 7/10/2020

### Document Checklist

<input checked="" type="checkbox"/>	Completed Application	<input checked="" type="checkbox"/>	IRS W-9 Form
<input checked="" type="checkbox"/>	Impact Statement	<input checked="" type="checkbox"/>	OK SOS Certificate of Good Standing

### Licensing

State Licensing Required:  Y  N      Expiration: 8/31/2021

Health (OKCC)

City Licensing Required:  Y  N

### Address Information

Certificate of Occupancy:	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
Outstanding Permits:	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
Active Environmental Code Infractions:	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
Current on City Utilities:	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N

### Staff Recommendation

Tier:            1            2            3

Notes:

Recommended Award:    \$ 4000.00

*[Signature]*

L. J. [Signature]  
Administrator/General Manager

\_\_\_\_\_  
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)

A handwritten signature in black ink, appearing to be "W. Jordan", written over a horizontal line.



MIDWEST CITY MEMORIAL HOSPITAL AUTHORITY  
**Board of Grantors**  
 Application for Business Assistance

**Business Name:** Tez Wingz

**Physical Address:** 3801 N Oak Grove Dr.  
# Direction Street Suffix Unit#  
Midwest City, OK 73110  
City ST Zip

**Business Telephone:** (405) 546-8777 **Extension:** \_\_\_\_\_

**Business Website:** Tez-wingz.com

**Business' NAICS Code:** 722519 (<https://www.census.gov/eos/www/naics/>)

**Authorized Applicant:** William Jordan  
First Name Last Name

**Mobile Telephone:** (708) 359-2782

**E-Mail Address:** WillJordan2123@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 06 day of July, 2020. [Signature]  
Applicant's Signature

SUBSCRIBED AND SWORN to before me this 8<sup>th</sup> day of July, 2020.

Kim Chung My commission expires 4/05/2023  
Notary Public



**Business Information:** Time in Operation: Years: 4 Months: 1  
 Legal Structure:  Sole Proprietorship  Corporation  
 Limited Liability Corp.  S-Corp.  
 Partnership

Did you for State or Federal assistance or any other type of grant program(s):  Yes  No

Applications(s) Status:  Pending  Rejected  Approved

If approved, how much assistance did you receive in total: \$ 173,400

Grant(s)  Loans(s)  Combination of both

**LOSSES:**

What is the total loss of revenue in comparing receipts for May, 2020 ~~March 1, 2019 through April 30, 2019~~ versus the same time in 2020? 100 %

How to compute losses:

Receipts for 3/1/2019 – 4/30/2019:	\$ 45,000	$\$17,500 \div \$45,000 = 38.89\%$
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: 1

(Attach separate page detailing information on other business)

<b>Planned Expenditures Details:</b>	Rent or Mortgage:	\$ <u>1665</u>	.00
	Other Debt Service:	\$ <u>303,400</u>	.00
	Personnel or Benefits:	\$ <u>17,156</u>	.00
	Materials or Supplies:	\$ _____	.00
	Contract Labor:	\$ _____	.00
	Utilities:	\$ <u>1133</u>	.00
	Advertising:	\$ <u>100</u>	.00
	Other*:	\$ <u>26,724</u>	.00
	<small>*(Attach details)</small>		
	<b>Total Request:</b>	\$ <u>46,778</u>	.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



MIDWEST CITY MEMORIAL HOSPITAL AUTHORITY

# Board of Grantors

Application for Business Assistance

## Staff Review Form

**Business Name** The Guild

**Physical Address** 2001 S Douglas BL

**Date Received** July 20, 2020

### Document Checklist

Completed Application       IRS W-9 Form  
 Impact Statement       OK SOS Certificate of Good Standing

### Licensing

State Licensing Required:    Y    N

City Licensing Required:    Y    N

### 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:                    1                    2                    3

Notes:

Recommended Award:    \$ 1500.00

\_\_\_\_\_  
Administrator/General Manager

\_\_\_\_\_  
Date

The Guild Salon LLC  
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,

A handwritten signature in black ink, reading "Krystal Sleeper-Bartlett". The signature is written in a cursive, flowing style.

Krystal Sleeper- Bartlett

The Guild Salon



MIDWEST CITY MEMORIAL HOSPITAL AUTHORITY  
**Board of Grantors**  
 Application for Business Assistance

**Business Name:** Midwest City Memorial Hospital Authority

**Physical Address:** 1000 N. Lincoln Blvd. - 1000  
# Direction Street Suffix Unit#  
Midwest City, OK 73101  
City ST Zip

**Business Telephone:** (405) 271-5400 **Extension:** \_\_\_\_\_

**Business Website:** \_\_\_\_\_

**Business' NAICS Code:** 801100 (<https://www.census.gov/eos/www/naics/>)

**Authorized Applicant:** Thomas J. Bennett  
First Name Last Name

**Mobile Telephone:** (405) 271-5400

**E-Mail Address:** tbennett@cmha.org

**By signing this application, I attest:**

- All information provided is true and correct to the best of my knowledge.
- I am duly authorized to submit this request on behalf of the business identified above.
- I understand and agree that I must provide documentation within 90 days of award proving funds received were used for the purposes identified on this application.
- I understand that any money improperly spent must be repaid.
- I understand and agree that any false information or failure to provide any required documentation will disqualify the Applicant and any establishment they represent to receive future funding from the Midwest City Memorial Hospital Authority, and that any funds received as result of erroneous information must be repaid.

Dated this 20 day of July, 2020. Thomas J. Bennett  
Applicant's Signature

SUBSCRIBED AND SWORN to before me this 20 day of July, 2020.

Katrina F Bruner  
Notary Public

My commission expires: 4/05/2023



**Business Information:** Time in Operation: Years: 5 Months: 6  
Legal Structure:  Sole Proprietorship  Corporation  
 Limited Liability Corp.  S-Corp.  
 Partnership

Did you for State or Federal assistance or any other type of grant program(s):  Yes  No

Applications(s) Status:  Pending  Rejected  Approved

If approved, how much assistance did you receive in total: \$ \_\_\_\_\_

Grant(s)  Loans(s)  Combination of both

**LOSSES:**

What is the total loss of revenue in comparing receipts for March 1, 2019 through April 30, 2019 versus the same time in 2020? 39.31 %

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	

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

(Attach separate page detailing information on other business)

<b>Planned Expenditures Details:</b>	Rent or Mortgage:	\$ <u>5,093</u> .00
<del>INS. COX</del>	Other Debt Service:	\$ <u>4,127.00</u> .00
	Personnel or Benefits:	\$ _____ .00
	Materials or Supplies:	\$ <u>1573</u> .00
	Contract Labor:	\$ _____ .00
	Utilities:	\$ <u>1688</u> .00
	Advertising:	\$ _____ .00
<del>Book Keeping Law Service</del>	Other*:	\$ <u>650</u> .00
	(Attach details)	
	<b>Total Request:</b>	\$ <u>11,131.00</u> .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





MIDWEST CITY MEMORIAL HOSPITAL AUTHORITY  
**Board of Grantors**  
 Application for Business Assistance

**Staff Review Form**

**Business Name**      The Okies Fabric Stash

**Physical Address**    1315B Gateway Plaza

**Date Received**      July 8, 2020

**Document Checklist**

<input checked="" type="checkbox"/>	Completed Application	<input checked="" type="checkbox"/>	IRS W-9 Form
<input checked="" type="checkbox"/>	Impact Statement	<input checked="" type="checkbox"/>	OK SOS Certificate of Good Standing

**Licensing**

State Licensing Required:    Y    N

City Licensing Required:      Y    N

**Address Information**

Certificate of Occupancy:	<u>Y</u>	<u>N</u>
Outstanding Permits:	<u>Y</u>	<u>N</u>
Active Environmental Code Infractions:	<u>Y</u>	<u>N</u>
Current on City Utilities:	<u>Y</u>	<u>N</u>

**Staff Recommendation**

Tier:            1            2            3

Notes:

Recommended Award:    \$ 4000.00

*R. Blodman*

*[Signature]*  
 Administrator/General Manager

7/17/20  
 Date



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,



MIDWEST CITY MEMORIAL HOSPITAL AUTHORITY  
**Board of Grantors**  
 Application for Business Assistance

**Business Name:** The Okies Fabric Stash LLC

**Physical Address:** 1315b Gateway Plaza  
# Direction Street Suffix Unit#  
Midwest City, OK  
City ST Zip

**Business Telephone:** 405 455-5084 **Extension:** \_\_\_\_\_

**Business Website:** https://www.facebook.com/okiesfabricstash

**Business' NAICS Code:** 423920

**Authorized Applicant:** Rella Johnson  
First Name Last Name

**Mobile Telephone:** 405-343-9743

**E-Mail Address:** theokiesfabricstash @coxinet net

By signing this application, I attest:

- All information provided is true and correct to the best of my knowledge.
- I am duly authorized to submit this request on behalf of the business identified above.
- I understand and agree that I must provide documentation within 90 days of award proving funds received were used for the purposes identified on this application.
- I understand that any money improperly spent must be repaid.
- I understand and agree that any false information or failure to provide any required documentation will disqualify the Applicant and any establishment they represent to receive future funding from the Midwest City Memorial Hospital Authority, and that any funds received as a result of erroneous information must be repaid.

