



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

Midwest City Community Improvement Grant Program

Introduction (Keep this page for your reference; please do not return this page with the application.)

The purpose of the Midwest City Memorial Hospital Authority (MCMHA) grant program is to improve the quality of life by funding effective projects that address the diverse issues and opportunities facing the Midwest City community.

Applicants are encouraged to demonstrate that they have identified an existing or potential need within the community, and have developed a reasonable and cost efficient method for addressing that need.

Per the Trust Indenture, grant funds are limited to non-reoccurring expenses. Funds may be used for such things as "...improvement to or enhancement of property [with] expected useful life of greater than twenty (20) years; [an] ...initial or single occurrence expenses or projects." However, may not be "...used for or to replace or supplant any existing recurring operating expenses or personal property needs of the Beneficiary...such as maintenance...supplies, salaries...[or] general operating costs."

The Board of Grantors (BOG) will only be accepting applications with one project defined. Under this project you may request multiple of the same item such as 20 radios; however, a request for multiple different items or events will not be considered. Applicants are welcome to complete more than one application, as always.

The BOG will score applications based primarily on the answers provided in "Part III: Project Overview" of the application with the most consideration given for the overall benefit and impact to our community.

The BOG funding recommendations will be made to the MCMHA at the February 24, 2026 meeting. Following the final determinations, all applicants will be notified of the determinations, and then grant funds will be issued.

All applicants awarded grants must complete a Grant Recipient Agreement (Agreement). This Agreement shall be between the grant recipient and MCMHA for the disbursement, utilization and accountability of any MCMHA funding awarded. The Grant Recipient must agree to use the awarded funds only for the specific purpose(s) and time period(s) stated in the grant application and Agreement.

All grant funds must be used within one year of the date that funds are dispersed. However, upon the written request of a grant recipient, the MCMHA may grant one or more six-month extensions of time within which to spend the grant funds, if proved necessary. If grant funds are not spent in the manner described in the grant recipient's application and/or within the time specified, the grant funds must be repaid to the MCMHA.

As a public trust, MCMHA is subject to the Oklahoma Open Records Act. Thus, all grant documents including the applications and their supporting documentation are public records. Finally, the MCMHA is required by the Internal Revenue Service to issue 1099 forms to all grant recipients; thus, grant funds received by an applicant may be taxable under the IRS Code.

Guidelines for Midwest City Community Improvement Grant Program
(Keep this page for your reference; please do not return this page with the application.)

- ☐ Email will be the main form of communication, so please...please print in clear block letters or type out your email. Failure to do this may result in lost communication and neither the City Staff nor the Board of Grantors will be held responsible.
- ☐ Applications must be postmarked or hand delivered by 5:30 p.m. on Monday, November 3, 2025 to:
Tim Lyon - (405) 739-1201
General Manager/Administrator,
Midwest City Memorial Hospital Authority
100 North Midwest Blvd.
Midwest City, Oklahoma 73110

This deadline is not flexible. Applications received after this deadline will not be considered for funding. Incomplete applications will not be considered for funding.

- ☐ This application is requesting only one project or event. Applications must be double-spaced, typed or clearly printed in block letters in ink. Neither City Staff nor the BOG will not be held responsible for misunderstanding or lost communication on handwritten applications that are not clearly written in block letters. All sections of the application must be completed. (Use “NA” for unrelated sections.) A secondary contact other than the primary contact must be listed. Do not alter the application language.
- ☐ At the time of submission, the application packet must include one (1) original signed and notarized application with ten (10) clear copies of the signed and notarized original. (Do not include the “Instruction Sheets” in the application packet submitted.) A complete packet will have eleven exactly the same applications with one of those being the original.
- ☐ Application packets should be stapled or clipped only. Do not bind the packets. Faxed/emailed applications will not be accepted due to printing costs.
- ☐ Non-profit applicants must attach a copy of their IRS Letter of Determination.
- ☐ Attached pages and/or letters of support from other organizations or individuals in excess of 25 pages are discouraged, unless specifically requested.
- ☐ For the sake of equal opportunity, neither City employees nor the Hospital Authority Trustees can comment on the appropriateness of applications or proposed projects or how they will rate with the Board of Grantors. Applicants are not to contact members of the Board of Grantors outside the confines of a scheduled presentation or meeting involving all Grantors.
- ☐ Deviations from these Application Guidelines must be addressed with the General Manager and then provided in writing to the Board of Grantors. **Again, all applications must be submitted/delivered by November 3, 2025 by 5:30 p.m.**

If you have any questions or concerns, please contact Tim Lyon’s office at 405-739-1202 or tlvon@midwestcityok.org.



