



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

## Fiscal Year 2019-20 Midwest City Community Improvement Grant Program

### **Introduction**

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."

New to this year's grant application process, the MCMHA appointed 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 (page 5) with the most consideration given for the overall benefit and impact to the Midwest City community.

The BOG funding recommendations will be made to the MCMHA at the February 11, 2020 meeting. Final grant funding determinations should be made at the February 25, 2020 MCMHA 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.)

- This application is requesting only one project or event.
- Applications must be postmarked or hand delivered by 5:00 p.m. on Friday, November 1, 2019 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.

- Applications must be double-spaced, typed or clearly printed in ink and pages numbered. All sections of the application must be completed. (Use “NA” for unrelated sections.)
- 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.)
- Application packets should be stapled or clipped only. Do not bind the packets because all documents must be scanned to transmit them to the Board of Grantors. Faxed/mailed 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.
- Deviations from these Application Guidelines must be addressed with the General Manager and then provided in writing to the Board of Grantors. Applications must be submitted/delivered by November 1, 2019.

Any questions and/or concerns should be directed to Tim Lyon at (405) 739-1201 or via email at [tlyon@midwestcityok.org](mailto:tlyon@midwestcityok.org).

**Fiscal Year 2019-20 Grant Application for the  
Midwest City Community Improvement Grant Program**

**PART I: Applicant Information**

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: \_\_\_\_\_
- Website: \_\_\_\_\_ Other: \_\_\_\_\_

2. Secondary Contact Person and Title: \_\_\_\_\_
- Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Name of Grant Project:** \_\_\_\_\_

**Amount of Request:** \_\_\_\_\_

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 \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Printed/Typed Applicant Name

\_\_\_\_\_  
Applicant Signature

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

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

**PART III: Project Overview**

Please provide in the order below, a thorough narrative answer (print or type) to each of the following and attach to the application, if needed.

**A. Give a detailed description of the proposed grant-funded project (Attach layouts, diagrams and support documentation, as necessary).**

➤ Detail of project: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

➤ Achievable Goals and realistic Timeline: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

➤ Objectives: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B. Describe in detail the need for this project.**

➤ Provide evidence to support your statement of need. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

➤ Clearly identify the target beneficiaries and desired outcome of the project. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. Describe in detail the project budget, to include:**

➤ Items or projects to be funded with MCMHA grant funds. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

➤ Other funding resources for this project (e.g. donations, matching). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Future sustainability resources that may be needed for this project. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- Documentation you expect to submit for expenditure accountability (e.g. cancelled checks, invoices, bids, receipts etc.) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- Willingness to accept less than the requested amount. If “No,” please explain. \_\_\_\_\_  
 \_\_\_\_\_

**D. Describe in detail the management capacity of your organization, to include:**

- Relative experience your organization has in managing and implementing this type of project.  
 \_\_\_\_\_  
 \_\_\_\_\_
- Your management plan in providing oversight to this project, including financial management. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- Partnering with other organization(s) in implementing this project. If yes, please describe.  
 \_\_\_\_\_  
 \_\_\_\_\_

**E. Describe in detail 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!