Dated this 30 day of June, 2020 Rella Johnson  
Applicant's Signature

SUBSCRIBED AND SWORN to before me this 30 day of June, 2020.

Amanda Bean My commission expires 03-09-24  
Notary Public



**Business Information:** Time in Operation: Yes  4 Months: 1  
**Legal Structure:**  Sole Proprietorship  Corporation  
 Limited Liability Corp.  S-Corp.  
 Partnership

Have you applied for Federal assistance or any other type of grant program(s): \_\_\_ Yes  No

**Applications(s) Status:** \_\_\_ Pending \_\_\_ Rejected \_\_\_ Approved

If approved, how much assistance did you receive in total: \$ \_\_\_\_\_

\_\_\_ Grant(s) \_\_\_ Loans(s) \_\_\_ Combination of Both

**LOSSES:**

What is the total loss of revenue in comparing receipts for March 1, 2019 through April 30, 2019 versus the same time in 2020? March 37.31%, April 0% %

How to compute losses:

Receipts for 3/1/2019 – 4/30/2019:	\$ 45,000	
Receipts for 3/1/2020 – 4/30/2020:	\$ 27,500	
Difference:	\$ 17,500	\$17,500 ÷ \$45,000 = 38.89%

**Do you own similar businesses in other communities?** YES NO **Total units owned:** \_\_\_\_\_  
 (Please describe other businesses owned on a separate sheet of paper and attach to this application.)

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

**Please Attach The Following Documents:**

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



MIDWEST CITY MEMORIAL HOSPITAL AUTHORITY

# Board of Grantors

Application for Business Assistance

## Staff Review Form

**Business Name** Julie Storm DMD, P.L.L.C., d/b/a TimberView Family Dentistry

**Physical Address** 1342 S Douglas BL, Suite B

**Date Received** July 1, 2020

### Document Checklist

<input checked="" type="checkbox"/>	Completed Application	<input checked="" type="checkbox"/>	IRS W-9 Form
<input checked="" type="checkbox"/>	Impact Statement	<input checked="" type="checkbox"/>	OK SOS Certificate of Good Standing

### Licensing

State Licensing Required: Y N Expiration: 12/31/2020

City Licensing Required: Y N Expiration:  / /

### 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:            1            2            3

Notes:

Recommended Award: \$ 1500.00

*Blakeman*

*Igo*

Adminstrator/General Manager

7-20-20

Date



1342 S. Douglas Blvd., Suite B  
Midwest City, OK 73130

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,

A handwritten signature in black ink, appearing to read "Julie J Storm".

Julie J Storm, DMD



MIDWEST CITY MEMORIAL HOSPITAL AUTHORITY  
**Board of Grantors**  
 Application for Business Assistance

**Business Name:** Julie J Storm DMD PLLC DBA TimberView Family Dentistry

**Physical Address:** 1342 S. Douglas Blvd Ste B  
# Direction Street Suffix Unit#  
Midwest City, OK 73130  
City ST Zip

**Business Telephone:** (405) 737-0404 **Extension:** \_\_\_\_\_

**Business Website:** www.tvfdentistry.com






**Business' NAICS Code:** 621210 (<https://www.census.gov/eos/www/naics/>)


**Authorized Applicant:** Julie Storm  
First Name Last Name

**Mobile Telephone:** (405) 204-1179

**E-Mail Address:** JULIEJSTORMDMD@TVFDENTISTRY.COM

**By signing this application, I attest:**

-  All information provided is true and correct to the best of my knowledge.
-  I am duly authorized to submit this request on behalf of the business identified above.
-  I understand and agree that I must provide documentation within 90 days of award proving funds received were used for the purposes identified on this application.
-  I understand that any money improperly spent must be repaid.
-  I understand and agree that any false information or failure to provide any required documentation will disqualify the Applicant and any establishment they represent to receive future funding from the Midwest City Memorial Hospital Authority, and that any funds received as result of erroneous information must be repaid.

Dated this 30 day of June, 20 20.   
Applicant's Signature

SUBSCRIBED AND SWORN to before me this 30 day of June, 20 20.

 My commission expires: 2-1-23  
Notary Public



**Business Information:** Time in Operation: Years: 8 Months: 8  
 Legal Structure:  Sole Proprietorship  Corporation  
 Limited Liability Corp.  S-Corp.  
 Partnership

Did you for State or Federal assistance or any other type of grant program(s):  Yes  No

Applications(s) Status:  Pending  Rejected  Approved

If approved, how much assistance did you receive in total: \$ 60,000

Grant(s)  Loans(s)  Combination of both

**LOSSES:**

What is the total loss of revenue in comparing receipts for March 1, 2019 through April 30, 2019 versus the same time in 2020? 39.6 %

How to compute losses:

Receipts for 3/1/2019 – 4/30/2019:	\$ 45,000	$\$17,500 \div \$45,000 = 38.89\%$
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)*

<b>Planned Expenditures Details:</b>	Rent or Mortgage:	\$ <u>1,937.</u>	<u>.00</u>
	Other Debt Service:	\$ <u>4,000</u>	<u>.00</u>
	Personnel or Benefits:	\$ <u>—</u>	<u>.00</u>
	Materials or Supplies:	\$ <u>3,750</u>	<u>.00</u>
	Contract Labor:	\$ <u>—</u>	<u>.00</u>
	Utilities:	\$ <u>—</u>	<u>.00</u>
	Advertising:	\$ <u>1,000</u>	<u>.00</u>
	Other*:	\$ <u>—</u>	<u>.00</u>
	<small>*(Attach details)</small>		
	<b>Total Request:</b>	\$ <u>11,687</u>	<u>.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





MIDWEST CITY MEMORIAL HOSPITAL AUTHORITY

# Board of Grantors

Application for Business Assistance

## Staff Review Form

**Business Name** Tumble Stars, L.L.C.

**Physical Address** 1700 Republic AV

**Date Received** July 1, 2020

### Document Checklist

<input checked="" type="checkbox"/>	Completed Application	<input checked="" type="checkbox"/>	IRS W-9 Form
<input checked="" type="checkbox"/>	Impact Statement	<input checked="" type="checkbox"/>	OK SOS Certificate of Good Standing

### Licensing

State Licensing Required: Y N Expiration:        /        /       

City Licensing Required: Y N Expiration:        /        /       

### Address Information

Certificate of Occupancy:	<u>Y</u>	<u>N</u>
Outstanding Permits:	<u>Y</u>	<u>N</u>
Active Environmental Code Infractions:	<u>Y</u>	<u>N</u>
Current on City Utilities:	<u>Y</u>	<u>N</u>

### Staff Recommendation

Tier:            1                    2                    3

Notes:

Recommended Award: \$ 1500.00

*R. Coleman*

*L. Lyon*

Administrator/General Manager

7-10-20

Date

# TUMBLE STARS GYMNASTICS CENTER

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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



**MIDWEST CITY MEMORIAL HOSPITAL AUTHORITY**  
**Board of Grantors**  
**Application for Business Assistance**

**Business Name:** Tumble Stars Gymnastics Center

**Physical Address:** 1700 Republic Ave.  
#                      Direction                      Street                      Suffix                      Unit#  
Midwest City, OK 73110  
City                      ST                      Zip

**Business Telephone:** (405) 741-7827      **Extension:** \_\_\_\_\_

**Business Website:** tumblestars.com

**Business' NAICS Code:** 713940

**Authorized Applicant:** Randall Taylor  
First Name                      Last Name

**Mobile Telephone:** (405) 410-1148

**E-Mail Address:** info@tumblestars.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 a result of erroneous information must be repaid.