Fiscal Year 2025-26 Grant Application
for the Midwest City Community Improvement Grant Program

PART I: Applicant Information (print in clear block letters or type):

Applicant Legal Name of Organization: (Should be the same as your IRS determination letter and as supplied on IRS form 990)

1. Contact Person and Title: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Mailing Address (if different): _____

Telephone: _____

E-mail (print in clear block letters or type): _____

Website: _____ Other: _____

2. Secondary Contact Person and Title: _____

Telephone: _____ E-mail: _____

Title of your proposed grant project: _____

Amount you are requesting: _____

Mission statement and/or purpose of applicant organization (Attach the names and contact information of the members of the applicant's current governing body, if the applicant has such a body.):

Applicant Status: Check all that apply (entities must have satisfied all legal requirements for status prior to submission of this application):

☐ Corporation ☐ Proprietorship ☐ Partnership ☐ Non-Profit

☐ Individual ☐ Government ☐ Limited Liability Co. ☐ Government/City Department

Application Category (Choose only one area that your project might affect the most):

☐ Economic Development ☐ Education ☐ Community ☐ Housing ☐ Safety ☐ Health

☐ Youth and Family ☐ Midwest City Revitalization ☐ Transportation ☐ Other _____

PART II: Application Certification

By signing this application, I certify, that:

- ☐ All provided information is true and correct to the best of my knowledge.
- ☐ I am duly authorized to submit this grant application on behalf of the above named applicant.
- ☐ I understand and agree that I must provide documentation (acceptable to the MCMHA trustees) within 30 days of expenditures proving that funds received were used for the project/activities identified in this application.
- ☐ I acknowledge that any grant funds awarded must be used within the one-year time frame set forth in the Agreement. I further understand that at the end of one year any money not accounted for will be cause to pay back those awarded funds to the MCMHA.
- ☐ I understand and agree that providing false information or failure to provide such documentation as stated above will disqualify the applicant and/or the contact person and any organization represented by them from receipt of any further funds from the MCMHA. I further understand such failure may cause funds previously received to be repaid.

Dated this _____ day of _____, 2025.

Printed/Typed Applicant Name

Applicant Signature

SUBSCRIBED AND SWORN to before me this _____ day of _____, 2025.

Notary Public signature

Commission Number: _____

Expiration date: _____

Notary seal:

PART III: Project Overview

Please provide a thorough answer printed in clear block letters or typed to each of the following questions. If necessary, complete narrative on a blank paper repeating the section (i.e. Part III. A. 1.) and attach it to the application.

A. Description of the proposed grant project (Attach any support documentation).

1. Details of project: _____

2. Achievable Goals and realistic Timeline: _____

3. Objectives: _____

4. Does your project include the acquisition of property or the improvement to or enhancement of property? _____ Yes or _____ No

If yes, does the acquisition, improvement or enhancement have an expected useful life of greater than 20 years? _____ Yes or _____ No

5. Does your request include software or technology dependent property items? ____ Yes or ____ No

B. Need for this project.

1. Clearly identify the target beneficiaries and share why the Midwest City community needs the proposed project, explaining the evidence to this need: _____

C. Proposed project budget:

1. List in detail what will be purchased with grant funds for this project.

2. Share any other funding resources for this project (e.g. donations, matching). _____

3. State any future sustainability resources that may be needed for this project. _____

4. List documentation you expect to submit for expenditure accountability (e.g. cancelled checks, invoices, bids, receipts etc.) _____

5. Are you willing to accept less than the requested amount? If “No,” please explain. _____

D. Management capacity of your organization.

1. Describe relative experience your organization has in managing and implementing this type of project. _____

2. Give details regarding your management plan for this project, including financial management. _____

3. Are you partnering with other organization(s) in implementing this project, if yes, please describe: _____

E. Explain the evaluation method that will be used to measure the outcome and success of the project (e.g. records, surveys, interviews, pre- and post-tests, community feedback, etc.).

F. Describe the overall benefit and impact of your project to the Midwest City community.

Thank you for your time and effort in applying for a Midwest City Community Improvement Grant!