Dated this 29 day of June, 2020. Randall V Taylor  
Applicant's Signature

SUBSCRIBED AND SWORN to before me this 29 day of June, 2020.

[Signature] Notary Public      My commission expires: 3-16-23



**Business Information:**

Time in Operation: Years: 21 Months: 3

Legal Structure:  Sole Proprietorship  Corporation  
 Limited Liability Corp.  S-Corp.  
 Partnership

Have you applied for Federal assistance or any other type of grant program(s):  Yes  No

Applications(s) Status:  Pending  Rejected  Approved

If approved, how much assistance did you receive in total: \$ 31,800  
 Grant(s)  Loans(s)  Combination of Both

**LOSSES:**

What is the total loss of revenue in comparing receipts for March 1, 2019 through April 30, 2019 versus the same time in 2020? 75 %

How to compute losses:

Receipts for 3/1/2019 – 4/30/2019:	\$ 45,000	$\$17,500 \div \$45,000 = 38.89\%$
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: 1  
(Please describe other businesses owned on a separate sheet of paper and attach to this application.)

**Planned Expenditures Details:**

Rent or Mortgage:	\$ <u>2610.00</u>
Other Debt Service:	\$ <u>399.00</u>
Personnel or Benefits:	\$ <u>12,756.00</u>
Materials or Supplies:	\$ <u>          .00</u>
Contract Labor:	\$ <u>          .00</u>
Utilities:	\$ <u>463.00</u>
Advertising:	\$ <u>          .00</u>
Other*:	\$ <u>          .00</u>
*(Attach details)	
<b>Total Request:</b>	\$ <u>16,228.00</u>

**Please Attach The Following Documents:**

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



MIDWEST CITY MEMORIAL HOSPITAL AUTHORITY

## Board of Grantors

Application for Business Assistance

### Staff Review Form

**Business Name** Wert – Simpson Dental Clinic

**Physical Address** 1471 S Post RD

**Date Received** July 21, 2020

#### Document Checklist

<u>Y</u>	Completed Application	<u>Y</u>	IRS W-9 Form
<u>Y</u>	Impact Statement	<u>Y</u>	OK SOS Certificate of Good Standing

#### Licensing

State Licensing Required: Y N

City Licensing Required: Y N

#### Address Information

Certificate of Occupancy:	<u>Y</u>	N
Outstanding Permits:	<u>Y</u>	<u>N</u>
Active Environmental Code Infractions:	Y	<u>N</u>
Current on City Utilities:	<u>Y</u>	N

#### Staff Recommendation

Tier:            1                    2                    3

Notes:

Recommended Award:    \$ 1500.00

\_\_\_\_\_  
Administrator/General Manager

\_\_\_\_\_  
Date



1471 S. Post Rd  
Midwest City, OK 73013  
(405) 732-1181  
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 utilities.

Thank you

  
Peter Wert, DDS



MIDWEST CITY MEMORIAL HOSPITAL AUTHORITY  
**Board of Grantors**  
 Application for Business Assistance

**Business Name:** Wert - Simpson Dental

**Physical Address:** 1471 South Post Road  
# Direction Street Suffix Unit#  
Midwest City, OK 73130  
City ST Zip

**Business Telephone:** (405) 732 - 1181 **Extension:** \_\_\_\_\_

**Business Website:** www.wert-simpsondental.com

**Business' NAICS Code:** 621210 (<https://www.census.gov/eos/www/naics/>)

**Authorized Applicant:** Peter Wert  
First Name Last Name

**Mobile Telephone:** (405) 326 - 3148

**E-Mail Address:** dr.wert@coxinet.net @

**By signing this application, I attest:**

- Pw All information provided is true and correct to the best of my knowledge.
- Pw I am duly authorized to submit this request on behalf of the business identified above.
- Pw 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.
- Pw I understand that any money improperly spent must be repaid.
- Pw I understand and agree that any false information or failure to provide any required documentation will disqualify the Applicant and any establishment they represent to receive future funding from the Midwest City Memorial Hospital Authority, and that any funds received as result of erroneous information must be repaid.

Dated this 21 day of July, 2020. [Signature]  
Applicant's Signature

SUBSCRIBED AND SWORN to before me this 21 day of July, 2020.



Christine N. Latham  
Notary Public

My commission expires: 9/27/2021

**Business Information:** Time in Operation: Years: 17 Months: 3  
Legal Structure:  Sole Proprietorship  Corporation  
 Limited Liability Corp.  S-Corp.  
 Partnership P.C. ... S.

Did you for State or Federal assistance or any other type of grant program(s):  Yes  No

Applications(s) Status:  Pending  Rejected  Approved

If approved, how much assistance did you receive in total: \$ 118,000 - Fed / State - Pending

Grant(s)  Loans(s)  Combination of both

**LOSSES:**

What is the total loss of revenue in comparing receipts for March 1, 2019 through April 30, 2019 versus the same time in 2020? \$ 82,444 37.47 %

How to compute losses:

Receipts for 3/1/2019 – 4/30/2019:	\$ 45,000	$\$17,500 \div \$45,000 = 38.89\%$
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)

<b>Planned Expenditures Details:</b>	Rent or Mortgage:	\$ _____	.00
	Other Debt Service:	\$ _____	.00
	Personnel or Benefits:	\$ <u>+ 1500</u>	.00
	Materials or Supplies:	\$ _____	.00
	Contract Labor:	\$ _____	.00
	Utilities:	\$ <u>+ 300</u>	.00
	Advertising:	\$ _____	.00
	Other*:	\$ _____	.00
	*(Attach details)		
	<b>Total Request:</b>	\$ _____	.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





MIDWEST CITY MEMORIAL HOSPITAL AUTHORITY

# Board of Grantors

Application for Business Assistance

## Staff Review Form

**Business Name** Wholly Guacamole!

**Physical Address** 9015 SE 29<sup>th</sup> ST

**Date Received** July 20, 2020

### Document Checklist

<input checked="" type="checkbox"/>	Completed Application	<input checked="" type="checkbox"/>	IRS W-9 Form
<input checked="" type="checkbox"/>	Impact Statement	<input checked="" type="checkbox"/>	OK SOS Certificate of Good Standing

### Licensing

State Licensing Required:

OCCHD	Expiration:	<u>8/31/2020</u>
Alcoholic Beverage	Expiration:	<u>9/30/2020</u>

City Licensing Required: Y N

Alcoholic Beverage	Expiration:	<u>9/30/2020</u>
--------------------	-------------	------------------

### Address Information

Certificate of Occupancy:	<u>Y</u>	<u>N</u>
Outstanding Permits:	<u>Y</u>	<u>N</u>
Active Environmental Code Infractions:	<u>Y</u>	<u>N</u>
Current on City Utilities:	<u>Y</u>	<u>N</u>

### Staff Recommendation

Tier:            1                    2                    3

Notes:

Recommended Award:    \$ 4000.00

*R. Robinson*

*[Signature]*

Administrator/General Manager

7-23-20

Date

This grant for business assistance will allow me to continue operating my restaurant and kitchen as an ongoing 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 quality 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.

melba z murray



MIDWEST CITY MEMORIAL HOSPITAL AUTHORITY  
**Board of Grantors**  
Application for Business Assistance

Business Name: Wholly Guacamole LLC

Physical Address: 9015 SE 29<sup>TH</sup> St.  
# Direction Street Suffix Unit#  
Midwest City, OK 73130  
City ST Zip

Business Telephone: (405) 610-6594 Extension: \_\_\_\_\_

Business Website: N/A

Business' NAICS Code: 722511 (<https://www.census.gov/eos/www/naics/>)

Authorized Applicant: Milko Murray  
First Name Last Name

Mobile Telephone: (405) 429-9209

E-Mail Address: zperuok@att.net ~~att.net~~ 901.com

By signing this application, I attest:

- All information provided is true and correct to the best of my knowledge.
- I am duly authorized to submit this request on behalf of the business identified above.
- I understand and agree that I must provide documentation within 90 days of award proving funds received were used for the purposes identified on this application.
- I understand that any money improperly spent must be repaid.
- I understand and agree that any false information or failure to provide any required documentation will disqualify the Applicant and any establishment they represent to receive future funding from the Midwest City Memorial Hospital Authority, and that any funds received as result of erroneous information must be repaid.

Dated this 20 day of July, 2020. Milko Z. Murray  
Applicant's Signature

SUBSCRIBED AND SWORN to before me this 20 day of July, 2020.

Samantha Sandoval  
Notary Public

My commission expires: 5/14/2024



**Business Information:**

**Time in Operation:** Years: 7 Months: 5  
**Legal Structure:**  Sole Proprietorship  Corporation  
 Limited Liability Corp.  S-Corp.  
 Partnership

Did you for State or Federal assistance or any other type of grant program(s):  Yes  No

**Applications(s) Status:**  Pending  Rejected  Approved

If approved, how much assistance did you receive in total: \$ \_\_\_\_\_

Grant(s)  Loans(s)  Combination of both

**LOSSES:**

What is the total loss of revenue in comparing receipts for March 1, 2019 through April 30, 2019 versus the same time in 2020? 40 %

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	

Do you own similar businesses in other communities?  YES  NO Total units owned: 1

(Attach separate page detailing information on other business)

<b>Planned Expenditures Details:</b>	Rent or Mortgage:	\$ <u>2500</u> .00
	Other Debt Service:	\$ _____ .00
	Personnel or Benefits:	\$ <u>8,000</u> .00
	Materials or Supplies:	\$ <u>12,000</u> .00
	Contract Labor:	\$ _____ .00
	Utilities:	\$ <u>3,000</u> .00
	Advertising:	\$ <u>500</u> .00
	Other*:	\$ <u>700</u> .00
	*(Attach details)	
	<b>Total Request:</b>	\$ <u>26,700</u> .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



MIDWEST CITY MEMORIAL HOSPITAL AUTHORITY  
**Board of Grantors**  
 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

**Document Checklist**

<input checked="" type="checkbox"/>	Completed Application	<input checked="" type="checkbox"/>	IRS W-9 Form
<input checked="" type="checkbox"/>	Impact Statement	<input checked="" type="checkbox"/>	OK SOS Certificate of Good Standing

**Licensing**

State Licensing Required:    Y    N

City Licensing Required:     Y    N

**Address Information**

Certificate of Occupancy:	<u>Y</u>	<u>N</u>
Outstanding Permits:	<u>Y</u>	<u>N</u>
Active Environmental Code Infractions:	<u>Y</u>	<u>N</u>
Current on City Utilities:	<u>Y</u>	<u>N</u>

**Staff Recommendation**

Tier:            1                    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).

Recommended Award:      \$ \_\_\_\_\_

*L. J. Gor*  
 \_\_\_\_\_  
 Administrator/General Manager

\_\_\_\_\_  
 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



MIDWEST CITY MEMORIAL HOSPITAL AUTHORITY  
**Board of Grantors**  
 Application for Business Assistance

Business Name: 10-8 TACTICAL LLC

Physical Address: 2412 S. DOUGLAS BLD #B  
# Direction Street Suffix Unit#  
Midwest City, OK 73130  
City ST Zip

Business Telephone: ( 405 ) 931-2729 Extension: \_\_\_\_\_

Business Website: 10-8TACTICALOK.COM

Business' NAICS Code: 713900

Authorized Applicant: GREG WIPFLI  
First Name Last Name

Mobile Telephone: ( 405 ) 641-2109

E-Mail Address: GREG @ 10-8 TACTICALOK.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 a result of erroneous information must be repaid.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ July 21 2020  
Applicant's Signature

SUBSCRIBED AND SWORN to before me this 21 day of July, 2020

[Signature] #15011227 My commission expires: 12/11/2023  
 Notary Public



**Business Information:** Time in Operation: Years: 3 Months: 3  
 Legal Structure:  Sole Proprietorship  Corporation  
 Limited Liability Corp.  S-Corp.  
 Partnership

Have you applied for Federal assistance or any other type of grant program(s):  Yes  No

Applications(s) Status:  Pending  Rejected  Approved

If approved, how much assistance did you receive in total: \$ \_\_\_\_\_

Grant(s)  Loans(s)  Combination of Both

**LOSSES:**

What is the total loss of revenue in comparing receipts for March 1, 2019 through April 30, 2019 versus the same time in 2020? 92 %

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	

Do you own similar businesses in other communities? YES  NO  Total units owned: \_\_\_\_\_  
 (Please describe other businesses owned on a separate sheet of paper and attach to this application.)

<b>Planned Expenditures Details:</b>	Rent or Mortgage:	\$ <u>1000</u>	.00
	Other Debt Service:	\$ _____	.00
	Personnel or Benefits:	\$ <u>650</u>	.00
	Materials or Supplies:	\$ <u>700</u>	.00
	Contract Labor:	\$ <u>450</u>	.00
	Utilities:	\$ <u>1300</u>	.00
	Advertising:	\$ _____	.00
	Other*:	\$ _____	.00
	*(Attach details)		
	<b>Total Request:</b>	\$ <u>4000</u>	.00

**Please Attach The Following Documents:**

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





MIDWEST CITY MEMORIAL HOSPITAL AUTHORITY

# Board of Grantors

Application for Business Assistance

## Staff Review Form

**Business Name** Chris' Grill & Frozen Treats Food Truck

**Physical Address** 1300 S Douglas BL

**Date Received** July 20, 2020

### Document Checklist

<input checked="" type="checkbox"/>	Completed Application	<input checked="" type="checkbox"/>	IRS W-9 Form
<input checked="" type="checkbox"/>	Impact Statement	<input checked="" type="checkbox"/>	OK SOS Certificate of Good Standing

### Licensing

State Licensing Required: Y N  
OCCHD: 9/30/2020

City Licensing Required: Y N  
OCCHD: 9/30/2020

### Address Information (NOT APPLICABLE)

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

### Staff Recommendation

Tier:            1                    2                    3

Notes:            This business appears to be ineligible as the program was set up strictly for public facing storefronts. Should the BOA and MCMHA choose to extend the program to Midwest City-based, properly licensed food trucks, we estimate an additional five applicants would be interested.

Recommended Award:    \$ 0.00

*R. Coleman*

*[Signature]*

Administrator/General Manager

7-21-20

Date

# *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**  
**Application for Business Assistance**

**Business Name:** CHS Martin Enterprises

**Physical Address:** 1300 S. Douglas Blvd  
# Direction Street Suffix Unit#  
Midwest City, OK 73130  
City ST Zip

**Business Telephone:** (405) 301-3384 **Extension:** \_\_\_\_\_

**Business Website:** chrsgrill405.com

**Business' NAICS Code:** 722330 (<https://www.census.gov/eos/www/naics/>)

**Authorized Applicant:** Christopher Martin  
First Name Last Name

**Mobile Telephone:** (405) 301-3384

**E-Mail Address:** chrsgrill405@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 21 day of July, 2020. Chris Martin  
Applicant's Signature

SUBSCRIBED AND SWORN to before me this 21st day of July, 2020.

Constance N. Ratchal  
Notary Public

My commission expires: 9/27/2021

**Business Information:**

**Time in Operation:** Years: 5 Months: 0  
**Legal Structure:**  Sole Proprietorship  Corporation  
 Limited Liability Corp.  S-Corp.  
 Partnership

Did you for State or Federal assistance or any other type of grant program(s):  Yes  No

**Applications(s) Status:**  Pending  Rejected  Approved

If approved, how much assistance did you receive in total: \$ \_\_\_\_\_

Grant(s)  Loans(s)  Combination of both

**LOSSES:**

What is the total loss of revenue in comparing receipts for March 1, 2019 through April 30, 2019 versus the same time in 2020? 97.13 %

How to compute losses:

Receipts for 3/1/2019 – 4/30/2019:	<u>3063</u>	\$ 45,000	= 38.89%
Receipts for 3/1/2020 – 4/30/2020:	<u>88</u>	\$ 27,500	
Difference:	<u>2975</u>	\$ 17,500	

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

(Attach separate page detailing information on other business)

<b>Planned Expenditures Details:</b>	Rent or Mortgage:	\$ <u>700</u>	.00
	Other Debt Service:	\$ <u>2775</u>	.00
	Personnel or Benefits:	\$ <u>1000</u>	.00
	Materials or Supplies:	\$ <u>600</u>	.00
	Contract Labor:	\$ <u>800</u>	.00
	Utilities:	\$ <u>—</u>	.00
	Advertising:	\$ <u>—</u>	.00
	Other*:	\$ <u>—</u>	.00
	*(Attach details)		
	<b>Total Request:</b>	\$ <u>5875</u>	.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



MIDWEST CITY MEMORIAL HOSPITAL AUTHORITY  
**Board of Grantors**  
 Application for Business Assistance

**Staff Review Form**

**Business Name**      David's Flowers, Gifts & Interiors, Inc.

**Physical Address**    9201 E Reno AV

**Date Received**      July 16, 2020

**Document Checklist**

<input checked="" type="checkbox"/>	Completed Application	<input checked="" type="checkbox"/>	IRS W-9 Form
<input checked="" type="checkbox"/>	Impact Statement	<input checked="" type="checkbox"/>	OK SOS Certificate of Good Standing

**Licensing**

State Licensing Required:    Y    N

City Licensing Required:      Y    N

**Address Information**

Certificate of Occupancy:	<u>Y</u>	<u>N</u>
Outstanding Permits:	<u>Y</u>	<u>N</u>
Active Environmental Code Infractions:	<u>Y</u>	<u>N</u>
Current on City Utilities:	<u>Y</u>	<u>N</u>

**Staff Recommendation**

Tier:                    1                    2                    3

Notes: The Governor's Executive Order allowed florists to remain open at all times in March and April, but material availability dictated otherwise. The Applicant advised David's was closed from approximately March 27<sup>th</sup> until April 27<sup>th</sup> 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:      \$ \_\_\_\_\_

*[Signature]*

*[Signature]*

Administrator/General Manager

7-20-20

Date

David Flowers  
P.O. Box 10488  
Midwest City, OK 73140

This grant will assist in my  
business staying open until sales  
return to normal.

Sophie Carey



MIDWEST CITY MEMORIAL HOSPITAL AUTHORITY  
**Board of Grantors**  
 Application for Business Assistance

**Business Name:** David's Flowers Gifts & Interiors Inc

**Physical Address:** 9201 E Reno  
# Direction Street Suffix Unit#  
Midwest City, OK 73130  
City ST Zip

**Business Telephone:** (405) 737-9466 **Extension:** \_\_\_\_\_

**Business Website:** daidsflowers.com

**Business' NAICS Code:** 453110 (<https://www.census.gov/eos/www/naics/>)

**Authorized Applicant:** Sophie Clary  
First Name Last Name

**Mobile Telephone:** (405) 596-3718

**E-Mail Address:** daidsflowers@coxinet.net

**By signing this application, I attest:**

- \_\_\_ All information provided is true and correct to the best of my knowledge.
- \_\_\_ I am duly authorized to submit this request on behalf of the business identified above.
- \_\_\_ I understand and agree that I must provide documentation within 90 days of award proving funds received were used for the purposes identified on this application.
- \_\_\_ I understand that any money improperly spent must be repaid.
- \_\_\_ I understand and agree that any false information or failure to provide any required documentation will disqualify the Applicant and any establishment they represent to receive future funding from the Midwest City Memorial Hospital Authority, and that any funds received as result of erroneous information must be repaid.

Dated this 15 day of July, 2020. Sophie Clary  
Applicant's Signature

SUBSCRIBED AND SWORN to before me this 15 day of July, 2020.

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

[Signature]  
Notary Public

My commission expires: June 19, 2023

**Business Information:**

**Time in Operation:** Years: 35 Months: 4

**Legal Structure:**  Sole Proprietorship  Corporation  
 Limited Liability Corp.  S-Corp.  
 Partnership

Did you for State or Federal assistance or any other type of grant program(s):  Yes  No

**Applications(s) Status:**  Pending  Rejected  Approved

If approved, how much assistance did you receive in total: \$ 24,303.36

Grant(s)  Loans(s)  Combination of both

**LOSSES:**

What is the total loss of revenue in comparing receipts for March 1, 2019 through April 30, 2019 versus the same time in 2020?

19 - 103,780      - 69.7% %

How to compute losses:

Receipts for 3/1/2019 - 4/30/2019:	\$ 45,000	= 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>2,000</u> .00
Other Debt Service:	\$ _____ .00
Personnel or Benefits:	\$ <u>10843</u> .00
Materials or Supplies:	\$ <u>41141</u> .00
Contract Labor:	\$ <u>0</u> .00
Utilities:	\$ <u>856</u> .00
Advertising:	\$ <u>51</u> .00
Other*:	\$ <u>70370</u> .00
*(Attach details)	
<b>Total Request:</b>	<b>\$ <u>4500</u> .00</b>

**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





MIDWEST CITY MEMORIAL HOSPITAL AUTHORITY

# Board of Grantors

Application for Business Assistance

## Staff Review Form

**Business Name** Evelyn's Flowers

**Physical Address** 2400 S Douglas BL, Suite A

**Date Received** July 21, 2020

### Document Checklist

<input checked="" type="checkbox"/>	Completed Application	<input checked="" type="checkbox"/>	IRS W-9 Form
<input checked="" type="checkbox"/>	Impact Statement	<input checked="" type="checkbox"/>	OK SOS Certificate of Good Standing

### Licensing

State Licensing Required: Y N

City Licensing Required: Y N

### Address Information

Certificate of Occupancy:	<u>Y</u>	<u>N</u>
Outstanding Permits:	<u>Y</u>	<u>N</u>
Active Environmental Code Infractions:	<u>Y</u>	<u>N</u>
Current on City Utilities:	<u>Y</u>	<u>N</u>

### Staff Recommendation

Tier:            1                      2                      3

Notes: The Governor's Executive Order allowed florists to remain open at all times in March and April, but material availability dictated otherwise. This situation was likely the case with the other Midwest City florists, which also includes these four other florists: Penny & Irene's Flowers & Gifts, Abundant Flowers & Gifts, and City Sweets Floral.

Recommended Award: \$ \_\_\_\_\_

*R. Alderman*

*J. Cox*

Administrator/General Manager

7-22-20

Date

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

A handwritten signature in cursive script, appearing to read 'Karen Cantwell', written in black ink.

President

Evelyn's



MIDWEST CITY MEMORIAL HOSPITAL AUTHORITY  
**Board of Grantors**  
 Application for Business Assistance

Business Name: Evelyn's Flowers

Physical Address: 2400 S. Douglas Blvd. Ste. A  
# Direction Street Suffix Unit#  
Midwest City, OK 73130  
City ST Zip

Business Telephone: (405) 733-9935 Extension: \_\_\_\_\_

Business Website: evelynsflowers.com

Business' NAICS Code: 44-45 (<https://www.census.gov/eos/www/naics/>)

Authorized Applicant: Karen Cantrell  
First Name Last Name

Mobile Telephone: (405) 863-3971

E-Mail Address: evelynsflowersok@yahoo.com

By signing this application, I attest:

- All information provided is true and correct to the best of my knowledge.
- I am duly authorized to submit this request on behalf of the business identified above.
- I understand and agree that I must provide documentation within 90 days of award proving funds received were used for the purposes identified on this application.
- I understand that any money improperly spent must be repaid.
- I understand and agree that any false information or failure to provide any required documentation will disqualify the Applicant and any establishment they represent to receive future funding from the Midwest City Memorial Hospital Authority, and that any funds received as result of erroneous information must be repaid.

Dated this 21<sup>st</sup> day of July, 202020 [Signature]  
Applicant's Signature

SUBSCRIBED AND SWORN to before me this 21<sup>st</sup> day of July, 202020



My commission expires: \_\_\_\_\_  
Notary Public

**Business Information:** **Time in Operation:** Years: \_\_\_\_\_ Months: \_\_\_\_\_  
**Legal Structure:** \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_ Corporation  
\_\_\_\_\_ Limited Liability Corp.  S-Corp.  
\_\_\_\_\_ Partnership

Did you for State or Federal assistance or any other type of grant program(s):  Yes  No

**Applications(s) Status:**  Pending  Rejected  Approved

If approved, how much assistance did you receive in total: \$ \_\_\_\_\_

Grant(s)  Loans(s)  Combination of both

**LOSSES:**

What is the total loss of revenue in comparing receipts for March 1, 2019 through April 30, 2019 versus the same time in 2020? \_\_\_\_\_ %

How to compute losses:

Receipts for 3/1/2019 – 4/30/2019:	\$ 45,000	\$17,500 + \$45,000 = 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: 1

(Attach separate page detailing information on other business)

<b>Planned Expenditures Details:</b>	Rent or Mortgage:	\$ 1,300 x 2 .00	monthly
	Other Debt Service:	\$ <del>10,000</del> .00	
	Personnel or Benefits:	\$ 0 .00	
	Materials or Supplies:	\$ 5585.64 .00	March-April 2020
	Contract Labor:	\$ 3442.67 .00	
	Utilities:	\$ 766.30 .00	
	Advertising:	\$ 0 .00	
	Other*:	\$ 0 .00	
	*(Attach details)		
	<b>Total Request:</b>	\$ <del>7,579.97</del> .00	
		12,394.61	

**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



MIDWEST CITY MEMORIAL HOSPITAL AUTHORITY

# Board of Grantors

Application for Business Assistance

## Staff Review Form

**Business Name** Good Shepherd Lutheran Church

**Physical Address** 700 N Air Depot BL

**Date Received** July 20, 2020

### Document Checklist

<input checked="" type="checkbox"/>	Completed Application	<input checked="" type="checkbox"/>	IRS W-9 Form
<input checked="" type="checkbox"/>	Impact Statement	<input checked="" type="checkbox"/>	OK SOS Certificate of Good Standing

### Licensing

State Licensing Required: Y N  
ODHS Expires: 6/30/2021

City Licensing Required: Y N

### Address Information

Certificate of Occupancy:	<u>Y</u>	<u>N</u>
Outstanding Permits:	<u>Y</u>	<u>N</u>
Active Environmental Code Infractions:	<u>Y</u>	<u>N</u>
Current on City Utilities:	<u>Y</u>	<u>N</u>

### Staff Recommendation

Tier:            1            2            3

Notes:            Churches and childcare facilities were never a consideration of this program. Staff recommends declining the application. There are estimated to be about a dozen childcare facilities in Midwest City.

Recommended Award:    \$ \_\_\_\_\_

*R. Robinson*

*J. Egan*

Administrator/General Manager

7-22-20

Date



# 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](http://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 8<sup>th</sup> 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 employs 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 6<sup>th</sup>. 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. Guillole*  
Van M Guillole  
Administrator



MIDWEST CITY MEMORIAL HOSPITAL AUTHORITY  
**Board of Grantors**  
 Application for Business Assistance

**Business Name:** The Good Shepherd Lutheran Church

**Physical Address:** 700 N Air Depot Blvd  

#	Direction	Street	Suffix	Unit#
Midwest City,	OK	73110		
City	ST	Zip		

**Business Telephone:** ( 405 ) 732 - 0070 **Extension:** \_\_\_\_\_

**Business Website:** www.MyLutheran.Church / www.MyLutheran.School

**Business' NAICS Code:** 813110 (<https://www.census.gov/eos/www/naics/>)

**Authorized Applicant:** Van M Guillotte  

First Name
Last Name

**Mobile Telephone:** ( 405 ) 620 - 7554

**E-Mail Address:** van.guillotte @ gsismwc . com

**By signing this application, I attest:**

- VMG All information provided is true and correct to the best of my knowledge.
- VMG I am duly authorized to submit this request on behalf of the business identified above.
- VMG 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.
- VMG I understand that any money improperly spent must be repaid.
- VMG I understand and agree that any false information or failure to provide any required documentation will disqualify the Applicant and any establishment they represent to receive future funding from the Midwest City Memorial Hospital Authority, and that any funds received as result of erroneous information must be repaid.

Dated this 20 day of July, 2020, Van M. Guillotte  
Applicant's Signature

SUBSCRIBED AND SWORN to before me this 20<sup>th</sup> day of July, 2020.



Bessie King  
Notary Public

My commission expires: 10-25-2020

**Business Information:** **Time in Operation:** Years: 69 Months: 8  
**Legal Structure:**  Sole Proprietorship  Corporation  
 Limited Liability Corp.  S-Corp.  
 Partnership

Did you for State or Federal assistance or any other type of grant program(s):  Yes  No

**Applications(s) Status:**  Pending  Rejected  Approved

If approved, how much assistance did you receive in total: \$ 222,700.00

Grant(s)  Loans(s)  Combination of both

**LOSSES:**

What is the total loss of revenue in comparing receipts for March 1, 2019 through April 30, 2019 versus the same time in 2020? 13 %

How to compute losses:

Receipts for 3/1/2019 – 4/30/2019:	\$ 45,000	$\$17,500 \div \$45,000 = 38.89\%$
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)*

<b>Planned Expenditures Details:</b>	Rent or Mortgage:	\$	<u>0.00</u>
	Other Debt Service:	\$	<u>0.00</u>
	Personnel or Benefits:	\$	<u>67,000.00</u>
	Materials or Supplies:	\$	<u>0.00</u>
	Contract Labor:	\$	<u>0.00</u>
	Utilities:	\$	<u>0.00</u>
	Advertising:	\$	<u>0.00</u>
	Other*:	\$	<u>0.00</u>
	*(Attach details)		
	<b>Total Request:</b>	\$	<u>67,000.00</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





MIDWEST CITY MEMORIAL HOSPITAL AUTHORITY  
**Board of Grantors**  
 Application for Business Assistance

**Staff Review Form**

**Business Name**      Hawthorne Inn & Suites

**Physical Address**    5701 Tinker Diagonal

**Date Received**      July 21, 2020

**Document Checklist**

<input checked="" type="checkbox"/>	Completed Application	<input checked="" type="checkbox"/>	IRS W-9 Form
<input checked="" type="checkbox"/>	Impact Statement	<input checked="" type="checkbox"/>	OK SOS Certificate of Good Standing

**Licensing**

State Licensing Required:    Y    N

City Licensing Required:    Y    N

Expires:                        8/31/2020

**Address Information**

Certificate of Occupancy:	<u>Y</u>	N
Outstanding Permits:	<u>Y</u>	<u>N</u>
Active Environmental Code Infractions:	<u>Y</u>	<u>N</u>
Current on City Utilities:	<u>Y</u>	N

**Staff Recommendation**

Tier:                    1                    2                    3

Notes:                    This business appears to be ineligible as the program was set up strictly for those ordered closed by the Governor's Executive Orders. Hotels were not on these lists, but they were certainly affected. This is the second inn that applied. Should the BOA and MCMHA choose to extend the program to Midwest City hotels, we estimate an additional 9 applicants would be interested. Staff recommends considering this possibility as a Tier I applicant since hotels were definitely affected and are Lodging Tax collection points.

Recommended Award:    \$ \_\_\_\_\_

*[Signature]*

*[Signature]*  
 Administrator/General Manager

7-22-20  
 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 HOSPITAL AUTHORITY**  
**Board of Grantors**  
 Application for Business Assistance

**Business Name:** MIDWEST HOSPITALITY LLC

**Physical Address:** 5701 TINKER DIAGONAL  
 # Direction Street Suffix Unit#  
Midwest City, OK 73110  
 City ST Zip

**Business Telephone:** ( 405 ) 737-7777 **Extension:** \_\_\_\_\_

**Business Website:** HAWTHORN.COM

**Business' NAICS Code:** \_\_\_\_\_ (<https://www.census.gov/eos/www/naics/>)

**Authorized Applicant:** KIRTI BHAKTA  
 First Name Last Name

**Mobile Telephone:** ( 405 ) 640 - 3201

**E-Mail Address:** hawthorntinker @ 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 funds received were used for the purposes identified on this application.
- I understand that any money improperly spent must be repaid.
- I understand and agree that any false information or failure to provide any required documentation will disqualify the Applicant and any establishment they represent to receive future funding from the Midwest City Memorial Hospital Authority, and that any funds received as result of erroneous information must be repaid.

Dated this 20<sup>th</sup> day of JULY, 2020. [Signature]  
 Applicant's Signature

SUBSCRIBED AND SWORN to before me this 20 day of July, 2020.



Vickie Stachowiak  
Notary Public

My commission expires: 5/4/23

**Business Information:** **Time in Operation:** Years: 13 Months: 5  
**Legal Structure:**  Sole Proprietorship  Corporation  
 Limited Liability Corp.  S-Corp.  
 Partnership

**Did you for State or Federal assistance or any other type of grant program(s):**  Yes  No

**Applications(s) Status:**  Pending  Rejected  Approved

If approved, how much assistance did you receive in total: \$ 60,700 PPP

Grant(s)  Loans(s)  Combination of both

**LOSSES:**

What is the total loss of revenue in comparing receipts for March 1, 2019 through April 30, 2019 versus the same time in 2020? 39.83 %

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	

**Do you own similar businesses in other communities?** YES  NO  **Total units owned:** 1

*(Attach separate page detailing information on other business)*

<b>Planned Expenditures Details:</b>	Rent or Mortgage:	\$ <u>25,000</u> .00
	Other Debt Service:	\$ _____ .00
	Personnel or Benefits:	\$ <u>23,000</u> .00
	Materials or Supplies:	\$ <u>9,000</u> .00
	Contract Labor:	\$ _____ .00
	Utilities:	\$ <u>11,000</u> .00
	Advertising:	\$ _____ .00
	Other*:	\$ _____ .00
	<small>*(Attach details)</small>	
	<b>Total Request:</b>	\$ <u>68,000</u> .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



MIDWEST CITY MEMORIAL HOSPITAL AUTHORITY  
**Board of Grantors**  
 Application for Business Assistance

**Staff Review Form**

**Business Name**      Hilton Home2 Suites

**Physical Address**    1820 Warren DR

**Date Received**      July 17, 2020

**Document Checklist**

<input checked="" type="checkbox"/>	Completed Application	<input checked="" type="checkbox"/>	IRS W-9 Form
<input checked="" type="checkbox"/>	Impact Statement	<input checked="" type="checkbox"/>	OK SOS Certificate of Good Standing

**Licensing**

State Licensing Required:    Y    N

City Licensing Required:    Y    N

Expires:                        8/31/2020

**Address Information**

Certificate of Occupancy:	<u>Y</u>	N
Outstanding Permits:	<u>Y</u>	N
Active Environmental Code Infractions:	Y	<u>N</u>
Current on City Utilities:	<u>Y</u>	N

**Staff Recommendation**

Tier:                    1                    2                    3

**Notes:**                This business appears to be ineligible as the program was set up strictly for those ordered closed by the Governor's Executive Orders. Hotels were not on these lists, but they were certainly affected. Another hotel has voiced an intent to apply, and should the BOA and MCMHA choose to extend the program to Midwest City hotels, we estimate an additional 9 applicants would be interested. Staff recommends considering this possibility as a Tier I applicant since hotels were definitely affected and are Lodging Tax collection points.

Recommended Award:    \$ \_\_\_\_\_

  
 \_\_\_\_\_  
 Administrator/General Manager



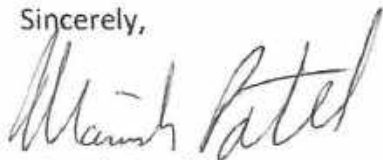
7-21-20  
 \_\_\_\_\_  
 Date

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,

A handwritten signature in black ink that reads "Manish Patel". The signature is written in a cursive style with a large, sweeping "M" and "P".

Manish Patel  
Managing Member  
K.A.R.S. Investments, LLC  
405-209-4036



MIDWEST CITY MEMORIAL HOSPITAL AUTHORITY  
**Board of Grantors**  
 Application for Business Assistance

**Business Name:** K.A.R.S. Investments, LLC dba Home 2 Suites

**Physical Address:** 1820 Warren Drive  
# Direction Street Suffix Unit#  
Midwest City, OK 73110  
City ST Zip

**Business Telephone:** (405) 610-6994 **Extension:** \_\_\_\_\_

**Business Website:** www.hilton.com

**Business' NAICS Code:** 72111 (<https://www.census.gov/eos/www/naics/>)

**Authorized Applicant:** Manish Patel  
First Name Last Name

**Mobile Telephone:** (405) 209-4036

**E-Mail Address:** manish.patel@cox.net

**By signing this application, I attest:**

- All information provided is true and correct to the best of my knowledge.
- I am duly authorized to submit this request on behalf of the business identified above.
- I understand and agree that I must provide documentation within 90 days of award proving funds received were used for the purposes identified on this application.
- I understand that any money improperly spent must be repaid.
- I understand and agree that any false information or failure to provide any required documentation will disqualify the Applicant and any establishment they represent to receive future funding from the Midwest City Memorial Hospital Authority, and that any funds received as result of erroneous information must be repaid.

Dated this 17<sup>th</sup> day of July, 2020. Manish Patel  
Applicant's Signature

SUBSCRIBED AND SWORN to before me this 17<sup>th</sup> day of July, 2020.

Laurel Stuart  
Notary Public



LAUREL STUART

Notary Public  
State of Oklahoma

My commission expires: Commission # 08004684 Expires 05/11/22

Business Information:

Time in Operation: Years: 5 Months: 6

Legal Structure:

Sole Proprietorship  Corporation  
 Limited Liability Corp.  S-Corp.  
 Partnership

Did you for State or Federal assistance or any other type of grant program(s):  Yes  No

Applications(s) Status:  Pending  Rejected  Approved

If approved, how much assistance did you receive in total: \$ 299624.28

Grant(s)  Loans(s)  Combination of both

**LOSSES:**

What is the total loss of revenue in comparing receipts for March 1, 2019 through April 30, 2019 versus the same time in 2020? 3/1/19-4/30/19 \$468535.55 57.47 %

How to compute losses:

3/1/20-4/30/20 \$208618.03  
Receipts for 3/1/2019 – 4/30/2019: \$ 45,000  
Receipts for 3/1/2020 – 4/30/2020: \$ 27,500  
Difference: \$ 17,500  
 $\$17,500 \div \$45,000 = 38.89\%$

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:	\$ _____	.00
Other Debt Service:	\$ _____	.00
Personnel or Benefits:	\$ _____	.00
Materials or Supplies:	\$ <u>4500.</u>	.00
Contract Labor:	\$ _____	.00
Utilities:	\$ _____	.00
Advertising:	\$ _____	.00
Other*:	\$ _____	.00
*(Attach details)		
Total Request:	\$ <u>4500.</u>	.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





MIDWEST CITY MEMORIAL HOSPITAL AUTHORITY

# Board of Grantors

Application for Business Assistance

## Staff Review Form

**Business Name**      Anna Parker, DVM d/b/a Southeast Veterinary Hospital

**Physical Address**    5608 SE 15<sup>th</sup> ST

**Date Received**      July 10, 2020

**Document Checklist**

<input checked="" type="checkbox"/> Completed Application	<input checked="" type="checkbox"/> IRS W-9 Form
<input checked="" type="checkbox"/> Impact Statement	<input type="checkbox"/> N/A OK SOS Certificate of Good Standing

**Licensing**

State Licensing Required:  Y      N  
DVM License Expires      6/30/2021

City Licensing Required:    Y      N

**Address Information**

Certificate of Occupancy:	<u>Y</u>	N
Outstanding Permits:	<u>Y</u>	<u>N</u>
Active Environmental Code Infractions:	<u>Y</u>	<u>N</u>
Current on City Utilities:	<u>Y</u>	N


**Staff Recommendation**

Tier:              1              2              3

Notes:            It is our interpretation that veterinary clinics were allowed to remain open at all times; however, it is uncertain if Dr. Parker did so. Our voice mail message had not been returned at the time of this report. State records indicate Ms. Parker has been a licensed veterinarian for 49 years. It is unknown how long she has operated in Midwest City.

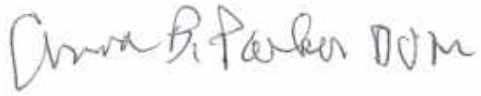
Recommended Award:    \$ N/A

  
\_\_\_\_\_  
Administrator/General Manager

  
7-20-20  
\_\_\_\_\_  
Date

STATEMENT OF USE OF GRANT

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

A handwritten signature in cursive script that reads "Anna B. Parker DVM".

ANNA B PARKER, DVM



MIDWEST CITY MEMORIAL HOSPITAL AUTHORITY  
**Board of Grantors**  
 Application for Business Assistance

**Business Name:** Anna Parker DVM d/b/a Southeast Veterinary Hospital

**Physical Address:** 5608 SE 15th St  
#                      Direction                      Street                      Suffix                      Unit#  
Midwest City, OK 73110  
City                      ST                      Zip

**Business Telephone:** ( 405 ) 733-3603                      Extension: \_\_\_\_\_

**Business Website:** None

**Business' NAICS Code:** 541940                      (<https://www.census.gov/eos/www/naics/>)

**Authorized Applicant:** Anna Parker  
First Name                      Last Name

**Mobile Telephone:** ( 405 ) 275 - 5971

**E-Mail Address:** \_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_

By signing this application, I attest:

- All information provided is true and correct to the best of my knowledge.
- I am duly authorized to submit this request on behalf of the business identified above.
- I understand and agree that I must provide documentation within 90 days of award proving funds received were used for the purposes identified on this application.
- I understand that any money improperly spent must be repaid.
- I understand and agree that any false information or failure to provide any required documentation will disqualify the Applicant and any establishment they represent to receive future funding from the Midwest City Memorial Hospital Authority, and that any funds received as result of erroneous information must be repaid.

Dated this 9 day of July, 2020.                      Anna Parker  
Applicant's Signature

SUBSCRIBED AND SWORN to before me this 9 day of July, 2020.

James M. Starks                      My commission expires: 3/21/22  
Notary Public



**Business Information:** Time in Operation: Years: 40+ Months: \_\_\_\_\_  
 Legal Structure:  Sole Proprietorship \_\_\_\_\_ Corporation  
 Limited Liability Corp. \_\_\_\_\_ S-Corp.  
 Partnership

Did you for State or Federal assistance or any other type of grant program(s):  Yes  No

Applications(s) Status:  Pending  Rejected  Approved

If approved, how much assistance did you receive in total: \$ 0

Grant(s)  Loans(s)  Combination of both

**LOSSES:**

What is the total loss of revenue in comparing receipts for March 1, 2019 through April 30, 2019 versus the same time in 2020? \_\_\_\_\_ 15 %

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	

Do you own similar businesses in other communities? YES  NO  Total units owned: 1 in mwc

(Attach separate page detailing information on other business)

**Planned Expenditures Details:**

Rent or Mortgage:	\$	<u>580.00</u>
Other Debt Service:	\$	<u>.00</u>
Personnel or Benefits:	\$	<u>.00</u>
Materials or Supplies:	\$	<u>4734.00</u>
Contract Labor:	\$	<u>.00</u>
Utilities:	\$	<u>416.00</u>
Advertising:	\$	<u>120.00</u>
Other*: <u>WAGES</u>	\$	<u>2207.00</u>
<small>*(Attach details)</small>		
<b>Total Request:</b>	\$	<u>8057.00</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 NOT REGISTERED WITH (SOS)  
<https://www.sos.ok.gov/corp/order/orderDefault.aspx> Secretary of STATE
- \_\_\_ Completed Internal Revenue Service Form W-9



MIDWEST CITY MEMORIAL HOSPITAL AUTHORITY

# Board of Grantors

Application for Business Assistance

## Staff Review Form

**Business Name** Top Tier Tactical

**Physical Address** 2412 S Douglas BL

**Date Received** July 17, 2020

### Document Checklist

<input checked="" type="checkbox"/>	Completed Application	<input checked="" type="checkbox"/>	IRS W-9 Form
<input checked="" type="checkbox"/>	Impact Statement	<input checked="" type="checkbox"/>	OK SOS Certificate of Good Standing

### Licensing

State Licensing Required: Y N

City Licensing Required: Y N

### Address Information

Certificate of Occupancy:	<u>Y</u>	N
Outstanding Permits:	<u>Y</u>	<u>N</u>
Active Environmental Code Infractions:	Y	<u>N</u>
Current on City Utilities:	<u>Y</u>	N

### Staff Recommendation

Tier:            1                    2                    3

Notes:            The Governor's Executive Order deemed businesses like Top Tier Tactical (NAICS Code 453998) as "essential" and they were allowed to remain open. Staff recommends rejecting the application as submitted.

Recommended Award:    \$ \_\_\_\_\_

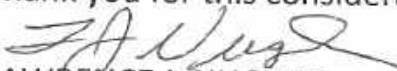
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STATEMENT: Grant for Future of Top Tier Tactical

20 July 2020

This grant will help fund the business growth of Top Tier Tactical by providing the procurement 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 utilities 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 us to procure the embroidery machine, pay for advertising and expenses that would enable us to grow and move forward.

Thank you for this consideration for a grant.

  
LAWRENCE J. NUGENT

Owner, Top Tier Tactical

(405) 795-9137

[tnugent@toptiertac.com](mailto:tnugent@toptiertac.com)



MIDWEST CITY MEMORIAL HOSPITAL AUTHORITY

## Board of Grantors

Application for Business Assistance

Business Name: TOP TIER TACTICAL

Physical Address: 2412 S. DOUGLAS BLVD  
# Direction Street Suffix Unit#  
Midwest City, OK 73130  
City 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: Lawrence NUGENT  
First Name Last Name

Mobile Telephone: ( 405 ) 795-9137

E-Mail Address: TNUGENT@TOPTIERTAC.COM

By signing this application, I attest:

- All information provided is true and correct to the best of my knowledge.
- I am duly authorized to submit this request on behalf of the business identified above.
- I understand and agree that I must provide documentation within 90 days of award proving funds received were used for the purposes identified on this application.
- I understand that any money improperly spent must be repaid.
- I understand and agree that any false information or failure to provide any required documentation will disqualify the Applicant and any establishment they represent to receive future funding from the Midwest City Memorial Hospital Authority, and that any funds received as result of erroneous information must be repaid.

Dated this 20 day of July, 2020.

  
Applicant's Signature

SUBSCRIBED AND SWORN to before me this 20 day of July, 2020.

JW  
Notary Public

My commission expires: 3-16-23



**Business Information:** Time in Operation: Years: 7 Months: 2  
Legal Structure:  Sole Proprietorship  Corporation  
 Limited Liability Corp.  S-Corp.  
 Partnership

Did you for State or Federal assistance or any other type of grant program(s):  Yes  No

Applications(s) Status:  Pending  Rejected  Approved

If approved, how much assistance did you receive in total: \$ 20K

Grant(s)  Loans(s)  Combination of both

**LOSSES:**

What is the total loss of revenue in comparing receipts for March 1, 2019 through April 30, 2019 versus the same time in 2020? \_\_\_\_\_ %

How to compute losses:

Receipts for 3/1/2019 - 4/30/2019:	\$ 45,000	= 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>5,500</u>	.00
Other Debt Service:	\$ _____	.00
Personnel or Benefits:	\$ _____	.00
Materials or Supplies:	\$ <u>10,000</u>	.00
Contract Labor:	\$ _____	.00
Utilities:	\$ <u>500</u>	.00
Advertising:	\$ <u>1,000</u>	.00
Other*:	\$ _____	.00
*(Attach details)		
<b>Total Request:</b>	\$ <u>17,000</u>	.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